



Report

‘This is not the work of a day’: Communications for social norm change around early marriage and education for adolescent girls in Uganda

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANPPCAN	African Network for the Prevention and Protection Against Child Abuse and Neglect
ASRH	Adolescent Sexual and Reproductive Health
BRAC	Bangladesh Rural Advancement Committee
CBO	Community-based organisation
CDO	Community Development Officer
CM	Community mapping
CPA	Concerned Parents Association
CSO	Civil Society Organisation
DEO	District Education Officer
DKA	Development Cooperation Agency of the Austrian Catholic Children's Movement
EMIS	Education Management Information System
FAWE	Forum for African Women Educationalists
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GREAT	Gender Roles, Equality and Transformations
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IDI	In-depth individual interview
IEC	Information, Education and Communication
IRH	Institute for Reproductive Health (Georgetown University)
LC	Local Council
LRA	Lord's Resistance Army

MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NDP	National Development Plan
NGO	Non-governmental organisation
ODI	Overseas Development Institute
OVCs	Orphans and other vulnerable children
RHU	Reproductive Health Uganda
SGBV	Sexual and Gender-Based Violence
SIGI	Social Institutions and Gender Index
SRHR	Sexual Reproductive Health and Rights
STF	Straight Talk Foundation
STI	Sexually Transmitted Infection
TAG	Technical Advisory Group
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UFBR	Unite for Body Rights
UPE	Universal Primary Education
USAID	United States Agency for International Development
USE	Universal Secondary Education
VHT	Village Health Team
YEFAAP	Youth Efforts in the Fight Against HIV and Poverty

Executive summary

Background and context

Uganda has made significant progress on overall poverty reduction, the expansion of educational opportunities for young people, and the promotion of gender equality. A favourable policy environment exists and a number of development partners, non-governmental agencies and community-based organisations are working with national and sub-national government structures on diverse programmes developed to further such progress. Nevertheless, analysis of national survey data reveals high proportions of adolescents still living in poverty, deprived of full educational attainment and – for girls – impelled into child marriage or early pregnancy, with sexual and reproductive health indicators revealing high levels of vulnerability.

Early marriage and teen pregnancy in particular are persistent problems in Uganda that combine with a host of other factors to diminish adolescent girls' capabilities, including their capability development through education. 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 quo. Some changes are being brought about through macroeconomic and social forces as well as through national laws and policies and their application at local level, while specific programme and project initiatives are bringing about other changes.

This report presents the findings of the third year of research in Uganda on the ways in which gender-discriminatory norms, attitudes and practices are shaping and/or constraining adolescent girls' capabilities and under what conditions changes may be brought about, particularly around norms and practices related to early marriage and education. The research is part of a multi-year, multi-country study being conducted by the Overseas Development Institute in partnership with national research teams in Uganda, Ethiopia, Nepal and Viet Nam and has been commissioned by the UK Department for International Development as part of a flagship programme on Transforming the Lives of Girls and Young Women.

Year 3 country research features analysis of specific policy and programme interventions aimed at addressing the social norms that underpin early marriage and pregnancy and undercut girls' education. The focus has been on a broad spectrum of different types of communications-based initiatives as identified in a recent global review (Marcus and Page, 2014), with the aim of identifying good practice in the field.

The three country case study projects selected for analysis in Uganda have all been designed to address specific problems related to adolescent girls' well-being and capacity development as identified through initial studies or baseline surveys.

- The ***Unite for Body Rights*** project is implemented by Straight Talk Foundation (STF) and its local partner, Youth Efforts in the Fight against HIV and AIDS and Poverty, in Bugiri district in the East Central sub-region of Uganda's Eastern region. It is part of a larger Sexual and Reproductive Health Rights (SRHR) Alliance programme that aims to provide good-quality in-school and out-of-school SRH education to empower young people to make healthy and well-informed decisions and increase demand for youth-friendly and maternal health SRH. It also implements community sensitisation, participation and mobilisation activities to create an environment that accepts and supports adolescent SRHR. The core of the activities of the Alliance focuses on individual empowerment in combination with the realisation of conducive and enabling conditions and policies for the promotion and protection of SRHR.

- The ***Child Protection and Development*** project in Iganga district, East Central sub-region of Eastern Uganda, is implemented by the Uganda Chapter of the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN). It derives from a child rights perspective whose main objective is to provide a secure and protective environment for children. The project seeks to increase the availability of protection, psychosocial, legal, and other essential services for orphans and other vulnerable children (OVCs) and their household members and to strengthen advocacy for implementation of child protection laws and policies. A particular focus on child mothers aims to empower them with skills and income generating activities to be able to sustain and take care of their children and siblings. Broad-based communications, awareness-raising and sensitisation efforts focus on fostering positive attitudes toward and support for child rights, including the right to education and protection from gender-based violence.
- The ***Gender Roles Equality and Transformations*** (GREAT) project, implemented in two districts in the Mid-Northern sub-region of Northern Uganda, represents a coalition between Georgetown University's Institute for Reproductive Health, Pathfinder International and Save the Children, working with their respective implementing partners in Uganda – STF and the Concerned Parents Association (CPA). This project combines a broad focus on gender equality with more specific messaging and community dialogues around reproductive health, gender-based violence (GBV) and education. Our research focused on the work of CPA in Lira district.

Findings on key design features of project case studies

- ***Theories of change were both explicit and implicit:*** Two of the projects were designed according to a specific theory of change. STF follows an 'ecological' model of behaviour change, addressing individual adolescents within the context of their families/schools set within the overall community and political environment through information activities designed for each level. GREAT combines a similar ecological model with a 'social constructionist' perspective that views individuals as active agents in constructing and reconstructing gender norms over the life-course based on shared expectations and understandings. ANPPCAN does not have an explicit theory of change, but its philosophy holds that a society prepared to care for and protect its children requires a foundation of awareness, influence and direct action to change. ANPPCAN therefore emphasises research, advocacy, training, education and participatory approaches towards child protection in order to create an appropriate enabling environment.
- ***Projects used a variety of communications interventions and materials:*** All three projects adopt a variety of communications interventions, spanning the broad spectrum identified for our study purposes. Each uses some form of community dialogue or conversation, seen as essential in mobilising awareness in communities in an interactive, dynamic and face-to-face manner. Such community dialogues, which beneficiaries highly appreciate, are often combined with media or drama as a means of actively engaging attention. In the GREAT project, one form of community dialogue has built on traditional fireside chats through which elders impart knowledge to youth. Use of mass media has most commonly taken the form of radio dramas and talk shows in local languages. Written and/or pictorial communications materials have been most highly developed by STF (including its flagship *Young Talk* and *Straight Talk* newsletters) and by the GREAT project (through interactive games and learning materials). Innovative, 'bottom-up', communications channels include, for ANPPCAN, a toll-free hot-line established by the Ministry of Gender, Labour and Social Development that has been used as an effective link for follow-up on reports of child abuse, and 'letter-link' suggestion boxes and notice boards established in schools for children's anonymous reporting of abuse. All three projects use interactive radio call-ins to channel young people's voices and concerns.
- ***Projects included diverse target populations and facilitation structures:*** All three projects have targeted adolescents of different age groups as primary beneficiaries but have also developed communications activities designed to sensitise the significant adults in their lives. ANPPCAN has

focused certain of its activities on child mothers, but within a wider programme focus on OVCs in communities. The GREAT project has distinguished between very young adolescents, older adolescents and newly married or parenting young people and developed gender-specific communications materials for each age group: this is considered essential to programme success. Each of the projects has undertaken both community- and school-based activities. In addition to community activities for out-of-school children, STF has trained teachers to support young people in school, facilitated the formation of school clubs supporting SRH information and activities and organised school health fairs where young people can come together in a one-stop shop for health information. ANPPCAN has trained teachers to act as counsellors. The GREAT project has established activities around sexual maturation and gender roles in selected schools. The peer education model has been most explicitly used by GREAT (through its ‘platforms’ such as youth groups, church associations and the like).

- ***The use of combined approaches is favoured:*** The STF project has embedded its communications activities within the wider service provision interventions of the Alliance; it also specifically promotes practical activities such as teaching girls to make reusable sanitary pads out of local materials, thus addressing menstrual hygiene issues identified as a key limiting factor in adolescent girls’ school attendance. The ANPPCAN model has explicitly combined service delivery and empowerment with communications *per se*; its community caseworkers have intervened in cases of child abuse, linking victims to legal recourse and providing counselling; OVCs are provided with scholastic materials and adolescent girls given sanitary pads to enable them to stay in school, while the child mothers’ project has provided vocational skills training for income generation and livelihood support. The GREAT project also found – after the initiation of project activities – that it was not enough to raise awareness of SRH issues without some attention to strengthening services; this was done through an additional project component focusing on training existing Village Health Team (VHT) volunteers to provide support with referrals.

Reported changes, benefits and effects of the projects

Study participants at all levels – adolescents, adult community members, local government staff and project implementers – reported clearly positive benefits derived from the project interventions. Most significant change analysis points to changes at individual, household and school/community levels.

- At ***individual level***, adolescents reported, on the whole, more knowledge of SRH issues, with the projects filling an important gap in this regard; they also valued the new knowledge and understanding of sexual maturation processes in adolescence and – particularly for girls – both knowledge about and reassurance of the social acceptability of menstruation, as well as (in some projects) the provision of sanitary pads or instruction on local fabrication, which has liberated them to attend school during their periods. Attitudes towards early marriage and – among older or newly married adolescents – family planning have changed, particularly among GREAT project beneficiaries, where strengthened referral services through volunteer VHTs trained through the project has backed up heightened knowledge. Adolescent boys and girls in all projects expressed a sense of heightened self-confidence gained through project activities, as well as new-found skills in leadership and public speaking. Both boys and girls expressed a heightened sense of the importance of education and clearer aspirations for the future; parents and adult community members also professed greater understanding of the importance of education for their children. For ANPPCAN child mothers provided with vocational training and income generation support, the empowerment derived from being able to provide for themselves and their children boosted both self-esteem and their sense of how they were viewed in the community.
- At ***household level***, study participants – adolescents and adults alike – pointed to a variety of positive changes. Some spoke of project activities helping open up channels of communications between parents and children about sensitive topics such as sexual maturation and health that had previously been taboo. In the GREAT project, which emphasised GBV as a theme, many study participants pointed to a reduction in domestic violence. GREAT project beneficiaries also highlighted a

transformation in the expectations of the gender division of labour in the household: many of the skits they enacted in the course of the project depicted a reversal of gender roles, leading to much laughter and discussion as well as an awareness that it was acceptable for men and boys to do domestic chores such as cooking or cleaning, while girls could also be entrusted with the family herds.

- At *school and community levels*, many study participants pointed to contributions to broad-based changes in terms of school attendance and retention rates, teenage pregnancy and GBV in the project communities; however, these would need verification through more rigorous evaluation and quantitative assessment. Teachers involved in STF project activities were particularly clear on how the project had contributed to increased enrolment, reduced absenteeism and reduced dropout as a result of pregnancy. Different project participants overall expressed a greater awareness and understanding of the issues affecting boys and girls in the community; for some, this was coupled with a determination to strengthen and enforce laws protecting girls from early marriage and defilement, or to ensure parents send children to school. In the ANPPCAN project area, a local by-law on education was developed and caseworker counselling skills on child abuse were strengthened. Through GREAT, community customs such as the ‘fireside gatherings’, whereby elders interact with young people to transmit knowledge and values, were revived in a new form to foster continued communication around critical issues.

Challenges and constraints

All projects experienced a number of challenges and constraints – linked both to factors external to the project and to features of project design or implementation.

Some community resistance to the types of messages transmitted was found, particularly around adolescent sexuality, for example, or transformed gender norms. This was in turn linked to a reaction among some segments of the community against the promotion of ‘children’s rights’ and ‘women’s rights’, which was seen as contributing to ‘spoiling’ children and disrupting the household: such a backlash had been a prominent feature of communities in our previous years of research as well. Other constraints were found to arise from the sheer scale of the issues to be addressed at different levels, which the projects, with limited personnel and restricted geographic scope, could not fully cover.

The essential limitations of communications-type interventions, which act on the side of ‘demand’, were clearly apparent in all project settings, where similar interventions were sorely needed on the side of ‘supply’. Increasing knowledge and understanding of the importance of adolescent SRH, for example, would ideally need to be accompanied by an expansion of the availability of adolescent-friendly services. So, too, the emphasis on attitude change around the importance of education for girls needs to be accompanied by investment in quality schools at both primary and secondary levels. Changing attitudes and behaviours around early marriage requires not just strengthened capacity to enforce existing laws but also investment in education as a viable alternative to marriage that can contribute to both social and economic empowerment.

Project organisers clearly recognised the dilemma and were trying – to various degrees – to deal with it. The STF project was set within a broader programme initiative seeking to strengthen SRH services; ANPPCAN included service provision (vocational schools and livelihood start-ups; counselling services; strengthened legal enforcement and case management follow-up; sanitary pad production) as part of its project; and GREAT added on a component of training for VHT to provide referrals for older and newly married adolescents seeking family planning information and services. Nevertheless, it was clear that ongoing and focused interventions on the supply side would be needed to support, encourage and accompany the knowledge, attitude and behavioural change stimulated by the projects.

Key lessons learnt and implications for policies and programmes

- ***Investment in initial situation analysis is critical and should be coupled with ongoing monitoring and evaluation.*** All three projects demonstrated good practice in being based on initial situation analyses and/or assessments undertaken as a means of understanding the critical issues affecting

adolescent girls in the communities and informing the design of appropriate interventions. Two of the projects (ANPPCAN and GREAT) conducted specific baseline studies as a means of measuring the effectiveness of project interventions: these in turn need to be accompanied by strong monitoring and evaluation activities (as in the GREAT project) to enable programme implementers to identify key project elements that merit scale-up and expansion.

- ***Knowledgeable and experienced community-based actors are key to successful programme implementation.*** All three projects relied on local actors to engage with communities and facilitate project implementation. For STF and GREAT, this entailed entering into partnerships with local community-based organisations; for ANPPCAN, it was done through decentralised project personnel. For all three, significant investment in community-based structures was an important feature of programme design (STF's community resource volunteers; ANPPCAN's child protection committees and caseworkers; the GREAT project's 'platforms') and links with established structures such as VHTs were important for successful programme implementation.
- ***Working with local government structures is essential for sustainability but requires ongoing capacity-building.*** The decentralised governance structure in Uganda offers great potential for local government leadership and initiative in local development processes and the programme and project partners who support these. All three projects recognised this and included local government structures as key partners in project implementation and follow-up so as to foster ownership and promote sustainability. STF coordinates its activities through District Management Committees; ANPPCAN draws in district departments most closely involved in child protection activities, including the police and probation officers; GREAT established a reference group at district level, involving the health, education and community development sectors. Such coordination efforts are essential and need to be further accompanied by continued capacity-building and support so local government can take on responsibility for project activities even after the projects themselves are over.
- ***Investing in young people as project facilitators and peer educators offers a promising pathway to empowerment.*** All projects showed significant impacts in terms of building confidence among the adolescents reached; this was further fostered by enlisting adolescents as either formal or informal peer educators involved in dispensing information, offering advice, enacting role plays and the like. Study participants recommended strengthening and expanding such efforts to develop young people's capacities to implement project activities and serve as role models in their communities. Support for the development of children's rights clubs and youth groups was seen as particularly important for the promotion of young people's participation in activities of importance to them and for the amplification of their voice and perspectives on critical issues.
- ***Linking project-specific initiatives with national laws and policies is essential for scale-up and sustainability.*** The review of the national setting revealed a number of progressive laws and policies that promote gender equality in general and focus specifically on issues related to adolescent girls, including around marriage, reproductive health and education. Some of these laws and policies explicitly mention the importance of dealing with underlying social norms; others are more implicit. All projects are in line with the national legislative framework and key national policy thrusts, and all strive to translate these into practice at community level, working – as we have seen – through the district authorities and community structures. Some efforts, however, have been hampered by a lack of clear national guidelines – for example on the integration of SRH education into the national school curricula; others have been hindered by a lack of investment in local enforcement of national laws (e.g. on the age at marriage). This demonstrates a clear need for government officials (at both national and local levels) and project personnel to continue to engage around critical programme thrusts.
- ***Diverse communications interventions are needed to reach different audiences.*** All of the projects have adopted multiple communications methods (including community dialogues, radio broadcasts, written materials and interactive games and dramas, one-on-one communications and counselling,

peer education and ‘bottom-up’ communication forms) based on the understanding that no single method can reach all target audiences and that a combination is essential to ensure a critical mass achieves understanding and internalisation of key messages. All projects have also targeted both adolescents and the influential adults in their lives, on the understanding that attitude and behavioural change requires both individual knowledge and an enabling environment.

- ***The sustainability of relying on volunteers for social mobilisation and project support needs to be carefully assessed.*** All projects have drawn in one way or another on the voluntary work of community members, organised into existing groups or groups stimulated by the projects, such as child protection committees, ‘platforms’ such as youth groups or women’s groups and social mobilisers. They also link up with one of the key voluntary structures in Uganda – the VHTs – which provide a vital link between communities and the government’s health service structures. While the ethos behind such an extensive use of volunteer community workers may be laudable in one way (denoting clear community ‘ownership’ and commitment to different project goals), it is open to question whether this in fact presents a viable model for sustainability once the project ends.
- ***Social norm change is a long-term process that demands a significant time commitment.*** All three projects have been implemented under a clear timeframe of between three and five years, and have been dependent on external funding sources that were not automatically foreseen to extend beyond that period. Yet social norm change, entailing as it does both individual attitude and behavioural change and changes in the enabling environment, is a long-term process; ‘directed’ change of the type promoted through our case study projects, that seeks transformation of gender roles, expectations and relations, requires continued, long-term support and encouragement to enable it to take root and flourish in communities. Moreover, local communities do not exist in isolation of each other, so the critical mass needed to embed such changes in local practice would require continued efforts to expand effects into surrounding communities, all of which calls for sustained, committed support beyond the project cycle.
- ***Combining communications with other interventions such as training or empowerment is a promising emerging model.*** The three projects are distinct in the degree to which they have focused on communications *per se* or included other interventions aimed at material support or empowerment. While there is much to be said for a focus on communications as an awareness-raising and social mobilisation tool essential for attitude and behavioural change objectives, project beneficiaries in our case studies seemed particularly pleased when this was combined with some sort of material assistance (for school attendance; in the supply or production of sanitary pads; in terms of vocational training and livelihood support). This implies a comprehensive social norms change model that aims to address both strategic and practical needs and objectives.
- ***Investments in demand-side interventions from a communications perspective need to be matched by similar investments in supply-side service provision.*** While communications interventions may have admirable – and even transformative – effects on the knowledge and attitudes of local populations, support to actual behavioural change may demand additional investment in the services that support such change. Strengthened health services welcoming adolescents; quality primary and secondary schools with girl-friendly environments and within reach of communities; reliable legal enforcement agencies that focus on the protective aspects of existing legislation (around early marriage, GBV and the like), coupled with effective counselling services and case management – all are critical in supporting the changes that are being promoted.

1 Introduction

1.1 Adolescent girls: an urgent priority in Uganda

Uganda has made significant progress on overall poverty reduction, the expansion of educational opportunities for young people and the promotion of gender equality. The country has a framework of national laws and policies to reduce the vulnerabilities of adolescent girls as they make the crucial transition to adult life. The Constitution (1995) prohibits all forms of discrimination and provides for the protection and promotion of women's rights. The National Development Plan (NDP) 2010-2015 promotes affirmative action in all spheres and recognises gender inequality and inequity, as well as negative attitudes, mind-sets, cultural practices and perceptions, as among the most binding constraints on Uganda's national development.

A number of key sectoral plans, policies, legal provisions and programme initiatives promote gender equality and the capabilities of girls and young women. A whole raft of interventions are underway to: improve women's access to and control over productive resources; implement affirmative action; create training programmes; protect against exploitation; expand access to education and training; protect physical and bodily integrity through the promotion of sexual and reproductive health rights; and promote women's participation in politics and civic affairs. Progress in education has been particularly strong, promoted through government policies of Universal Primary Education (UPE) (1997) and Universal Secondary Education (USE) (2007) that highlight national commitment to the empowerment of girls.

Nevertheless, analysis of national and regional survey data reveals high proportions of adolescents still living in poverty, deprived of full educational attainment and – for girls – impelled into child marriage or early pregnancy. While more girls are going to primary school and gender equality has nearly been achieved in enrolments at this level, girls' completion rates (66%) continue to lag slightly behind those of boys (68%), with the gap widening as they advance along the educational cycle. Fewer than half (46.6%) of all girls enrol in secondary (compared with 53.4% of boys), and only a third of those (34%) actually complete their education at this level (compared with 52% for boys) (MOES, 2012b).

At national level, according to 2011 statistics, over a third (35%) of the girls who drop out of school do so because of marriage, and a quarter (23%) because of pregnancy (UBOS, 2012). Over 15% of ever-married women aged 20-49 were married by the age of 15 and nearly half (49%) by the age of 18. Teenage pregnancy rates are also high, at 24% nationwide. Being poor and rural heightens the likelihood of adolescent pregnancy and child-bearing: across the country, 34% of adolescent girls from the poorest households and 24% of girls in rural areas become mothers compared with 16% of adolescent girls from wealthier households and 21% in urban areas. Regional variations are apparent, with rates in the study regions of East Central (30.6%) and mid North (25.6%) higher than the national average. There is also a clear positive relationship between a woman's education and delays in initiation of child-bearing (ibid.).

The limited data available indicate continued high levels of gender-based violence (GBV), with over a quarter of young women (29.1%) reported to have experienced physical and sexual violence (UNICEF, 2013). Economic discrimination against girls and women persists, including as a result of the challenges arising from attempts to combine productive and reproductive roles – with reproductive responsibilities for household and children continuing to fall solely on the shoulders of women and girls. Meanwhile, current national debates about law reform to regulate marriage and divorce reveal deep resistance to any change to today's discriminatory practices at the household and family level. Two of the three top policy recommendations of a recent analysis of adolescent girls' vulnerability in Uganda were increasing educational attainment by keeping girls in school and targeting social values and cultural norms that promote child marriage and early child-bearing (Amin et al., 2013).

1.2 Multi-country study context and key findings from Uganda

Adolescent girls face unique challenges to the full development and exercise of their capabilities as they transition between childhood and adulthood. And yet they may also hold the key to effecting positive development outcomes that could reverberate across future generations. A multi-year, multi-country study is exploring the complex ways in which adolescent girls' capabilities are shaped and/or constrained by gender discriminatory social norms, attitudes and practices and under what conditions changes may be brought about, particularly around norms and practices related to early marriage and education. The study is being conducted by the Overseas Development Institute (ODI) in partnership with national research teams in Uganda, Ethiopia, Nepal, and Viet Nam and has been commissioned by the UK Department for International Development as part of a flagship programme on Transforming the Lives of Girls and Young Women.

Year 1 field research (2012/13) mapped out the complex and often intersecting domains that shape adolescent girls' capabilities, highlighting challenges in education, household and family relations, economic empowerment/access to resources, physical safety and health, psychosocial wellbeing, and political/civic participation. Year 2 research (2013/14) provided more in-depth analysis of factors contributing to change and persistence in discriminatory gendered social norms, with a focus on those connected to the pivotal issues of early marriage, pregnancy and education. Year 3 research (2014/15) turned to an analysis of specific policy and programme interventions aimed at combating early marriage and pregnancy and promoting girls' education, focusing on a broad spectrum of communications-based initiatives identified in a recent review (Marcus and Page, 2014).

Results of these first two years of research in selected rural communities in Eastern Uganda (Kyomuhendo Bantebya et al., 2013; 2014) showed the interconnectedness of adolescent girls' capabilities and the foundational nature of the household as the site of gender-discriminatory socialisation processes. Such processes were internalised and both replicated and reinforced across the wider community. Entrenched discriminatory norms and practices combine with high levels of poverty and limited service provision to significantly limit the development of adolescent girls' capabilities, while a lack of voice and a sense of isolation and strict boundaries circumscribe their life trajectories. In spite of a positive and enabling legal and policy environment and particular progress in expanding primary educational opportunities for girls, gaps in application and practice continue to inhibit gender empowerment and development for adolescent girls.

Many girls in our research communities continue to drop out of school due to poverty or early pregnancy, while secondary education remains a distant dream for most. Though some trends in changes of attitudes and practices were found, including greater social value attributed to girls' education, early marriage remains a widely accepted norm and practice. Practices such as bride wealth payments contribute to child marriages and, in effect, turn girls into commodities that pass from being owned by fathers to being owned by husbands. While marriage forms and practices are changing, with more fluid and individual arrangements emerging, these tend to leave girls vulnerable and with limited social support. The unequal division of labour within the household was found to substantially burden women and girls with most of the 'care' work, limiting their time for other activities, including education, training and productive labour. Lack of access to reproductive health information and services also leaves adolescent girls vulnerable to early or unwanted pregnancies, HIV and other sexually transmitted illnesses, while sexual and gender-based violence remains widespread.

Findings from the first two years of research in Uganda suggest that integrated approaches are required to tackle discriminatory social norms through community dialogue while enhancing education, health and legal service provision and promoting economic opportunities for women and girls in the context of overall poverty reduction efforts. Traditional cultural and religious leaders and men need to be engaged in such efforts. Supportive families – in particular fathers – can make a difference in the lives of individual adolescent girls, and community role models are also important in providing an expanded vision of what adolescent girls might dream of becoming. Overall lessons learned across countries over the first two years of research are summarised in the Box 1.

Box 1: Lessons learned from the first two years of the multi-country study

- Progressive national laws and information campaigns against early marriage are having a positive impact, yet early marriage remains prevalent, driven by socio-cultural and economic forces that influence norms and practices of parents and children alike.
- More girls are benefiting from education, particularly at primary level, largely due to national policies on free and obligatory schooling as well as greater awareness of the social value of educating girls; however, this progress has not always carried through to secondary level, and early marriage or pregnancy remains a key cause of school drop-out among girls.
- Gender roles, relations and expectations within marriage remain rigid, prescribed by discriminatory norms guiding behaviours of men and women and by deep-seated notions of honour and shame, both of which contribute to a ‘stickiness’ in social norms around gender and ideals of masculinity and femininity.
- Supportive families are critical in providing gender equitable opportunities and expectations for girls; positive role models in the community also offer transformational potential.
- To be most effective, efforts to change social norms operating on the ‘demand’ side must be accompanied by parallel efforts to open up opportunities on the ‘supply’ side in terms of broad-based, integrated approaches; otherwise, significant progress for girls will be inhibited.

Source: Watson (2014)

1.3 Organisation of the report

This report presents the results of the third year of research in Uganda. After this initial introductory section (1), Section 2 summarises key insights from a recent review of communications initiatives aimed at changing discriminatory gender norms and practices that was carried out as part of ODI’s broader programme of work on discriminatory gender norms, and outlines the research approach, programme focus, and methodology for the field study in Uganda. Section 3 presents the national setting and offers an overview of the national policy and programme environment around adolescent girls in Uganda, analysing in particular the degree to which social norms are taken into consideration. Section 4 provides an overview of the sub-regional and district settings where fieldwork took place. Sections 5, 6, and 7 present key findings from our three case study projects, while Section 8 analyses similarities and differences in approach and synthesises learned from the case studies, concluding with a number of programme and policy implications and recommendations arising from our research findings. Full references are found at the end of the report, along with a number of technical annexes, including a project log frame analysis (1); copies of all research instruments (2); a detailed presentation of research activities and study participants (3); case study project outlines (4); overview of communications interventions within each case study project (5); a detailed national policy analysis matrix (6); a list of organisations consulted for the programme mapping (7); and a detailed national programme analysis matrix (8).

2 Research framework, focus, methodology and approach

2.1 A focus on communications initiatives

Various communications activities have become established in development practice as a means of transforming the ways people think and act. Some originate in a top-down tradition of public service announcements and communication of information, some in a Freirean-inspired approach to education involving reflection and challenging orthodoxies, some in community-based activism (Marcus and Page, 2014; Marcus 2014a). Recent understanding of the power of social norms has led to a growing number of communications campaigns that aim to promote new social norms (Paluck et al., 2010), while the transformation of communications with the spread of the internet and mobile telephones in many low-income countries has created opportunities to communicate messages promoting gender equality and social change more broadly in new ways (Plan International, 2010). However, there has been little limited synthesised evidence of how particular communications initiatives lead to changes in social norms affecting adolescent girls' capability development as they make the transition from childhood to adulthood.

In order to fill the knowledge gap, and as a background to country research, a systematic review of communications initiatives aimed at transforming gender norms was carried out as part of the Transforming the Lives of Girls and Young Women programme (Marcus and Page, 2014). The review examined 61 programmes, around half in sub-Saharan Africa, across a broad spectrum of different types (Box 2).

Box 2: Typology of communications interventions

- Mass media and social media programming/engagement
- Information, education and communication (IEC) provision through dissemination of materials, billboards, stickers, educational videos, or events such as street theatre
- Community dialogue and reflection
- Non-formal education approaches, including life-skills training
- One-to-one programming, including mentoring, peer education
- Public ceremonies, including alternative rites of passage and public declaration activities, often linked to programmes addressing female genital mutilation/cutting (FGM/C)
- Training, capacity building, most commonly for professional personnel – for example, health workers
- Hybrid approaches of the interventions above
- Communications integrated with other approaches (particularly economic empowerment)

Source: Marcus and Page (2014)

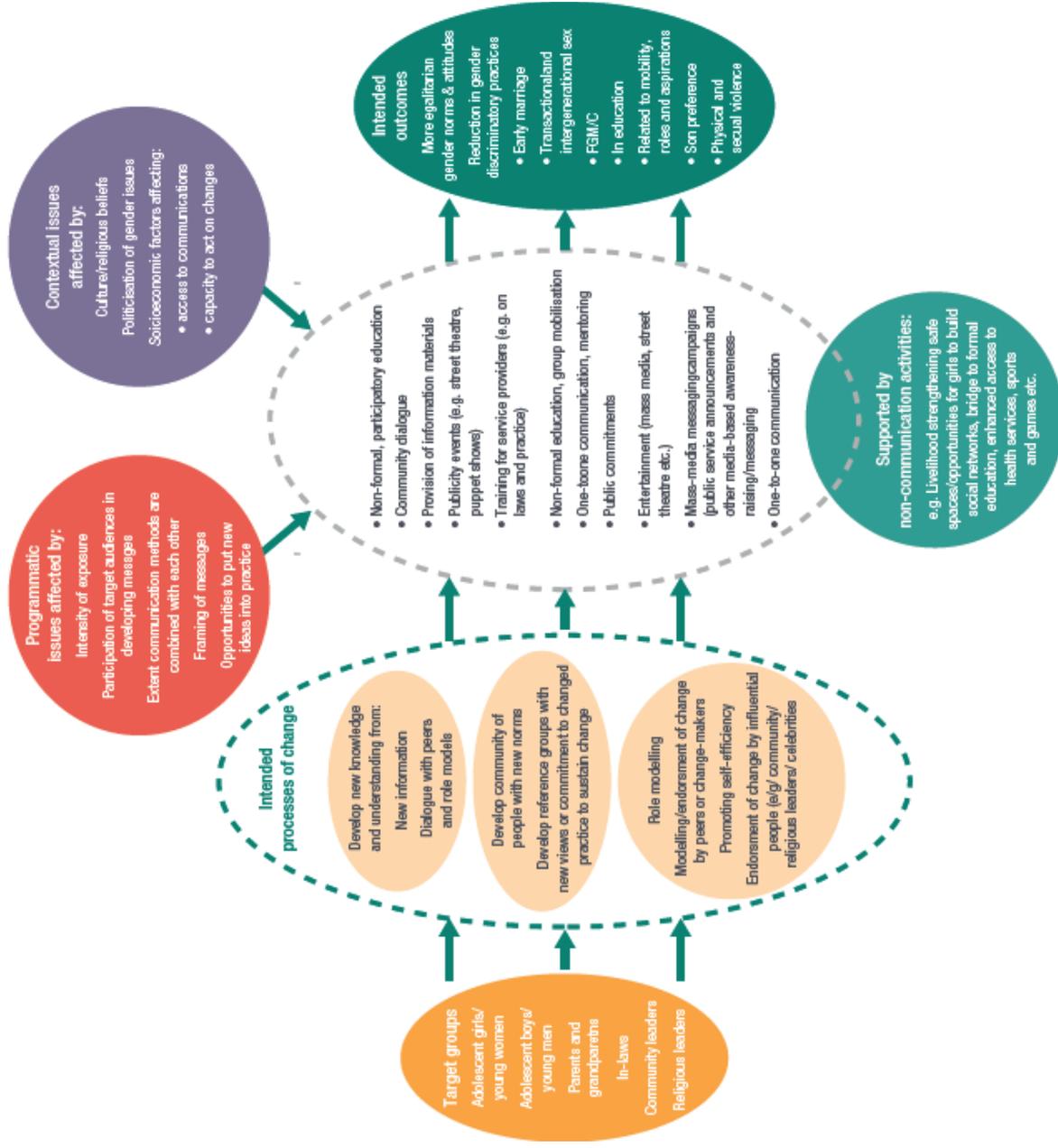
The evidence from the review showed that interventions that communication programmes are an effective way to challenge gender-discriminatory attitudes and practices and have reached a variety of stakeholders with both broad pro-gender equality messages and messages on specific discriminatory norms. While no one approach was found to be clearly more effective than others, programmes with more than one communication component have achieved a higher proportion of positive outcomes. Moreover, integrated programmes with non-communication

activities have also been slightly more effective. Key conclusions from the review, which informed the research in Uganda, include the following:

- Dialogue-based approaches are often important in creating opportunities for reflection and helping people shift both attitudes and practices.
- More intensive activities involving direct communication with target groups and providing space for dialogue seem to have greater impact than mass communication alone.
- Combined non-formal education and community dialogue showed positive impacts on attitudes towards girls' education held by parents and (in some cases) brothers.
- Appealing TV and radio characters can act as role models and villainous characters can also stimulate behaviour change. This seemed to be particularly important in initiatives around early marriage.
- Information, education and communications (IEC) activities play a helpful role in supporting and extending changes initiated by other types of programme.
- Communications can address issues of concern directly and provide enough factual information for audiences to contemplate change and can reframe issues so people can see them in a new way.
- Working with multiple stakeholders, combined approaches can identify or address barriers (such as poverty) to turning knowledge into action (Marcus, 2014b).

Figure 1 summarises diagrammatically the working theory of change guiding the review and informing year 3 research. It draws on analysis of processes leading to change in gender norms and insights from the wider literature on effective communication generally, and more specifically on the communication for development literature. It shows the stylised pathways by which communications of different types can lead to changes in norms and which the programmes discussed in this report aimed to set in motion. However, no social change is linear or mechanistic, and providing people with information or encouraging them to think about an issue in a different way does not necessarily lead to change in attitudes or behaviour. The diagram, therefore, outlines expected or 'hoped-for' relationships and outcomes, acknowledging that, in any situation, a number of other factors will affect outcomes (Marcus and Page, 2014). A more detailed, 'log-frame' type diagram can be found in Annex 1).

Figure 1: Conceptual framework for gender norm change through communications initiatives



2.2 Study objectives and key research questions

Building on previous country research findings, and drawing insights from the global communications review outlined above, year 3 research in Uganda aimed to (1) deepen our understanding of whether and how key national policies on gender, education and adolescents recognise the importance of discriminatory social norms and express commitment to addressing these; (2) explore how selected communications initiatives translate such policy commitments into projects or programmes that address discriminatory gender norms, attitudes and practices around early marriage, teen pregnancy and girls' education; and (3) analyse the effectiveness of such initiatives in fostering positive change from the perspectives of key stakeholders including programme implementers, local government officials, project beneficiaries and community members.

Key research objectives were to:

- Identify and highlight examples of good practice in translating policy commitments into communications programme initiatives;
- Analyse key programme design and implementation characteristics that contribute to effective outcomes;
- Understand how factors external to the programmes may contribute to or pose challenges to good practice; and
- Make recommendations – based on our understanding of the capability deprivations that adolescent girls face and drivers of social norm change processes – as to how these programmes and broader programming and policy efforts could be enhanced.

The key research questions investigated in our study were as follows:

- To what extent do core policies with relevance to early marriage, teen pregnancy and education consider the role of social norms? If they do, how are social norms framed? What sort of approaches are proposed to tackle or harness social norms? What are the strengths and weaknesses of these policy commitments vis-à-vis what is known from the global evidence on social norm change processes?
- How are policy commitments pertaining to social norm change processes in turn reflected in programme design? To what extent do programme design features adequately take into account the diversity of norm drivers and forces for stasis?
- How closely is programme design translated at implementation level? What factors facilitate implementation? Which factors constrain effective implementation? (Programme implementers' understanding of social norm dynamics; buy-in from local government and external stakeholders; cultural and political economy dynamics at sub-national level; resource availability; other context variables, including shifts in policies or laws.)
- How are (intended) beneficiaries and their families perceiving and experiencing change? To what extent have community norms, attitudes and/or practices shifted? What do stakeholders think of overall programme approaches and specific communications components? Do they think current programme approaches are optimal, or would they suggest alternative entry points?

2.3 Project selection in Uganda

Projects for analysis were selected on the basis of a number of criteria. First, they had to address – either explicitly or implicitly – discriminatory gender norms, attitudes and practices linked to early marriage, teen pregnancy, and education relevant to adolescent girls. Second, they had to include one or more of the communications elements as per the typology identified for the project. Third, they were to ideally include a mix of government and non-governmental initiatives. Fourth, they had to be located in the same general geographic areas that Year 1 and 2 research was conducted, as far as possible. Finally, there had to be an adequate documentation base to complement information derived from national and field-level interviews. It was recognised, however, that all projects might not meet all of these criteria, in which case the research team was given latitude for final selection.

A preliminary programme scan was conducted through a desk review of relevant documents and websites and through structured interviews with heads and programme officers of selected organisations working to end child

marriage or related harmful practices. Sampling was purposive – targeting organisations addressing children’s, girls and women’s issues and in particular those addressing child marriage and teenage pregnancy using different forms of communication. Further online consultations were made with organisations that the research team could not visit. Consultative meetings targeting a total of four government ministries, 23 local and international NGOs and three development partners were conducted (see Annex 7 for list). After the review of existing initiatives, including those identified in our previous research, three programmes were selected for study:¹

- ***Unite for Body Rights***, implemented by Straight Talk Foundation (STF) and its local partner, Youth Efforts in the Fight against HIV and AIDS and Poverty, in Bugiri District. This project, part of a larger Sexual and Reproductive Health Rights (SRHR) Alliance programme, aims to provide good quality in-school and out-of-school SRHR education to empower young people to make healthy and well informed decisions and increase demand for youth friendly and maternal health SRH. It also implements community sensitisation, participation and mobilisation activities to create an environment that accepts and supports (adolescent) SRHR. The core of the activities of the Alliance focuses on individual empowerment in combination with the realisation of conducive and enabling conditions and policies for the promotion and protection of SRHR.
- ***Child Protection and Development***, implemented by the Uganda Chapter of the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) in Iganga District. The main aim of the project is to provide a secure and protective environment for children. It seeks to increase availability of protection, psychosocial, legal, and other essential services for orphans and other vulnerable children (OVCs) and their household members and to strengthen advocacy for implementation of child protection laws and policies. A particular focus on child mothers aims to empower them with skills and income generating activity to be able to sustain and take care of their children and siblings.
- ***Gender roles, equality and transformations (GREAT) project***, a coalition of Georgetown University’s Institute for Reproductive Health (IRH), Pathfinder International and Save the Children, working with their respective implementing partners in Uganda, Straight Talk Foundation and the Concerned Parents Association (CPA), in two districts in the Northern region. This project combines a focus on gender equality with reproductive health and gender-based violence. Our research focused on the work of CPA in Lira District, with field visits to two sub-counties and the district headquarters.

As seen on the map (Figure 2), two of the projects (by Straight Talk Foundation, and ANPPCAN) are located in the Eastern region (East Central sub-region of the country which served as the focus for research in Years 1 and 2. The third project, GREAT, is situated in the Northern region, which lies outside the previous geographic scope of study, but was identified as extremely suitable for analysis given its close fit with all of the other criteria of selection.

¹ A fourth project, by Restless Development, in Mayuge district, was initially retained as a case study, but after an initial field probe, it was determined that the project themes did not correspond closely enough with the research focus on early marriage and education; therefore, this project was not retained for analysis.

Table 1: Outline of research tools and study participants

Instrument	Purpose	With whom?
Focused policy review	<ul style="list-style-type: none"> To assess degree to which national policies take into account (explicitly/implicitly) social norms in their formulation 	
Programme landscape review	<ul style="list-style-type: none"> To provide an overview of some of the different kinds of programmes currently implemented around adolescent girls 	
Programme document review	<ul style="list-style-type: none"> To review available documentation on selected case study programmes and their implementing agencies, including strategic vision, organisational structure and processes, programme plans of action, reviews and evaluations 	
National level		
KIIs	<ul style="list-style-type: none"> To understand programme trajectories, strengths and weaknesses as well as implementing agency's structure, function, processes, distribution of responsibilities, external relations, human resources, accountability measures, focus on results/M&E, lessons learned about what does and doesn't work To understand specific characteristics, successes and challenges in policy development and implementation 	<ul style="list-style-type: none"> Programme designers and managers Development partners Policy makers
Sub-total: 13		
Local level		
District KIIs	<ul style="list-style-type: none"> To understand context in which programme is implemented To understand district-level priorities and alignment of programme to these goals To understand programme perceptions and results (where they have this knowledge) To gain access to community sites To help identify key stakeholders 	<ul style="list-style-type: none"> Relevant authorities – formal and traditional Programme managers and partners (where relevant) Civil society groups working on early marriage/girls' education
Programme KIIs	<ul style="list-style-type: none"> To understand institutional structures and functioning To understand programme evolution and operationalisation To understand programme strengths/weaknesses/success/ challenges To explore results and relevant impact pathways as well as lessons learned To explore thinking around sustainability post-programme 	<ul style="list-style-type: none"> Programme implementers

	<ul style="list-style-type: none"> To explore understanding of gender equity / girls' empowerment and how these are operationalised through the programme 	
<i>Sub-total: 9 (Bugiri); 9 (Iganga); 12 (Lira) = 30</i>		
FGDs/CMs	<ul style="list-style-type: none"> To get an overview of community history, key institutions, power relations, gender issues To understand perceptions about most significant change in gender relations in terms of early marriage and investment in girls' education To assess knowledge and perceptions of programme processes and results 	Elders, religious leaders, local service providers (e.g. teachers, health clinic staff, extension officer), with representation of women, minorities, etc.
FGDs	<ul style="list-style-type: none"> To understand how participants view early marriage and under-investment in girls' education To understand local perceptions of key interventions needed to address early marriage and under-investment in girls' education To explore perceptions of most significant change brought about by programme intervention as well as unintended effects 	With programme beneficiaries and family or community members (people who are either directly or indirectly involved in the programme)
<i>Sub-total: 7 (76 people) Bugiri; 3 (29 people) Iganga; 12 (74 people) Lira = 22 FGD (179 people)</i>		
IDs for case studies	<ul style="list-style-type: none"> To explore beneficiary perceptions/experiences of the programme and its impact, including strengths and weaknesses To solicit beneficiary view on possible improvements 	Beneficiaries, former beneficiaries, others as relevant
<i>Sub-total: 8 Bugiri; 6 Iganga; 8 Lira = 22</i>		
<i>TOTAL: 43 KIIs, 22 FGD (179 participants) 22 IDI = 244 STUDY PARTICIPANTS (130 f; 114 m)</i>		

Research activities started with the programme scan (from August to October 2014) and policy analysis (from October to November 2014). Preliminary site visits were conducted in Eastern Uganda in October 2014 and in Northern Uganda in January 2015. Four days of field research at each selected project site took place over the course of January 2015. Transcriptions of field interviews preceded analysis of results of field findings in February, followed by report drafting in February and March 2015. The three project write-ups were shared with project personnel in July 2015 and revised to include useful comments, feedback and additional information. The full report was then revised after internal and external reviews and finalised in September 2015.

2.5 Ethical considerations

The study was conducted following national and international ethical standards for research on children, given our focus on adolescent girls and the sensitivity of the topic under study. The basic ethical framework was built on principles of respect for the rights and needs of children and doing no harm. Key ethical considerations included measures to enhance participation and inclusion of excluded groups in the research to ensure informed consent, to protect children and to ensure confidentiality and anonymity. An information checklist for informed consent was prepared and measures aimed at safeguarding the confidentiality of responses set out.

The research team was fully briefed on all ethical issues related to studying children, including the need for sensitivity around topics that may be particularly sensitive for respondents to discuss, and the potential need to assist participants in accessing appropriate help or support if required (but within professional limits). The team followed appropriate national guidelines in all respects, including submission of the research protocol for review and approval of the Institutional Review Board of Makerere University and the Uganda National Council for Science and Technology whose guidelines for research involving human participants were followed (UNCST, 2014). The real names of study participants in the examples cited in the report have been changed to protect their identity.

3 National policy and programme environment

This chapter provides an overview of the national context, with particular focus on the status of early marriage,² teenage pregnancy and girls' education, and summary findings from a recent social institutions and gender analysis. It also highlights the legal and policy environment for addressing adolescent girls' vulnerability to early marriage and under-investment in girls' education, with special attention to the extent to which the policies address underlying social norms. It then identifies the main programme approaches to addressing such issues through interventions that have a communications component. Annexes 6, 7 and 8 provide further detailed information and analysis of the legal and policy framework and specific programmes dealing with adolescent girls' issues.

3.1 Early marriage, teenage pregnancy and girls' education in Uganda

3.1.1 Adolescent girls and marriage

Marriage and motherhood are the normal routes to social recognition and economic security for young women, especially those who have had limited access to schooling opportunities and few prospects for securing a job (Sekiwunga and Whyte, 2009). While the legal age at marriage is set at 18 years (Republic of Uganda, 1995; 2007), traditions of child marriage persist in many cultural groups in the country. Globally, Uganda ranks 16th among the 25 countries with the highest rates of early marriage, with nearly half (46%) of all girls marrying before the age of 18, and more than one in 10 (12%) marrying before the age of 15 (World Vision, 2013). Myers and Harvey (2011) cite the country as having one of the highest estimated rates of child marriage in sub-Saharan Africa.

The latest national statistics (Uganda Demographic Health Survey) indicate that over 15% of ever-married women aged 20-49 were married by the age of 15 and 49% were married by the age of 18 (UBOS, 2012). The median age at first marriage among women aged 25-49 has been fairly stable for the past 30 years at around 17.9 years. However, the trend is gradually shifting towards fewer women marrying at very young ages: almost a fifth (10%) of women currently aged 45-49 were married by age 15, compared with just 3% of women currently aged 15-19. There remain clear variations in the age of first marriage by residence, educational level and wealth quintile. Women aged 25-49 living in urban areas marry about two years later than rural women (20 years compared with 17.6 years), and the median age at first marriage is higher among the better educated and the wealthier.

Studies attribute early marriage to a multiplicity of causes, including: social norms and expectations of the girl child; women's disadvantaged status; poverty (with the girl is seen as both an economic burden and an asset through marriage payments); weaknesses in legal and policy actions; parental desire to protect daughters against early sexual encounters and pregnancy in order to maintain the family's dignity and guard lifelong security; the low value attached to girls' education; a breakdown in family structures and networks, including through loss and trauma especially in conflict and post-conflict situations; lack of parental care and concern, especially inadequate provision of basic necessities; lack of control over girls' mobility and inadequate parental guidance; mistreatment of girls; moral decay and indiscipline; 'greed' for material things; and limited options for the development of capabilities through education or employment (Rubin et al., 2009; Sekiwungu and Whyte, 2009; Walker, 2012; Lubaale, 2013; Schlecht et al., 2013; Bell and Aggleton, 2014; Kyomuhendo Bantebya et al., 2014).

Other causes of child marriage have been associated with peer pressure; films that provoke 'experimentation' with adult relationships; continuing community perceptions that sexual maturation equals readiness for marriage;

² In this report, 'early marriage' and 'child marriage' are used interchangeably to refer to marriages below the age of 18.

cultural prescriptions against girls starting their menses in their parents' home (Kyomuhendo Bantebya et al., 2014) and initiation rituals such as female genital mutilation (Warner et al., 2013). Evidence also shows that teenage pregnancy is a major cause of early marriage (Ochan et al., 2013; Kyomunedo Bantebya et al., 2014).

3.1.2 Teenage motherhood

Statistics from the Uganda Demographic and Health Survey 2011 show that child-bearing in Uganda begins early with over a third (39%) of women aged 20-49 having given birth by age 18, and nearly two-thirds (63%) by age 20 (UBOS, 2012). According to the Population Council (Amin et al., 2013), 17.4% of adolescent girls aged 15-19 years are mothers. While national statistics indicate a significant decline in teenage pregnancy over the years (from 43% in 1995 to 24% in 2011), rates remain high. The median age at first birth for women aged 20-49 was estimated at 18.9 in 2011, with limited change since 2006. Across the country, more rural girls (24%) become mothers at an early age than girls in urban areas (21%), with regional variations also apparent.

Teenagers from the poorest households have higher rates of pregnancy (34%) compared with those from the wealthiest households (16%). There is a clear positive relationship between a woman's education and the initiation of child-bearing. Women with at least secondary education on average start giving birth at age 20.8 years, 2.7 years later than women with no education. Less than a fifth of (16%) girls aged 15-19 with secondary education have begun their reproductive life during their teens compared with almost half (45%) of those with no education (UBOS, 2012). Amin et al. (2013) note a similar trend, finding that 28.2% of girls with no education had ever given birth and 18.9% were currently pregnant, compared with 11.3% and 4.9%, respectively, for those with secondary education or above.

Teenage pregnancy is associated with high levels of early sexual debut, forced child marriage, coerced first sexual intercourse, desire to have many children, and limited access to sexual and reproductive health education and services, as well as with orphan, single parenthood and poverty (Sekiwungu and Whyte, 2009). The associated consequences of teenage motherhood include death from pregnancy and delivery complications leading to the persistent high maternal and infant and child mortality and fertility rates; school dropout; exposure to risk of HIV infection stigma, shame, rejection and exclusion. It also inhibits girls' participation in education and hence their economic opportunities (UWONET, 2010; Murungi, 2011; FIDH and FHRI, 2012; Ochan et al., 2013).

3.1.3 Girls' education

With the introduction of Universal Primary Education (UPE) in 1997 providing for free access to education for all children in government-aided primary schools, Uganda has registered significant progress in expanding access to basic education, resulting in a closing of the gender gap in enrolments at primary level, though a number of regional specificities remain. Gross enrolment rates (GER) at primary level are equal for girls and boys at 113%, while net enrolment rates (NER) at this level are higher for girls (97%) than for boys (95%). Nevertheless, primary completion rates for girls (66.9%) remain behind those of boys nationally (67.8%), with district rates also varying considerably (MOES, 2013).

Gender disparities remain apparent at secondary level, even with the introduction of Universal Secondary Education (USE).³ Overall enrolment in secondary remains low. The GER at this level is 31% for boys and 27% for girls. At national level, while girls make up almost half (46.6%) of enrolments, their completion rate (34%) remains significantly lower than that of boys (45%). As with all educational indicators, there is significant regional variation.

Gender disparities in education are attributed to multiple factors ranging from socio-cultural attitudes and practices that privilege male children's education over that of female children; the discriminatory gender division of labour in the household that leaves girls with little time to study; lack of learned or professional women as role models; late age of entry into school combined with practices of early marriage; pregnancy as a key cause of dropout; family instability; and restricted movement of girls and women (MOES, 1999; Tumushabe et al., 2000; Atekyereza, 2001; Kwesiga, 2002; Blackden, 2004; Kakuru-Muhwezi, 2006; Jjuko and Kabonesa, 2007; Grogan, 2008; Nordic Consulting Group, 2008; Huntington, 2008; UNFPA and MOGLSD, 2009; FOWODE, 2011; Muhanguzi et al., 2011; Perezniето et al., 2011; FIDH and FHRI, 2012).

³ This grants every child with an acceptable pass rate on primary leaving examinations the right to a free secondary education.

Other factors that hinder girls' participation in education are associated with the school setting or environment. These include lack of schools (particularly secondary) close to homes; inadequate educational facilities; lack or inadequacy of sanitary facilities – particularly problematic for post-pubescent girls dealing with menstrual hygiene issues; sexual harassment and abuse from male students and teachers and from others on the way to school when long distances must be travelled; negative gender stereotyping in the curriculum, instructional materials and teaching/learning methodology, including negative/biased teacher attitudes towards girls, inadequate career guidance and corporal punishment (Tumushabe et al., 2000; Mirembe and Davies, 2001; Kwesiga, 2002; Ndyabangi et al., 2003; Kakuru-Muhwezi, 2006; Jjuko and Kabonesa, 2007; Jones and Norton, 2007; Huntington, 2008; Nordic Consulting Group, 2008; ACFODE, 2009; UNFPA and MOGLSD, 2009; Muhanguzi, 2011; Muhanguzi et al., 2011; Perezniето et al., 2011; FIDH and FHRI, 2012).

Financial and material resource constraints linked to poverty at the household level limit girls' education capabilities through limited access to scholastic materials and other essentials such as school lunches, uniforms and sanitary supplies. Resource constraints also influence parental choice on who should go to school and the age at which children, especially girls, begin schooling. In cases of resource scarcity, the boy child is given priority and the girl either is married off or remains at home (Tumushabe et al., 2000; Atekyereza, 2001; Kakuru-Muhwezi, 2006; Grogan, 2008; Perezniето et al., 2011). Some girls who are sent to school without adequate resources are reported to engage in risky sexual relationships with teachers and 'sugar daddies' in exchange for basic necessities (Kakuru-Muhwezi, 2006; Jones and Norton, 2007; Huntington, 2008).

The quality of some UPE schools is so poor that many parents who can afford to try to send their children to fee-paying schools; however, they are less likely to do so for girls. Studies further highlight inadequate enforcement of education laws and ineffective implementation of policies (inadequate allocation of resources to girls' education initiatives and insufficient focus on the social and cultural obstacles to gender equality in education (Kwesiga, 2002; Jjuko and Kabonesa, 2007; Ahikire and Madanda, 2011).

3.2 National policy and legislative framework

A review of the national policy and legislative framework sought to identify the key areas of focus and highlight the degree to which the various laws and policies specifically addressed underlying social norms around adolescent girls, as summarised below (see Annex 6 for details).

3.2.1 Legislation on child marriage and teenage pregnancy

The 1995 Uganda constitution includes provisions that promote and preserve cultural values and practices which enhance the dignity and wellbeing of all Ugandans, as clearly stipulated under the national objectives and direct principles of state policy and those that prohibit discrimination, promote equality and affirmative action for marginalised groups. It provides in Chapter 4 for the protection and promotion of fundamental and other human rights and freedoms for all Ugandan citizens, with special provisions for the protection of women and girls against discrimination. Article 31 provides for the right to marriage and family formation, prohibits child marriage and early sex as a way of preventing teenage pregnancy, clearly sets the legal age of consent (the age at which men and women should marry or engage in sexual relationship as 18 years),⁴ and provides for equal rights at and during marriage and its dissolution. Art. 31 further prohibits forced marriage and provides for free consent of the man and woman to enter into marriage. Article 32 prohibits laws, cultures, customs or traditions that are against the dignity, welfare or interest of women or that undermine their status. It also provides for affirmative action for marginalised groups on the basis of gender and any other reason created by history, tradition or custom. However, the constitution does not specify the particular cultural values, practices and customs in question. Other main pieces of national marriage legislation are presented in Box 3.

Box 3: Marriage legislation in Uganda

- **The Marriage Act of 1904** CAP 251 provides for the acceptable marriage type being monogamous; prohibits incest; and sets 21 years as the age of consent; it allows written consent of the father/mother/guardian/registrар for the marriage of minors – those below the age of 21 years.

⁴ Provides for the right to marry only if one is of the age of 18 years and above

- **The Marriage of Africans Act of 1904** provides for Christian and ‘Mohammedan African’ [Islamic] marriages and allows marriage of minors on the consent of their parents or guardian or registrar in case the parents are dead and no guardian is capable of consenting. However, it does not state the year of consent.
- **The Marriage and Divorce of Mohammedans Act of 1906** relates to the marriage and divorce of Muslims but the law is silent on the types and forms of marriage as well as the age of consent.
- **The Hindu Marriage and Divorce Act of 1961** provides for marriages conducted under the Hindu, Buddhist, Jain or Sikh religions. It only allows monogamous marriages [2(1)], with the age of consent set at 16 years for girls and 18 years for boys [2(3)]; it allows marriage of minors with the consent of parents or guardian [(2(4)] and prohibits incest [2(5)].
- **The Customary Marriages (Registration) Act 1973** provides for the registration of customary marriages and types of marriages (both monogamous and polygamous (Art. 4 – 1, 2); the age of consent is set at a lower age of 16 years (Art. 11a) for females (that of boys is set at 18 years – 11b); it also provides for the consent of the father/mother/guardian to the marriage of minors and prohibits inbreeding [incest] (Art. 11d, Schedule 11), among others.
- **Muslim marriages** are provided for under **the Marriage Act 1904 as guided by Sharia law.**

Source: Kyomuhendo Bantebya et al. (2014)

The different pieces of legislation based on different socio-cultural and religious norms, however, contradict the constitutional provisions on age and freedom of consent for both men and women. The Constitution’s Article 2(2) stipulates that if any other law or any custom is inconsistent with any of the provisions of the Constitution, the Constitution shall prevail. Fuelled by the force of custom, arranged marriages for minors are still practised, especially in rural areas (FIDH and FHRI, 2012), and customary marriages are often carried out without the consent of the girl (Benschop, 2002). In addition, most of the customary marriages in Uganda are not registered, which makes women more vulnerable after divorce or the death of their husband. In practice, the right to ‘full, free and informed consent’ to marriage for Ugandan women and girls remains a significant challenge (UNICEF, 2001). Women are most often frustrated by the courts of law whenever they present cases of discrimination and violation of their rights, which are referred to as private and family matters.

While further protection of adolescent girls against child marriage is provided for in the Penal Code (amendment) Act (CAP 120) 2007 (Republic of Uganda, 2007), which makes 18 years the age of consent, the law is not explicit about the social norms or customary laws that continue to fuel early marriage and teenage pregnancy. Other Ugandan laws that are potentially useful in the prevention of child marriage and teenage pregnancy include the Anti-Trafficking Act (2010), the Domestic Violence Act (2010) and the Anti-Female Genital Mutilation Act (2009). While these laws protect girls from early sex and penalise coerced sexual intercourse and forced marriage, they do not directly address any of the social norms that surround the practice of child marriage.

The Marriage and Divorce Bill (2009) (applicable to all but Muslim marriages) proposes reforming and consolidating laws relating to marriage, separation and divorce, and more explicitly grants equality within marriage or cohabitation (to property ownership and freedom from sexual violence, among others). It follows the Constitution in stipulating 18 as the legal age of marriage; calls for the consent of each party; prohibits practices such as widow inheritance; and demands the refund of marriage gifts or bride wealth in the case of marriage dissolution. It does not introduce entirely new concepts to those included, but rather sets minimum standards for all regimes of marriage provided for under the law, supplemented by separate provisions governing the conclusion of Christian, Hindu, Customary and Bahai marriages (FIDH and FIHR, 2012).

When the Marriage and Divorce Bill (2009) was presented to Parliament in 2012, it met opposition and sparked off acrimonious public debate and conflicts, largely related to religious and cultural norms, which clearly shows that discriminatory social norms associated with marriage have not fundamentally changed. Debate arose from the focus on sociocultural issues and power relations within the family, which men saw as a threat (UWONET, 2013a). Consequently, consideration of the Bill was again withdrawn on the grounds that there was a need to gather sufficient support from religious and community members, in particular men. Areas of contention include provisions on marital rape and conjugal rights, cohabitation, refund of marriage gifts and co-ownership

(UWONET, 2013a; 2013b). The Bill is currently before Parliament after going through the first, second and third reading with 23 clauses passed. The Uganda Women's Network identifies the implications of not enacting this law, including continued denial of human rights and an arbitrary approach to individual rights during marriage and at its dissolution; inconsistency of the laws; continued prevalence of GBV; and perpetuation of poverty and injustice, with cohabiting men and women having no recourse to justice (UWONET, 2013b).

The Muslim Personal Law (the law for Muslim marriages) has also been also put aside indefinitely. Moreover, it has been argued that the creation of separate laws for different groups of people violates international human rights norms and law and in particular the principle of non-discrimination, which is also enshrined in the Ugandan Constitution (FIDH and FIHR, 2012).

3.2.2 Legislation on girls' education

The right to education for all is enshrined in the Uganda Constitution (Art. 30; 34(2)) which also pledges to provide facilities and opportunities to enhance women's welfare and enable them to realise their full potential (32), and to uphold for women's rights, including full and equal treatment and dignity with men (33). The Children's Act and Children's Statute (Republic of Uganda, 1996; 1997) provide for the right to education, whereas the Uganda Teachers Code of Conduct and the Penal Code Amendment Act (Section 129) provide for protection against sexual abuse/harassment (Republic of Uganda, 1996 and 2007).

The Education Act 13 (Pre-Primary, Primary and Post-Primary) Act (Republic of Uganda, 2008) provides for access to education for all and gives full effect to UPE and Universal Post-Primary Education and Training policy. The Act commits the government to providing basic education for all as a right (Art. 4(2)) and pledges to ensure alternative approaches to education for all those children who drop out of school before completing their primary education (Art. 10 (3c)). It further provides for affirmative action with respect to female representation in the management of schools.

While these legal provisions have the potential of promoting girls access to education, they do not explicitly recognise and identify social norms around education which contribute to limiting girls' opportunities.

3.2.3 Policies, plans and strategies on child marriage, teenage pregnancy and girls' education

The various policy documents refer to social norms, although sometimes without spelling out specifically which norms are to be addressed.

National Development Plan (NDP, 2010-2014)

- The NDP acknowledges child marriage as a negative social cultural practice that increases the rate of early pregnancy and is partly responsible for the country's persistent high poor health outcomes for women and children (especially maternal and infant mortality) and its high fertility rate, which makes it a major constraint to sustainable population growth. It also notes it is a constraint to education, causing many girls to drop out of school. More broadly it acknowledges how gender issues, negative attitudes, mind-sets and cultural practices are a constraint to national development.
- The NDP also commits to increase access to education through UPE and USE as one way of delaying marriage and pledges to reduce the social cultural barriers to school attendance. It also aims to promote positive cultural values, norms and practices through strengthening the family unit by sensitising communities about family values, developing family curricula on marriage and parenting and ensuring respect and promotion of human rights. There is, however, no specific explicit strategic intervention for addressing child marriage. The plan indicates government commitment to promote rule of law and due process through fostering enactment and availability of laws and their continuous revision by supporting comprehensive and demand-driven law reforms to enhance access to justice and equality before the law, among other things.
- While the NDP 2010-2014/15 prioritises the education of girls as critical to sustainable development and commits to supporting girls' education (enrolment and retention of girls and boys at all levels of education including technical and vocational training), it largely focuses on reducing the costs of education through school fees waivers by promoting UPE (introduced in 1997) and USE (introduced

in 2007) and providing capitation grants to cover school costs – with minimal attention to broader social norms around girls' education.

National Gender Policy and plans

- The Uganda Gender Policy (MOGLSD, 2007a) acknowledges the high incidence of early marriage, teenage pregnancy and early sexual debut, all of which are violations of girls' rights that have impacts on their health, the health of their children and future advancement. In addition, the policy acknowledges persistent cultural norms and values that condone gender discrimination that have rendered the abuse of women's rights socially acceptable in Ugandan society. It pledges to enact and reform laws to address gender-discriminatory practices, cultural norms and values; to develop and implement interventions to address GBV of all forms and at all levels; to promote sexual and reproductive health rights; and to sensitise communities about children's rights; however, the strategies remain broad, with no specific explicit intervention to address early marriage.
- The National Action Plan of Women (first adopted in 1999 and reviewed in 2007; MOGLSD, 2007b) is in place to implement the National Gender Policy. This acknowledges early marriage and pregnancy as discriminatory practices that regressively affect girls' confidence and interest in schooling, hinder their self-advancement and lead to their poor health. Strategic objectives include: eliminating socio-cultural practices that endanger the health of women; sensitising communities about the importance of girls' education; and initiating educational programmes on positive and negative social cultural practices that aim to deal with the problem of early marriage. However, the plan does not suggest any direct interventions to address early marriage as a priority area, despite its negative implications for girls' and women's advancement.

National population policy and plan

- The National Population Policy (MOFPED, 2008) pledges government commitment to ensuring quality of life for the people of Uganda. It acknowledges the persistent cultural practices, customs and norms regarding polygamy, widow inheritance, child marriage and bride price, among others, that have negative implications for the status and welfare of women and children. It further identifies teenage motherhood as a major contributor to persistent high fertility and maternal mortality in the country. These challenges are to be addressed through promotion of UPE and USE.
- The National Population Policy Action Plan (MOFPED, 2010) identifies child abuse, including, defilement, early marriage and teenage pregnancies, as big challenges to the attainment of quality of life for Uganda's population. It suggests some strategies that, although not directly linked to early marriage, have the potential to address the practice. These include advocacy for sexual and reproductive health rights, including prevention of GBV, institutionalising youth-friendly services and promotion of compulsory UPE and USE.

Children, youth and adolescent policies and plans

- The National Youth Policy (MOGLSD, 2001) expressly acknowledges the right of young people to marry at the legal age of consent and pledges to promote the enjoyment of this right, but is not explicit about the social norms surrounding the practice of early marriage and teenage pregnancy.
- While the National Adolescent Reproductive Health Policy (MOH, 2004) pledges a commitment to advocate, coordinate and monitor the implementation of programmes for the readmission of adolescent mothers into the school system, it is silent on social norms that perpetuate early marriage and teenage pregnancy. It does however commit the government to: reviewing existing legal, medical and social barriers to adolescents' access to information and health services; protecting the rights of adolescents to health information and services; providing legal and social protection for adolescents against all forms of abuse and harmful traditional practices; and promoting gender equality and provision of quality care for adolescent sexual and reproductive health issues.

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- The National Action Plan for Children was developed and adopted in 1992 (MOGLSD, 1992), following ratification of both the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child in 1990. While the plan provides a policy framework for guiding and directing policies and action on issues related to children’s survival, protection and development, it is silent about social norms around early marriage and teenage motherhood. The same is true for the National Action Plan on Child Sexual Abuse and Exploitation (MOGLSD, 2003).

Education policies and plans

- The National Strategy for Girls’ Education (1999, revised in 2014) is explicit about the social norms that constrain girls’ education. In particular, the strategy highlights the social norms associated with the low value attached to girl’s education, the culture of silence around sexual abuse of girls, differential socialisation and rewards in school, and the fact that girls tend to be socialised around norms of femininity that teach them to be submissive and passive as opposed to being independent and thoughtful.
- The Gender in Education Sector Policy (MOES 2009) provides a framework for integrating gender in the sector. The main goal of the policy is achieving gender parity at all levels of education. It emphasises gender equality, non-discrimination and inclusiveness, among other principles. The policy suggests a number of strategies for increasing access and improving retention and achievement of girls in schooling at all levels of education. The policy pledges government commitment to facilitating re-entry of girls who drop out as a result of teenage pregnancy and early marriage, among other strategies.
- The Uganda Gender Policy (1999, revised in 2007), the National Equal Opportunities Policy (MOGLSD, 2006) and the Education Sector Strategic Plan 2007-2015 (MOES, 2008) acknowledge the need for increasing equitable access to quality education; however, the policies are not explicit about social norms that impede girls’ educational opportunities (Kyomuhendo Bantebya et al., 2014).
- Another important policy document is the National Adult Literacy Investment Plan (MOGLSD, 2008) which aims to attain equitable access to basic and continuing education for women and out-of-school female youth; it too is silent on social norms.

3.3 Programme mapping

The programme scan based on consultations and programme document information available to the research team reveals a variety of programmes underway in Uganda aimed at promoting girls’ empowerment, a number of which include components designed to address child marriage or change social norms contributing to child marriage (see Annex 8 for a detailed table).⁵

In Uganda, a number of different actors are involved in both the design and implementation of such programmes, including government departments, international agencies, and local non-governmental, community-based, or faith-based organisations, often working through complex partnerships or consortia. Programme interventions include sensitising families and communities through a variety of communication channels, providing education to girls on life skills, non-formal and formal education, and strengthening livelihood and vocational skills, among others. Issues of child marriage and teenage pregnancy are broadly addressed within the general programming around sexual and reproductive health (SRH) and sexual and gender-based violence (SGBV) or violence against children as a child rights issue. Given the Ugandan context, many of the SRH programmes have a particular focus on HIV awareness and protection, while child protection programming often includes a focus on orphans and vulnerable children. Messaging on girls’ education is linked to both child rights and gender empowerment, while

⁵ It should be noted that this represents just a sample and is not a comprehensive review of all programmes or interventions, which lies beyond the scope of this study. To date, the research team is not aware of any comprehensive compilation of programme information of this sort.

interventions in schools often focus on strengthening gender sensitive learning environments and promoting sexual and reproductive health information.

3.3.1 Geographical coverage

While some programmes identified are national in scope, with government working through the district local government structures, others may focus on a particular region: for example, the ministries of health, education, and gender and the National Council for Children have a specific geographic focus in the Eastern region (Busoga sub-region). Many programmes implemented by development partners and civil society organisations have concentrated in Northern Uganda and Karamoja (areas marked by long-term conflict or underdevelopment leading to increased investment in a post-conflict era). Eastern and Central regions are also covered in our sample by a number of different programmes, but there is minimal coverage of the Western and South-Western regions of Uganda. Even within the regions of highest programme coverage, however, not all districts are covered.

3.3.2 Communications approaches

Communications is a major component of the programmes identified, building on a variety of different approaches and working through various channels. According to the broad-based communications framework for the study, community dialogues and debates, use of mass media (radio and TV talk shows), production and use of IEC materials, capacity building, and promotion of peer education appear to be the most commonly used approaches for both governmental and non-governmental interventions. Other communication approaches include mentorship, school talks, social media (Facebook and Twitter), public ceremonies, print media (newspapers, newsletters and reports), information and communications technology (ICT) tools (telephone and emails targeting people with specific messages) and music dance and drama. Public events and ceremonies take the form of national events organised around, for example, the International Day of the African Child, or other occasions, such as the annual ‘16 days of action against gender-based violence’ campaign organised around the international conventions on human rights and the elimination of all forms of violence against women. Such occasions provide an opportunity for enhanced social mobilisation and awareness raising efforts at district and community levels.

3.3.3 Key focus issues/sectors

The programmes address multiple issues across a number of different sectors or thematic areas of focus, utilising different communications approaches.

- Programmes focusing on sexual and gender-based violence address issues of domestic violence, FGM, and child marriage through a combined strategy of strengthening services (counselling; shelter; health care; justice) and raising awareness to change the social norms on which these practices are predicated. The communications interventions to address these social norms include community dialogues, sensitisation and awareness raising, as well as national campaigns through media, posters, and social mobilisation. Radio talk shows and debates are popular, and some programmes have made innovative use of ICT, including the digital ‘U-Report’ through which young people can make their view and situations known more widely. Building the capacity of services providers (in health, child protection, justice, and education) is also a key strategy, as are efforts to strengthen legal enforcement of existing laws.
- Programmes focusing primarily on sexual and reproductive health issues also include a twin focus on strengthening service provision and promoting awareness through information and education initiatives. HIV and AIDS is often a focus of such programmes, along with teenage pregnancy; early marriage and harmful traditional practices such as FGM are also sometimes included. These programmes include advocacy for youth-friendly health information and services along with behavioural change communications. One initiative – the ‘Let Girls be Girls Teenage Pregnancy campaign’ – uses the full range of communications approaches including mass media, social media, peer education, one-to-one and small group counselling along with generation of data to support high level advocacy, integration of sexuality education into schools, and support for strengthened service delivery through capacity development. Some programmes also address the consequences of teenage pregnancy, offering support to child mothers through skills development and promotion of livelihoods.

- A number of programmes were identified that deal directly with child marriage. These use community dialogues and reflection with parents, teachers, local leaders and youth in the communities to address directly the prevailing social norms underpinning such early marriages. Promoting awareness through school clubs, talks or mentorships for girls, and strengthening the guidance and counselling roles of senior women teachers are strategies used within the education sector, coupled with gender awareness training at teacher training institutes. Research and generation of evidence on the causes and consequences of child marriage is pursued in a number of programmes. As in interventions around teenage pregnancy, some programmes also offer services to child mothers including vocational training or skills-building for livelihoods as well as support for reintegration in schools.
- Some programmes start from a child rights perspective, with a number of these focusing on issues of violence against children (particularly at home, in schools) within the larger context of non-recognition or respect for children's rights. Many of these go beyond the specific focus on SGBV to work toward the creation of safe school environments and child- and gender-sensitive teaching and learning practices. Some also provide school sponsorship and scholastic materials to keep at-risk girls in school.
- While a number of programmes have a specific focus on a particular thematic sector or area, many, in fact, touch on a variety of sectors, combining different elements or interventions linked to health, education, gender and development, and empowerment. A few, such as the GREAT programme, include a broad-based focus on gender equality issues, addressing socio-cultural norms and beliefs around womanhood and motherhood, gender roles and stereotypes, power relations, and gender identity; others, such as BRAC include a strong economic empowerment component.
- Some of the above programmes seek explicitly to strengthen girls' agency and voice, focusing on building girls' capacity through mentorship and school or out-of-school clubs; providing of information and skills-building in areas of sexual and reproductive health; and promoting confidence-building activities to boost self-esteem.

3.3.4 Target groups

The programmes target a number of stakeholders including:

- Girls and boys (aged 10-18) both in and out of school and young women and men (19-35) out of school
- Community members: parents and guardians
- Service providers: teachers, health staff, village health teams (VHTs) and law enforcement agencies (local councils and police)
- Religious leaders and cultural institutions
- District and local leadership/officials

3.3.5 Diverse communications approaches by multiple actors to address critical issues, but limited coordination

There has been to date no overall, synthesised evaluation of the different communications initiatives underway in Uganda and there is no easy way of drawing lessons from the rich experiences that have accumulated. Key stakeholders have noted that while a number of communication strategies in different domains exist at national level, these are not clearly mapped out and that there may be a gap in connection between government, NGOs/CSOs and communities. Some NGOs, for example, have an individual change perspective in their communications initiatives while others focus on broader social change: these are not always linked up or unified. There is also a problem of connecting up different ministries – for example, Gender, Education and Health – around such multispectral issues as adolescent sexual and reproductive health. The Ministry of Education and Sports looks to empower individuals with knowledge, attitudes and life skills; the Ministry of Gender, Labour and Social Development deals with wider community issues; and the Ministry of Health focuses on information and services, but sometimes the approach and messaging may not be consistent.

4 Project case studies: Sub-regional and district settings

Two of the three projects selected as case studies (by Straight Talk Foundation and ANNPCAN) are situated in districts (Bugiri and Iganga) in the East-Central sub-region of the Eastern region of Uganda which served as the site of our first two years of research. These districts form part of the area known as Basoga. Basoga is one of the pre-colonial entities that is currently recognised as a cultural unit or ‘institution’ with a leader (*kyabazinga*) and a legal mandate for social and cultural matters under the oversight of the Ministry of Gender, Labour and Social Development (MOGLSD). The third project (GREAT) is being implemented in the Lango (mid-northern) sub-region of Northern region. Lango’s cultural leader is known as the *rwot nyaci*. The district of Lira, our study site for the GREAT project, has additionally been marked by nearly two decades of war and instability and is currently in a post-conflict development stage.

All three district local governments and their sub-district administrative units face challenges in implementing national development policies and providing decentralised services. They are predominantly rural and marked by widespread poverty, with regional performance on a number of key human development indicators lower than the national average. (Please see map in section 2 for localisation of case study districts)

Table 2 provides comparative statistics on selected indicators for each of the regions/sub-regions of our case study districts. Particularly notable is the fact that the rates of teenage pregnancy are higher than the national average (24%) in both East Central (30.6%) and Mid-Northern (25.6%) sub-regions, while the proportions of girls in total secondary school enrolments are lower than national average (46.6%) in both East Central (30.6%) and Mid-Northern (41.4%) sub-regions. The Mid-Northern region also has the lowest median age at first marriage (16.7%).

Table 2: Comparative national and sub-regional indicators of adolescent girls’ vulnerability

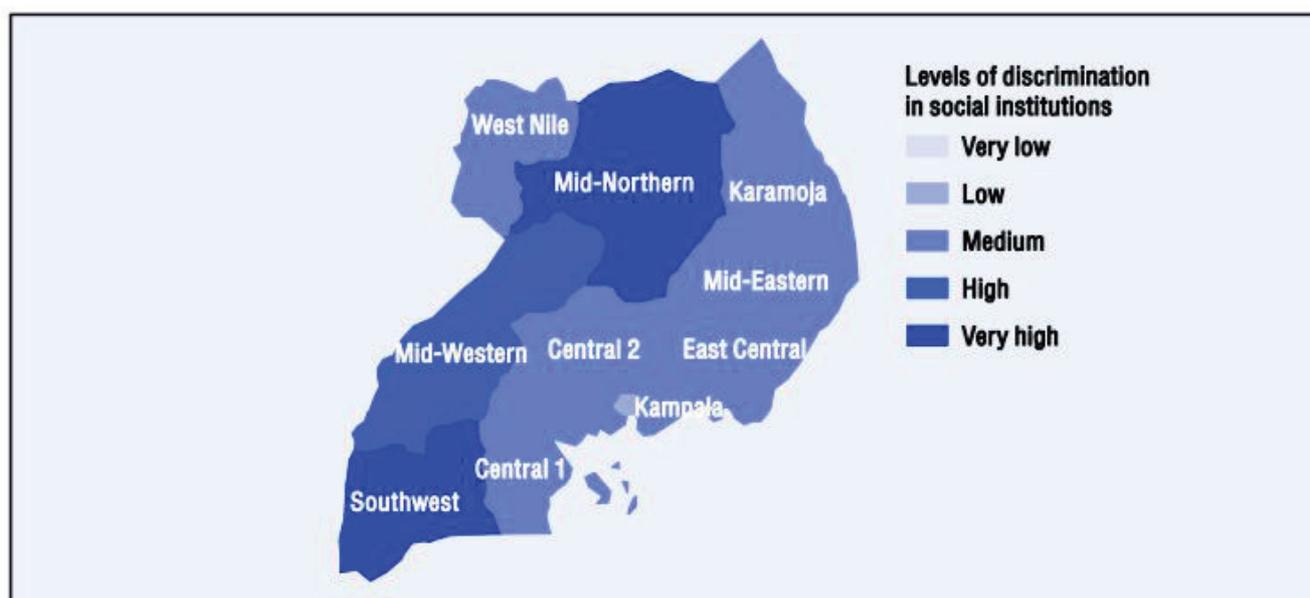
Indicator		National	East Central	Mid-Northern
Education				
Primary	% of girls to total enrolment	50.1	50.7	49.5
	% completion rate (females)	66.9		
Secondary	% of girls to total enrolment	46.6	45.4	41.4
	% completion rate (females)	34		
Early marriage				
Average age at first marriage		17.9	17.0	16.7
Percentage of women married before the age of 18	10-14	15.4	26	19
	15-17	48.8	37	45
Sexual and Reproductive Health				
	% of teenagers who have begun child bearing	24	30.6	25.6

Teenage pregnancy	% teenagers pregnant with first child	18%	23.6	17.5
	Pregnant with first child	6%	7	8.2
	Median age at first birth	18.9	18.1	17.9
Average age at first sexual debut		16.8	16.2	16.7
Poverty situation				
Poor		19.7	24.3	35.2
Insecure		43.3	50.5	41.4
Middle class		37	25.2	23.2

Sources: MOES (2011); MOES (2012a); UBOS (2012); MOFPED (2014); DRT and Chronic Poverty Research Centre (2013)

The sub-regions of our study districts also display high levels of gender discrimination as measured by the Social Institutions and Gender Index (SIGI) which has recently identified and analysed gender-based discrimination in formal and informal laws, social norms and practices across ten sub-regions of Uganda (OECD, 2015). SIGI provides measures of discrimination along a number of sub-indices (discriminatory family codes; restricted physical integrity; son preference; restricted resources and assets; and restricted civil liberties) as well as a composite index based on a total of 64 variables. The sub-index ranges from 0 for no discrimination to 1 for very high levels of discrimination. As shown on the map below (Figure 3), the Mid-Northern sub-region scores very high on gender discrimination, while the East Central sub-region shows medium gender discrimination.

Figure 3: Uganda sub-regional SIGI scores



Source: OECD (2015)

More detailed analysis of the findings (Table 3) shows that the Mid-Northern region scores much higher than the national average on all sub-indices: SIGI indicators suggest that women living in the Mid-Northern sub-region face twice as much deprivation related to discriminatory social institutions as women living in the capital, with particularly high discrimination in terms of physical integrity and civil liberties. The East Central sub-region, while about equal to the composite average for Uganda overall, shows higher than average discrimination on indicators related to the family code, physical integrity and civil liberties. Particular challenges linked to early marriage are highlighted in both the East Central and Mid-Northern sub-regions, where the practice remains pervasive and widespread, contrary to national trends in the reduction of early marriages. On average, two out of

three women in the East Central and Mid-Northern sub-regions are married before the age of 18, compared to one in two for Uganda as a whole. Discrimination in access to resources (land) is also particularly prominent in the Mid-Northern sub-region, where the percentage of people supporting unequal land rights for men and women is twice as high (54%) than in Uganda as a whole (27%) (OECD, 2015).

Table 3: Comparative national and sub-regional scores on SIGI sub-indices

	Uganda	East Central sub-region (Bugiri and Iganga)	Mid-Northern region (Lira)
SIGI composite indicator	0.469	0.461	0.652
Discriminatory family code	0.706	0.716	0.770
Restricted physical integrity	0.589	0.634	0.918
Son preference	0.654	0.629	0.744
Restricted resources and assets	0.632	0.548	0.781
Restricted civil liberties	0.783	0.832	0.841

Source: OECD (2015)

The following provides brief profiles of each of the project districts including a focus on contextual issues affecting adolescent girls. Information is drawn primarily from available district planning documents, supplemented by additional key informant interviews. More specific information on adolescents drawn from project baseline data gathering and assessment is included within the project write-ups in Section 5.

4.1 Bugiri district

Bugiri (East Central sub-region) is a multi-ethnic and religiously mixed district with a high proportion of Muslims (KII, CDO Bugiri). It is largely rural, with the population engaged primarily in smallholder production (rice, maize, cassava, beans, groundnuts, millet, and bananas) along with limited cash cropping (coffee and cotton); in the southern part bordering Lake Victoria, fishing is the primary activity. Poverty is widespread, with major factors including a shortage of land coupled with soil exhaustion, dwindling fish stocks, poor markets for produce and lack of extension services.

Some 40% of the population lives more than five kilometres from a health centre. Maternal mortality is high, with under half of women delivering in health facilities. The total fertility rate in the district is 5.7. There are negative cultural assumptions and myths about family planning as well as limited coverage of reproductive health services, and less than a quarter of women practice family planning (Bugiri District Local Government, 2011; 2012).

Polygamy is common and gender violence is said to be widespread (KII, CDO Bugiri). Commercial sex along the trade routes and in the fishing zones is a growing problem, contributing to a rise in HIV (estimated at 15% in the urban trading centres and 10% in rural areas) which is both a cause and consequence of poverty and deprivation. The number of orphans and vulnerable children (OVCs) is estimated to have tripled in five years, with current district estimates at 112,370. The number of OVCs is estimated to have tripled in five years, with current district estimates at 112,370 (Bugiri District Local Government, 2011; 2012).

The overall quality of education is weak, characterised by a poor teaching and learning environment, insufficient instructional materials and inadequate supervision leading to high teacher absenteeism. The classroom-pupil ratio stands at 1:59 and the teacher-pupil ratio is 1:65. Despite increased access to education as a result of UPE, school dropouts, particularly among girls, remain high (estimated at 25% compared to 15% for boys) and contribute to low rates of literacy in the district as a whole (estimated at 41% in 2002) (Bugiri District Local Government, 2011;

2012). Secondary attendance is very low for both boys and girls (KII, CDO, Bugiri). Girls' dropout is attributed to involvement in domestic chores, parental prioritisation of sons, early marriage, poor sanitary conditions in schools, and sexual harassment at home, in the community and at school. Parents also withdraw both boys and girls from school for agricultural tasks at home and pupil absenteeism is high. District consultations highlight inadequate political will and support towards initiatives aimed at, for example, increasing enrolment, fighting cases of early marriages, early sex and defilement (Bugiri District Local Government, 2011; 2012).

4.2 Iganga district

Iganga (East Central sub-region) has a multi-ethnic population, though made up primarily of Basoga. Common languages include Lusoga, Luganda, Samya and Swahili. The district is largely rural, with just 3% of the population living in urban areas. The bulk of rural producers are engaged in small-scale agriculture (mostly maize, beans, groundnuts, cassava, sweet potatoes, soya beans, matooke and yams) and animal husbandry; coffee and sugarcane are the main cash crops. Poverty is widespread: the average household income is estimated at \$100 a year (Iganga District Local Council 2011).

According to the local government, 'women suffer from a wide range of injustice which is basically explained by culture/traditions'. Women have limited decision-making authority in the household, are denied rights of association, engage primarily in non-wage domestic chores coupled with subsistence farming, and lack property and inheritance rights, which leaves them without ownership or control over productive resources. This renders them dependent on men. Widows and other single women are especially vulnerable: the proportion of female household heads in Iganga is the highest in the Busoga sub-region. There is overall weak implementation and dissemination of information on gender and development plans, policies and protective legislation and women have limited access to extension services or support (Iganga District Local Council, 2011).

High fertility of 7.3 is coupled with an incidence of teenage pregnancy of 237 births per 1,000 women aged 15-19, which is higher than the national average. Only a third of deliveries are conducted by skilled personnel. HIV and AIDS continue to be among the major health and social challenges in the district, with the effects felt by nearly every household. Youth in particular lack sufficient sexuality education or counselling on HIV and AIDS. Health centres lack appropriate facilities, equipment and drugs, and there are high rates of health worker absenteeism, which is a common problem in many remote rural districts of Uganda (Iganga District Local Council, 2011).

The education sector is weak, with poor physical infrastructure, inadequate equipment, and lack of teacher commitment. Irregular attendance and dropping out are common. Girls' capability development through education is constrained, among other things, by a lack of women teachers in schools, sexual harassment and other forms of violence in educational institutions, and gender role stereotyping in instructional materials, with lack of counselling to widen career choices. A lack of value on the education of girls is found among parents as well as some teachers; mobilisation around this issue has been identified as one of the district education strategies (Iganga District Local Council, 2011).

4.3 Lira district

Lira district (Mid-Northern sub-region) is inhabited primarily by members of the Lango ethnic group (plural Langi). Livelihoods derive mainly from agriculture, with 81% of the population engaged in smallholder farming (millet, simsim, cassava, groundnuts, beans, sorghum, sweet potatoes, rice, maize, sunflower and horticultural products). Agro-processing industries occupy some 3% of the population and service and commercial activities (including petty trading, cottage industries and formal trading) another 16%. Cattle raising used to be an important source of wealth, but has been eroded by cattle rustling and the two-decade-long war with the Lord's Resistance Army (LRA) from 1987-2006, which killed thousands of people and caused widespread destruction and insecurity.

Poverty levels are high, with over two-thirds estimated to be living below the poverty line in 2002 (most recent statistics) and the situation aggravated when conditions of insecurity linked to the LRA war displaced people into IDP camps from 2002-2006; this has also contributed to rural outmigration to urban centres, where 15% of the population lives. Key development challenges in the post-conflict environment include: unpredictable weather patterns induced by climate change; accelerating environmental degradation (over 90% of the population use

firewood and charcoal as the main source of energy for cooking); land fragmentation due to population pressure; the HIV and AIDS pandemic; and a growing social problem linked to lack of employment and opportunities for youth (Lira District Local Government, 2011; 2013).

Life expectancy at birth, based on 2002 district census figures (the latest available in district documents), was 44 for men and 50 for women. HIV prevalence is estimated at 8.3%, higher than the national average. Geographical access to health care has remained stagnant; over two-thirds of the population live outside a 5 km radius of health facility, prompting recourse to traditional health care or purchase of medicines from unlicensed sources. About a third of young people aged 15-19 were ever-married (2002). With a high total fertility rate (TFR) of 7.9, just over a third of women have access to maternity services and only 15% give birth in health facilities; less than a third practise family planning and there are high rates of domestic violence. According to the district development plan, there are marked gender disparities in access to education, formal sector employment, decision-making and access to property, including land and capital. The situation is seen to be further aggravated by the Lango tribal culture that accords low economic status to women (for example restricting access to land ownership), restricts decision-making authority within the household, and limits control over their reproductive rights (Lira District Local Government, 2011).

Literacy rates remain higher for men (68%) than for women (42%). The overall quality of education is very weak. War and conditions of insecurity have destroyed schools and disrupted the education cycle; teachers still lack accommodation, there are inadequate classrooms, and a generally poor learning and teaching environment characterised by high dropout rates and lateness and absenteeism by both teachers and pupils. The teacher-pupil ratio is 1:54 and females account for less than a third of primary school teachers. Girls make up about 44% of total enrolments at primary level; this drops to an average of 20% in upper primary, particularly in rural areas, and boys outnumber girls at secondary level by 2:1. Absence of female teachers and role models, male authority within the household, and early marriages through which parents seek to gain bridewealth all contribute to limiting girls' education. Gender analysis sensitisation and training workshops by the district community development office are among the efforts being made to mainstream gender issues into development planning, but significant challenges remain, including from a lack of funding and from men who 'think gender is for women' (Lira District Local Government, 2011).

5 Case study 1: Unite for Body Rights: Straight Talk Foundation

5.1 Programme overview

5.1.1 Background and objectives

The Sexual and Reproductive Health Rights (SRHR) Alliance is a global alliance supported by the Dutch Ministry of Foreign Affairs aimed at promoting integrated programming to increase the uptake of SRH services by young people through strengthened access to information and services. Key priorities include improved sexual and reproductive health services, comprehensive sexuality education and strengthened efforts to combat sexual and gender-based violence. Overall strategies include health system strengthening, capacity building of partner organisations, youth participation, and international and local advocacy and research. The programme aims to contribute to goals and targets of the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDGs) on gender equality, maternal health, and HIV and AIDS. It targets young people aged 10-24 both in and out of school, women of reproductive age and other vulnerable groups. The approach combines efforts to increase SRHR demand (through improved access and quality of SRH information) with efforts to improve the supply of sexual and reproductive health services underpinned by efforts to strengthen the enabling environment (SRHRA, 2013a) (see Figure 4).

Figure 4: SRHR programme model



In 2011, the SRHR Alliance launched the Unite for Body Rights (UFBR) programme in four districts of Busoga (East Central) sub-region of Eastern Uganda. Through the provision of good quality SRHR education both in and out of school (strategy 1) the UFBR programme empowers young people and women to make healthy and well-informed decisions and to increase demand for youth-friendly SHT and maternal health care. It simultaneously strengthens the provision of quality public and private SRH services that are accessible, acceptable and affordable for young people and women to meet the increased demand (strategy 2). It also implements community sensitisation, participation and mobilisation activities to create an environment that accepts and supports (adolescent) SRHR (strategy 3). The core of the activities of the alliance focuses on individual empowerment in combination with the realisation of conducive and enabling conditions and policies for the promotion and protection of SRHR.

The four partner organisations initially responsible for implementing the programme in Eastern Uganda included three NGOs working on social mobilisation and providing sexuality education and information for young people and one working on SRH service strengthening, namely: the Straight Talk Foundation (STF), focusing on SRH education programmes in primary schools; SchoolNet Uganda focusing on SRH education in secondary school and ICT; Restless Development, working in secondary schools and youth participation; and Reproductive Health Uganda for youth-friendly SRH services. Each partner was responsible for coordinating activities in a particular district, both among alliance members and with government officials and other stakeholders. In 2013 the UFBR programme expanded with the start of the Access, Services and Knowledge (ASK) programme, increasing its partnership from four organisations to twelve.

5.1.2 Straight Talk Foundation (STF)

Under the alliance, STF is responsible for providing SRH information to children in primary schools and to young people out of school. Activities are undertaken in 10 selected schools and surrounding communities in eight district sub-counties.

Box 4: Straight Talk Foundation

Straight Talk Foundation (STF) is a Ugandan health communications and behavioural change NGO created in 1997, growing out of a UNICEF-funded newspaper called *Straight Talk* that was launched in 1993. STF aims to foster safer sexual and reproductive health practices among in- and out-of-school adolescents through newspapers, radio programmes, outreach and training. The STF objective is to contribute to the improved mental, social and physical development of adolescents in Uganda aged from 10-19 and young adults aged 20-24 years. It follows an 'ecological' model of behaviour change, addressing individual adolescents within the context of their families/schools set within the overall community and political environment through information activities designed for each level

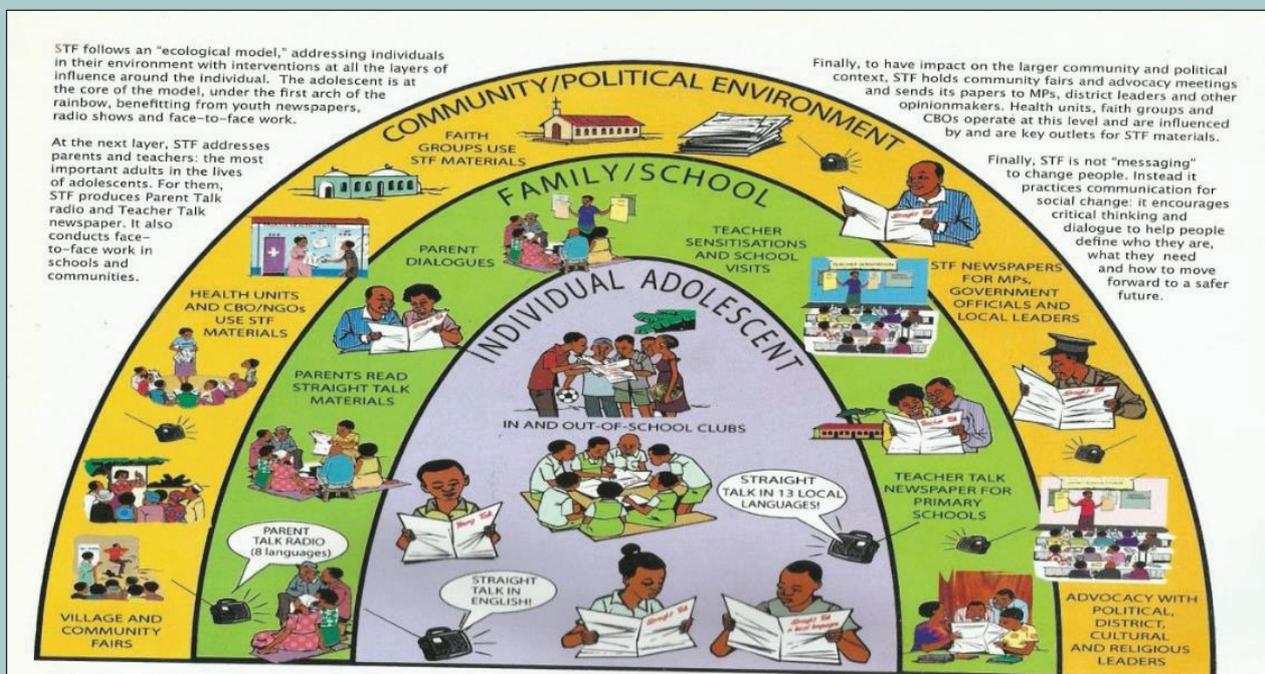
STF originally focused entirely on adolescent sexuality and reproductive health (ASRH) and preventing HIV. However, STF has grown into an organisation that works powerfully and purposefully with adults as well as young people and has a focus much broader than HIV. This broader focus includes livelihoods and the environment. This broader focus has arisen partly because the HIV epidemic cannot be addressed by only focusing on HIV alone: HIV is inter-twined with the multiples crises facing Uganda – in livelihoods, education and the environment.

STF has a niche with young people and a comparative advantage in communication for social and behaviour change. Its radio and print materials apply best practice and are widely trusted. Though it began with a focus on adolescents, its work with adults has also grown tremendously through the family life approaches targeting parents, teachers and communities at large. Straight Talk Foundation has technical expertise in education, early childhood development, HIV, sexual and reproductive health, gender, life skills and rights, alcohol abuse other risk and protective factors. STF's work has grown to include education, livelihoods, environmental protection, disability and special needs.

Through a variety of programmes, the organisation's interventions aim to keep its audience safe from sexually transmitted infections (STIs) and HIV and AIDS, as well as to prevent early or unwanted pregnancy. In addition, STF works to help young people manage challenging circumstances such as conflict and deprivation through

its communications projects (web-based information and Adamchak et al., 2007). As Straight Talk's current mass media manager explains it, the overall goal is 'to empower young people and the adults that matter in their lives with information that would help them take decisions that matter to them' (KII, Straight Talk, mass media manager, 2014).

STF's main behavioural change communication tools are its newspapers and radio show, which are primarily for adolescents but also for the adults – teachers, parents and community leaders – in their lives. The mass media programs largely comprise three main materials which are designed to be audience-specific: multilingual *Straight Talk Radio Shows*, for older and out-of-school adolescents and adults who may not be literate; multilingual *Straight Talk* newspapers for secondary school students; and an English language *Young Talk* newspaper for primary school students. STF also implements a wide array of school-based activities to engender a youth-friendly school environment. It has further invested in many community activities such as community health fairs, and has worked to support youth-friendly health care services through outreach and training (Adamchak et al., 2007). It follows an 'ecological' model of behaviour change, addressing individual adolescents within the context of their families/schools set within the overall community and political environment through information activities designed for each level as shown on the Figure (STF, 2008).



STF enjoys thriving relationships with government and like-minded civil society organisations. In Bugiri District where STF is the lead SRHR partner, it partners with a local community-based organisation called Youth Efforts in the Fight against HIV/AIDS and Poverty (YEFAAP). YEFAAP works through the formal and informal structures it has established in the district, including parent support groups, youth groups, children's groups and groups of teenage mothers. YEFAAP's overall objectives are: to empower communities in the mitigation and prevention of HIV and AIDS and care and support for people living with or affected by it, including orphans and vulnerable children; to promote community-based primary health care; to provide and advocate for youth friendly services at youth resource centres and public health facilities; to provide youth mentorship and career development through entrepreneurship training and skills development; to promote broader economic empowerment programme in communities; to sensitise communities on human rights including women and children's rights and responsibilities in the community; and to encourage girl-child education (KII, YEFAAP Bugiri).

5.1.3 Key interventions and communications tools

Based on the ecological model outlined above, a number of different communication interventions were adopted by STF in the programme as a means of addressing young people's SRH needs from a holistic perspective at all levels. The programme targets young people in and out school, both girls and boys, and offers them sexual and reproductive health information by providing them with written information, scheduling SRH dialogues at schools, and supporting young people to form *Straight Talk* clubs at schools, where they are provided with information on growth and development, sex and relationships, including on handling sexual feelings. Straight Talk Clubs often use approaches such as music, dance, drama skits, poem reciting and article writing.

The programme runs throughout the term, usually from 3pm to 4pm at different schools. It is sometimes run by the teachers who have been trained by STF and at other times by YEFAAP staff. Students get to learn from written materials and older girls are also taught how to make re-usable pads from locally available materials. The main communications components are outlined below.

School-based interventions and communication tools

Young Talk is a newsletter designed for adolescents, aged 10-14, in primary school. In 2013, STF produced six issues with a print runoff totalling 1,750,000 copies. Key topics include changes at puberty, children's rights and responsibilities, life skills, sexual health, personal hygiene and age-appropriate sexual health information. *Young Talk* promotes abstinence (readers who report being sexually active are advised to stop having sex and focus on pursuing education. Primary school teachers are encouraged to use *Young Talk* as a teaching tool in the classroom.

A primary teacher sensitisation and training programme targets primary schools teachers through sensitisation workshops on ASRH, including life skills education and guidance and counselling.

School clubs are considered an important source of support for peers in and out of school to provide guidance, counselling and life skills education. Initiated by adolescents themselves to further discuss with their peers messages on sexuality, the clubs are led by elected leaders who work as a team in a committee. STF supports these initiatives through training of peer trainers and support visits by development and health workers.

A students' training programme includes four-day training workshops in peer education and club management for both primary pupils and out-of-school youths. It aims to give peers correct knowledge on their reproductive health, change their attitude towards their sexuality and build skills that enable them to relate positively to their fellow peers as they support each other in behaviour change.

In-school health fairs, normally conducted by Reproductive Health Uganda, enable young people to come together to a one-stop shop where they can learn more about reproductive health issues and access adolescent-friendly services such as counselling and voluntary counselling and testing (VCT).

Out-of-school based interventions and tools

A radio 'edutainment' programme for and by young people: This is broadcast weekly for 30 minutes in the Lusoga language on two FM stations. Featuring young people's voices and music, the shows are hosted by young

Figure 5: STF communications activities



Source: http://straighttalkfoundation.org/?page_id=2299

Figure 6: School health fair



Source: STF 2103.

radio journalists. A doctor, counsellor, parent/teacher are featured on every programme to give advice. Once a month, a programme is dedicated to listeners' questions (questions not run on air are answered through the mail). Topics include: teenage pregnancy, condoms, menstruation, HIV testing, STI prevention and treatment, relationships, alcohol abuse, early marriage, gender-based violence and other issues that are raised by adolescents through their letters. The programme targets in- and out-of-school adolescents.

Out-of-school clubs are considered an important source of support for peers out of school to provide guidance, counselling and life skills education. Initiated by adolescents themselves to discuss further the messages of safer sex with their peers, the clubs are led by elected leaders who work as a team in a committee. STF supports these initiatives through training of trainers and supports visits by development and health workers as part of the organisation's effort to sustain the radio and newspaper messages in schools and communities.

Interventions among parents through community dialogues aim to help parents communicate around issues affecting adolescents comfortably and effectively, as well as to understand their own sexuality and relationships.

Health outreach in the communities and health facilities enable young people who are out of school to come together to a one-stop shop where they can freely access adolescent friendly services like counselling and voluntary counselling and testing (VCT).

5.1.4 Progress to date

The Alliance has an established monitoring and evaluation system with indicators for tracking progress and performance. The Alliance conducted an evaluation in 2013 to take stock of the progress after two years of implementation (SRHRA, 2013c). Specific results for Bugiri district (where STF is operating) are shown together with those from Iganga (Box 5).

Box 5: Unite for Body Rights programme assessment results in Bugiri and Iganga districts

- 72% of adolescents had ever interacted with STF-trained peer education and had acquired new information which had contributed to their knowledge. Out of this group 85% had taken decisions on starting/continuing abstinence from sex, testing for HIV, seeking counselling and starting to use condoms.
- 73% of the sexually active youth managed to reduce risk of exposure to HIV/STIs and teenage pregnancy by using a condom at their last sexual encounter with either a casual or regular partner.
- Peer education was identified as an important referral structure and source of RH information: 60% of the youths surveyed had accessed SRH services and 49% had been referred by peer educators.
- Services reported by youth include HIV testing (60%), counselling (26%), general treatment (41%) family planning (12%), STD/STI diagnosis and treatment (7%).
- Compared to the baseline, services utilisation at Health Centres had increased by 48% at the time of the assessment, from 12% to 60%.

Source: STF (2013); SRHRA (2013a)

Relevant changes that were monitored in the programme overall relate to Alliance goals of increasing the percentage of the exposed programme target groups who have sufficient capacity to make safe and informed decisions through (1) SRHR and Comprehensive Sexuality Education, (2) SRHR services and (3) other enabling services. Capacity was operationalised as a combined indicator of knowledge, positive attitudes and skills (SRHR Alliance, 2013a). Table 4 presents key results against the baseline indicators, showing significant progress in most areas, particularly in knowledge and attitudes, but an apparent decline in skills and empowerment, which programme organisers agreed needs more focus.

Table 4: Progress against baseline indicators on knowledge, attitudes and skills (%)

Sub area	2011	2013
Good capacity to make safe and informed decisions regarding SRHR	18	60
People who displayed positive attitude towards SRHR	3	66
Target group with skills /empowerment	55	47
Good knowledge of SRHR	75	89

Source: SHRH Alliance (2013a)

5.2 Key findings from field research

The field study was conducted in Bugiri district in Bugiri town council and four sub-counties (Kapyanga, Buluguyi, Nankoma and Bulesa) where Youth Efforts in the Fight against HIV/AIDS and Poverty (YEFAAP) is the local implementing partner. Respondents were drawn from primary school pupils and teachers, out-of-school youth (both girls and boys), teen mothers, young HIV-positives, parents, community members and district officials. A total of 93 study participants were engaged over a three-day period through focus group discussions and individual interviews with adolescent boys and girls in school and out of school, teenage mothers, adult men and women community members and key informant interviews with district officials (see Annex 3 for details).

5.2.1 Experience of project organisation and implementation processes

Perceived relevance of programme aims

The programme in Bugiri was designed in response to baseline findings conducted by the SRHR Alliance in 2010 which revealed high rates of teenage pregnancy, child marriage and school dropout, lack of or limited knowledge of sexual and reproductive health information, and limited access to youth-friendly services (KII Alliance District Coordinator Bugiri). Programme beneficiaries and community members understand programme aims and agree with the importance of the issues being addressed, as these were based on the realities of the local situation: *'I feel pain as the district inspector of schools in that enrolments in schools is very high in the lower classes but when pupils get to upper primary there are high dropout rates, especially amongst the girls who are getting married at an early age'* (KII, school official, Bugiri). This was also confirmed by parents and teachers who agreed that the community faces problems of child marriage, teen pregnancy and underinvestment in girls' education, explaining that *'Most poor families value bride wealth much more than education. This is because bride wealth brings instant gain, but with education parents have to invest a lot but cannot really be sure of the benefits at the end of the day'* (FGD, male parents and teachers, Bugiri).

Figure 7: Focus group discussion with teenage mothers, Bugiri



Source: Research team field photo.

Programme design features

Beneficiaries were also positive about the overall design of the programme and its particular components. Female teachers in an FGD discussion observed that the Straight Talk programme is *'well arranged'*, as it starts out with participants getting to know each other and then works towards discussion of bodily changes during puberty. Adolescent boy beneficiaries observed that:

It has helped us with good messages on avoiding early child marriage. This comes through written articles that are very informative to the youth. The programme has also set up suggestion boxes through which we

express our views – for instance if there is a girl being disturbed by someone, she writes a note and drops it in the suggestion box where it will be picked up and serve as a basis for assistance. Programme implementers have also brought [sanitary] pads for the girls...and have trained them on how to make them themselves. (FGD, beneficiaries, adolescent boys)

Local leaders reaffirmed the relevance of the programme in their communities:

I see it as a success because it addresses the manpower gaps in government. A senior probation officer who is supposed to manage issues of children (about 200,000 per district) is over-worked and cannot cover all the areas, so the training of community volunteers, resource persons and child protection focal points these people has helped us to address issues of child protection, early marriage and teenage pregnancy within the communities. These resource persons do the identification, referral, and follow-up, calling on the phone if there is a problem. (KII, probation officer, Bugiri)

Coordination structures

The operational coordination system established through the Alliance project is based at the district level as the main site for implementation. STF therefore works with district structures and coordination systems to implement and monitor the progress of project activities. A district technical planning committee composed of representatives from governmental departments and sectors has been established and meets monthly to monitor progress and the various partner organisations in the district, including STF report on activities and future plans. At national level the Alliance also has a governing body (steering committee) comprised of the Chief Executives of the partner organisations. This body meets quarterly to review progress. The coordination system established through the Alliance project was reported by study participants to have been important in both the design and implementation phases. It has both improved efficiency in local government and partners' working relations and given local partners greater credibility and ability to monitor their programmes. All in all, STF builds on the positive aspects of the coordination mechanism of the Alliance and district structures and systems:

Many organisations in Uganda are seen to be working alone, but for us working as an Alliance, I think, really yielded good results. As the result of this I think the partner organisations also mobilised more funding... When you put us altogether at an alliance bunch, you can really see the richness that comes with this, and that's why we've also been able to venture into other modes of communication, for example, the use of social media. (KII, STF, Kampala)

5.2.2 Perceived effectiveness of different programme communication components

The STF programme in Bugiri builds on the organisation's core communication approaches and strategies for programming, using multiple communication interventions and strategies targeted at different audiences: *'For us as an organisation, what has worked has been a combination of many different communications approaches'* (KII, STF, Kampala). The effectiveness of this strategy was confirmed by both project implementers and beneficiaries. Perspectives on the different components are reported below.

Mass media (radio)

Participants at all levels expressed appreciation for the radio talk shows, which communicate information on priority problems in the community. As the local programme implementers explained: *'Radio talks are apparently effective because these, in comparison to community dialogues, reach a wider audiences and in a shorter time'* (FGD YEFAAP staff, Bugiri). The fact that they are in the local languages, target different age groups (adolescents, parents) and are punctuated by music *'to keep young people listening'* were seen to be positive features that make them effective in promoting behavioural change (KII, YEFAAP, Bugiri). Adolescent girls noted that the topics are very relevant to them: *'The programme airs questions around bodily changes: for example, 'I am 15 years, I haven't begun menstruation, am I normal?'* So a girl in the village listening can be helped' (FGD, adolescent girls). The interactive nature of the radio programmes, which included call-in talk shows, was also considered a key factor in success: *'The radio talk shows give people an avenue where they can make calls and so they talk, ask questions, share experiences and also contribute'* (KII, Police child protection officer).

Community dialogues

While some study participants, as noted above, felt that community dialogues demanded much long-term effort to reach very small groups of people, others appreciated the interactive nature of community dialogues, which they felt contributed to overall effectiveness. As a district probation officer explained, *'The community dialogues don't cover as big a population as the radio, but you actually get to find out what is happening on the ground because as you are sensitising participants you realise that there also some issues you didn't know about beforehand so thee exercises help us to learn from the community as well as to pass on information. When you are talking on radio, you may pass on information, but it is harder to get feedback, which comes more directly from community dialogues'* (KII Probation officer Bugiri).

Drama, skits and poetry

Community members highlighted the value of presenting information through drama, which accompanies counselling on various issues, such as HIV testing, or early marriage: *'The dramas attract many people; if someone is passing by then he/she will branch out to at least enjoy the drama. It's the drama that is so eye-catching and will attract many people – even those who wouldn't have come otherwise just for a talk. This drama is also educative* (Community Mapping, Bugiri). Programme implementers agree that *'The drama skits communicate a lot to the people as they relate to daily life situations'* (KII, YEFAAP Staff Bugiri). In-school use of poetry recitals are also said to be effective, as *'these attract the attention of all students'* (KII, YEFAAP Staff Bugiri).

Print materials

According to study participants, 'Young Talk' magazine fills a gap in printed materials on topics of concern. A total of 188 female and 128 male readers of *Young Talk* and 200 female and 108 male readers of *Straight Talk* sent feedback to STF (STF, 2013), denoting appreciation for its content. The issues covered included among others growth and development challenges, HIV and AIDs, family planning pregnancy, bodily changes and boy-girl relationships, all of which were considered relevant by participants. Source: STF, 2013

Figure 8: An interested reader of Young Talk



School-based programmes and school clubs

Both boys and girls as well as teachers and school inspectors expressed highly positive views on the usefulness of school-based activities, mentioning in particular the value of having 'Straight Talk' corners in school as place where pupils can gather; and the opportunity to have exchanges with peer educators and gain confidence through participation in 'Young Talk' clubs.

One boy noted that: *'The programme affected our time use, worries, family relations and friends positively. Instead of loitering around the school compound we go to the straight talk corner to read young talk magazines. I also share the knowledge acquired from Straight Talk to peers and to the out of school peers as a member of the Young Talk club'* (IDI 15-year-old boy). Another reported that: *'Involvement in club activities positively affects time use, self-confidence, decision making, friends/networks and general relations among family members. This is because the young people use their time to come to office for information access, are sensitised on various social life issues and they end up well behaved young people'* (IDI, 17-year-old boy). Source: STF, 2013

Figure 9: Outreach to schools with Straight Talk materials



Study participants also pointed to increased interaction between teachers and students on issues of concern, including enhanced support from teachers for girl students facing unwanted advances. *'Teachers now support girls*

better than before: they intervene when they find someone with a schoolgirl' (KII, district education official, Bugiri).

Non-communications activities

One of the project's non-communication activities that was particularly appreciated involved training adolescent girls how to make reusable sanitary pads so *'they do not have to worry not when menstruation comes'* (FGD, female teachers, Bugiri). This was seen to particularly help girls in staying in school (KII, district school official).

5.2.3 Reported effects on attitudes and behaviours

Programme organisers, implementers and beneficiaries alike reported a number of positive changes brought about through the various programme components. Many of them refer to changes in our key areas of focus – particularly girls' education – and so attest to the efficacy of broad-based communications issues around sexual and reproductive health information and rights in addressing such issues. Our findings through FGDs and IDIs showed positive changes in attitudes and practices at individual, household, school and community levels.

Changes at individual level include enhanced self-confidence and leadership, broader aspirations for the future, increased knowledge about particular topics, better time management, and both attitude-change and enhanced skills in sexual and reproductive health issues. On this last issue, the introduction of training on the production and use of sanitary pads seemed to be a critical factor empowering girls to act on the new knowledge they were gaining on sexual and reproductive health issues, highlighting the importance of programme approaches that integrate communication and non-communication activities – the two combining to create the optimal enabling environment for positive change.

Table 5 shows some of the most significant changes reported at individual level by study participants. The knowledge of how to make sanitary pads (and other things, such as beads, canteen foods) had multiplier effects, as it fuelled a rise in entrepreneurial, income-generating activities linked to the commercialisation of these products by the girls themselves.

Table 5: Most significant individual changes reported by study participants, STF

Type of change	Examples
Self-confidence	<p><i>'Children's confidence has improved – they are no longer shy and can talk in public now.'</i> (FGD, female teachers, Bugiri)</p> <p><i>'I am more confident than those who are not in this group. For example, if my Mum says something I don't like, I say "'No".'</i> (IDI, 17-year-old girl)</p> <p><i>'I didn't know we have a right to bark at older boys who try to force us. I now know I can say no, without fear even if they are old. Through Straight Talk we have been given the knowledge that we have the right to say no to bad touches. We have a right to not be touched by anyone who comes. We can say no. We have a right to parental care, etc, I used to worry about periods but now I don't worry anymore.'</i> (FGD adolescent girls)</p>
Leadership	<p><i>'My other Straight Talker friend and I are the leaders of the choir at church. We sing messages for parents about the need to keep girls in school – these messages are integrated in the songs.'</i> (FGD, adolescent girls)</p> <p><i>'I have been on the radio to talk about the consequences of early marriage and school dropout.'</i> (IDI 17 year old)</p>
Aspirations	<p><i>'Initially I thought of being a farmer but after the coming of Straight Talk, I have developed ambitions of becoming a doctor.'</i></p> <p><i>'I thought there was no job for me before Straight Talk, but I now think of being a pilot.'</i></p> <p><i>'Before Straight Talk, I was thinking of joining the army but now I want to be a teacher who can pass on information to others.'</i></p>

	<p><i>'Before Straight Talk, I wanted to be a fisherman since we are living in a fishing community, but now I feel like working in the district local government.'</i> (FGD adolescent boys)</p>
Knowledge, attitude-change	<p><i>'On bodily changes, I used to hear older girls talking about myths and beliefs, but Straight Talk told us they are not true. I am not afraid of them – even when they say that that when you abstain, you become impotent. When you have the proper knowledge, you cannot be deceived.'</i> (IDI, 17-year-old girl)</p> <p><i>'Straight Talk taught me about to keep myself and stay away from boys and taught me about how I can manage my body and my body changes.'</i> (IDI 14-year-old girl)</p> <p><i>'Girls used to take menstruation as a sickness, but after sensitisation, they know it is part of their life and they should accept it.'</i> (FGD adolescent girls)</p> <p><i>'Before girls were taught how to make sanitary pads, they looked at menstruation as a sickness but ever since they were taught, they are looking at it as something normal and are not afraid of going to school during their menstruation days.'</i> (FGD adolescent boys)</p> <p><i>'Children learn about their rights and responsibilities.'</i> (FGD adolescent boys)</p> <p><i>'We have learned that one should get married when he/she is about 18 or 20 years and above; one should get married after school when he/she has gotten a house.'</i> (FGD adolescent girls)</p> <p><i>'Schoolgirls' understanding of sexuality issues has changed and they have matured as a result of the programme. Before the sensitisation package, girls would ask questions like, "Is it true that when one plays sex while standing they can't get pregnant?" Now, they don't ask such questions anymore because they are aware of these basic concerns/facts'</i> (FGD Staff YEFAAP).</p>
Productive time management and entrepreneurial skills	<p><i>'Before Straight Talk, we used to poorly manage our time but after it came to our school and trained children in how to make things like beads, sanitary pads, we now spend most of our free time making such products. Also, under Straight Talk, there is a programme of environmental protection where we plant trees and when it comes to dry seasons, we spend some of our time watering these trees.'</i> (FGD adolescent girls)</p> <p><i>'Straight talk has helped me in learning how to do hand work such as making beads, sanitary pads etc, that I can even sell for money.'</i> (IDI 17-year-old girl)</p> <p><i>'The Straight Talk programme has encouraged peer clubs in schools that have developed entrepreneurial activities like canteens, which have helped in keeping these girls in school.'</i> (FGD adolescent girls)</p> <p><i>'The programme has helped me use my time well and attend classes. Instead of hiding in bushes or escaping, I make decisions and stand by them.'</i> (IDI 17-year-old boy).</p>

A number of positive changes at household level were reported. Parent-child relations were said to have improved, particularly as new channels of dialogue have opened up. Parents, on the whole, appreciated the information that was being provided to their children: though some worried that too much information about sexual issues might be dangerous, others were happy that the programme had made it possible to have franker and more open discussions with their children on these issues.

Table 6: Most significant household-level changes reported by study participants, STF

Type of change	Examples
Children more informed	<i>'The programme has provided the children with information which most parents were shy to talk about.'</i> (FGD, male parents and teachers)
Relationship with parents	<p><i>'It's really good because we have a better understanding within our entire family, good treatment from our mother. Initially I used to be bad mannered, could abuse people at home, but I'm now totally changed'</i> (IDI 15-year-old boy)</p> <p><i>'We actually share household responsibilities amongst ourselves thus everyone being assigned with what to do. Ever since the coming of Straight Talk, our mother discusses with us key issues in the family and we feel respected in one way or the other. Under Straight Talk, we have had chance to move around and learn more like am doing now'</i> (FGD, adolescent girls)</p> <p><i>'The silence that used to exist between girl children and their parents has been broken. Straight Talk lessons give us a starting point to educate our children'</i> (FGD, female teachers)</p> <p><i>'We can now talk about more things with our children, and they with us. Even if your daughter has men who are disturbing her, she can tell you & you can find a way of handling it.'</i> (FGD, male parents and teachers)</p>

Study participants reported a number of significant changes at school-level, pointing in particular to the direct effects of improved SRH knowledge and skills in managing menstrual hygiene on increased enrolments for girls and improved relations between teachers and pupils. Changes at community level include increased awareness of and responsibility for child protection; improved relations among peers, including boy-girl relations, which seemed to be increasingly founded more on respect, and an enhanced status for children in their home communities, where they were increasingly looked up to for their increased knowledge and admired for new-found leadership skills, enabling them to serve as role models for others. Table 7 presents the most significant changes at school and community level reported by study participants.

Table 7: Most significant school and community-level changes reported by study participants, STF

Type of change	Examples
School attendance	<p><i>'The intervention of Straight Talk Foundation has indeed improved the rate of self-awareness among pupils on sexuality, increased school attendance, led to more assertive girls, taught girls how to make local reusable pads, and this has ultimately reduced the X grade in the district [ie registered pupils who did not sit the exam] from 279 in 2014 to 190 on the 2015 primary school leaving exams, of whom 79 were boys and 111 girls.'</i> (KII, district education official, Bugiri)</p> <p><i>'Before Straight Talk, this school had 828 pupils but now we have 1,040. Straight Talk has helped in increasing enrolment in schools. Actually ever since the programme, the number of girls' enrolment and performance has superseded that of the boys.'</i> (FGD male teachers and parents)</p> <p><i>'Before the STF programme, Kitooda Primary school had a lot of school dropout cases for girls; about 40 per term but after the programme, only about 10 girls drop out of school in a term.'</i> (KII, YEFAAP staff, Bugiri)</p>

	<p><i>'Straight Talk has done a lot to improve the self-awareness of pupils on issues to do with sexuality. Such arrangements have increased school attendance rates.'</i> (FGD, female teachers)</p> <p><i>'Girls who have accessed the [programme's] resource centre stay in school much longer.'</i> (Community mapping exercise)</p> <p><i>'The programme has helped me stay in school. Before, when I had my periods, there was nothing to use. But now, with the pads, there's no reason for me to miss school.'</i> (IDI 17-year-old girl)</p>
Teacher-pupil relations	<p><i>'Initially, teachers used to mistreat us in schools, but ever since the coming of the Straight Talk programme, this has totally changed.'</i> (FGD, boys)</p> <p><i>'They have trained us in better teaching techniques, such as grouping children in clusters to impart knowledge to them in more manageable ways.'</i> (FGD, female teachers)</p>
Community engagement on child protection	<p><i>'People have now become more aware of issues [affecting girls], and of course they can now go to police and report and say this one gave away his daughter for marriage and also government recently made a hotline of calling and reporting child abuse case.'</i> (FGD, male parents and teachers)</p> <p><i>'The programmes enhanced child protection and taught us that girls who are more vulnerable must be protected'</i> (FGD adolescent boys)</p>
Peer, gender and community relations	<p><i>'Some of the children are from villages later go back to their villages where they act as ambassadors of change to others that they find there.'</i> (Community mapping exercise)</p> <p><i>'The club peer leaders have acted as role models in their respective communities, where they operate pushing other to admire them.'</i> (Community mapping exercise)</p>

It is evident that the programme, in addition to making progress towards the realisation of its specific objectives around sexual and reproductive health rights, is having multiplier effects on other areas in the lives of young people. Increased confidence, leadership and higher aspirations, entrepreneurial skills – especially in making and selling sanitary pads, improved school environment and good working relations with teachers and family are all contributing to positive changes in the lives of young people.

5.2.4 Challenges encountered

Alongside the positive impacts, study respondents and officials raised a number of challenges faced by the programme at various levels. These included, issues to do with organisational arrangements and coordination, resistance arising from prevailing community perceptions, and funding coverage levels linked to questions of sustainability.

Organisational and coordination issues

The Alliance works through a number of different partner organisations at various levels, with the aim of creating positive synergies and achieving holistic responses to complex issues by drawing on different skill sets and outreach potential that would be beyond any one organisation. This, however, can create challenges when partners with different work styles and approaches are asked to work together to deliver on a joint activity. Partner organisations also have different capacities and capacity gaps, so it is sometimes difficult to ensure that everyone is moving forward at the same pace (KII STF, Kampala).

Community resistance

The programme faced resistance at the start from different parts of the community who continue to believe that sex is either sacred or socially taboo and should not be talked about openly in public, and certainly not in schools to young people (FGD male parents and teachers). Parents, while appreciating many aspects of the programme, express uneasiness with their children being taught to openly talk about issues that have traditionally been dealt

with in silence – such as menstruation – and feel embarrassed when such topics come up at home in front of both mothers and fathers. As one female teacher and mother put it: *‘We appreciate what these programmes are doing and the children are very assertive but in our culture, some words are not supposed to be used in public. Like menstruation. ... You know, our daughter comes home and starts showing us the pads she has made and telling us – even when her father is present – that she will use them when she is menstruating.... This embarrasses us.’* (FGD, female teachers).

There is still a common feeling among some that teaching young girls about sexual and reproductive health issues is improper and will encourage them to experiment with sex. In the context of Uganda, where sex under the age of 18, whether consensual or not, is outlawed through the Defilement Act, this brought up a number of ambiguities for community members. *‘The programme was considered rather contradictory in schools, as those who are under 18 should be abstaining from sex, but Straight Talk preaches condom use, so girls are more exposed and so can end up defiled as they explore condom use’* (FGD, male parents and teachers). Continued efforts around community and parent mobilisation and sensitisation were recommended as a means of promoting consensus on the importance of SRH information and for children’s protection, well-being and empowerment; many acknowledge that this needs to be accompanied by continued advocacy for clear and unambiguous national guidelines and programmes around adolescent SRH and strengthening capacity to deliver on this at local levels.

Financial constraints and limited coverage

The programme was active in only ten schools in the district and thus had limited coverage. Scarcity of funds militates against scale-up and programme managers are placed in the uncomfortable position of raising expectations through communications efforts that cannot be met in the form of concrete programmes. As one key informant attested: *‘Most programmes in the project are short-lived - they expire before they even have time to make an impact. The resources are too scarce to meet the demands of the community’* (KII Alliance Coordinator, Bugiri).

Moreover, as with most programmes focusing on community information dissemination and mobilisation for attitude and behaviour change, it does not offer any ready solutions to the lifting of barriers in the environment that might stand in the way of such changes, such as poverty or lack of educational infrastructure of sufficient scope or quality. As a group of teachers put it: *‘These programmes are really good but they have not provided any solution – they only stop at counselling. For example, if a girl wants to drop out due to poverty in the home, there’s no solution to that problem’* (FGD, female teachers).

5.2.5 Questions of sustainability

On the question of sustainability the national STF programme officials observed they were not yet ready to exit:

‘We would like to see how we can continue to sustain the results of this work... I think we’ve built capacities where we have worked. The teachers we have trained, the parents we have engaged with, the clubs that have been supported, the peer educators that we have worked with – I believe they’ve been empowered with knowledge and skills to continue to do work. Also, as an Alliance, we are trying hard to mobilise resources and see how we can sustain that; we are currently working on a bid to raise funds, so we are not exiting’ (KII, STF, Kampala).

The local implementing partners also maintain that the capacity building efforts of the project have set the necessary foundation for continuation of project activities even if the project per se comes to an end.

‘The peer educators in the community are already recognised by community members as sources of SRH information to fellow peers. They are trusted fellows and have been trained to do exactly that. YEFAAP activities include a resource centre for young people to access information all the time, though this is for in-school [children]; out of school youth get skills development and peer education/mobilisation skills. So even if the funding runs out, the resource centre will still sensitise the young people’ (FGD, YEFAAP staff).

Local government service providers agree that both capacity building and the use of volunteer workers contribute to hopes for sustainability. *‘We have teams of volunteers at the grass roots who we feel can continue because they have been equipped with knowledge and they have been working for free so they may not necessarily feel the gap*

if there's no money... Sustainability is mainly done through building first of all the capacity of the various government structures' (KII, district education official).

Nevertheless, it will be important moving forward, to continue to build both human resource and financial capacities at local level through government structures to more fully anchor positive programme components within district development plans and implementation.

5.2.6 Recommendations from study participants

Respondents made a number of recommendations to sustain and improve the programme in the district.

Integration of Straight Talk activities into the school curriculum and expansion to other schools

It was recognised that only a small number of schools were currently covered by the programme; further advocacy was seen to be needed to expand to others, based on evidence of its worth. Schools in the most remote rural areas were seen to be particularly disadvantaged and most in need of resources centres and spaces for discussion and learning (FGD, male parents and teachers).

Many suggested that Straight Talk activities should be integrated into the national school curriculum as a means of ensuring sustainability and facilitating roll-out to other schools. *'Straight Talk activities like games, arts and craft sessions and knowledge corners need to be integrated into the schools programmes'* (KII, district education official). Such integration would ensure that teachers are continually trained on the material; it was suggested that such teachers could be upgraded to trainers of trainers *'for a multiplier effect'* (ibid.). It was strongly felt that school clubs and activities like making re-usable pads should be strengthened and maintained as an ongoing part of school activities. Other recommendations included upgrading the curriculum to involve behavioural change strategies and strengthening cohesion among club members through activities like music, dance, drama and sports.

It was suggested that a continuing programme of teacher education be established, similar to those designed for Village Health Team (VHT) members *'so that they learn to handle teenagers with professionalism'* (KII, district probation officer).

Parent and community mobilisation

Increased mobilisation of parents to facilitate the sustainability of the intervention was seen as a strategy to ensure that the beneficial effects of the project continue even if the project itself ends (KII, district probation officer). *'We need to sensitise the parents about the beauty of educating girl children through community meetings and drama shows – sensitise the parents about the dangers of sending their children into early marriages'* (FGD female teachers). It was also seen to be critical to *'identify people who matter in the communities and train them in these things of child protection, early marriage preventions and all that'*. This could productively be done through a variety of forums, particularly if a Local Council (LC) member is empowered and can educate the community: *'So let's think of strengthening the community based structures'* (KII, district probation officer).

Enhanced attention to and protection for the girl child

Parents and teachers felt strongly that *'Straight Talk clubs should continue being in operation and have more of girl-child directed activities such as skills in making re-usable pads'* (FGD, male parents and teachers). Strengthened legal protection was also considered critical, with a call for *'more advocacy skills especially in following up of cases reported to the police, especially those to do with protection of children's rights, defilement, forced marriages and other abuses against teenagers, this is all about safety and protection of children'* (KII, District probation officer). School-based programmes should be designed to allow re-entry of child mothers or girls who are married early: *'Girls who are forced to get married should be rehabilitated and taken back to school and given enough advice'* (FGD, adolescent girls). *There is also need to have special sensitisation to children with disabilities especially the deaf adolescent girls, they are left out of SRH information sharing'* (KII, district probation officer).

Empowerment of children activists

Some participants highlighted the importance of peer education roles and advocated for strengthening existing child rights clubs where they exist in schools and in communities or creating new ones. *'Let's give them the necessary knowledge, the necessary tools; they will do the work. They will even do the advocacy... We should*

develop a culture of identifying children who can advocate on behalf of other children and involve them in matters that concern them. If it is a radio show about early marriages, can we come up with a girl who has been suffering in this situation of early marriage to share with others?’ (KII, district probation officer).

5.3 Lessons learned and conclusions

Overall the majority of study respondents, including STF staff at national level and the implementing partner in Bugiri, appreciated the programme and agreed that it addressed key problems affecting the community, in particular school dropout and early marriage. Though there was some resistance, particularly at first, the approach of providing some sexual and reproductive health information in primary schools was generally acceptable to the communities and school clubs were widely appreciated. The use of multiple communications channels, especially the *Young Talk* Radio and drama, was reported to be effective in facilitating change of attitudes of children, parents and communities. The non-communication components (such as training in the production of sanitary pads) were also seen to be critical to promoting positive behavioural change in line with the increased knowledge and changed attitudes about SRH. Table 8 summarises some of the key strengths of the programme and identifies continuing challenges it faces.

Table 8: Synthesis of strengths and challenges in the STF programme model

Strengths	Ongoing challenges
<ul style="list-style-type: none"> • The programme is designed to address locally identified problems of early marriage, teenage pregnancy school dropout affecting adolescents in the community • Implementation of the programme as part of a broader SRH alliance facilitates information sharing and lesson-learning among partners • Working through a locally recognised organisation (YEFAAP) and through the district structures greatly enhances implementation of project activities and minimises resistance • Target groups include all key stakeholders – adolescent girls and boys both in and out of schools, teachers, parents and other community members • The project builds on well-established communication approaches and programmes of STF • The multiple and combined communication approaches are effective for transmitting key messages • Structures such school clubs, out-of-school clubs and peer educators offer potential for sustainability 	<ul style="list-style-type: none"> • The programme has limited resources unable to cover all the sub-counties and schools in the district. • The sustainability of the programmes is unclear as the districts have no resources to implement STF activities • The programme so far has achieved limited coverage (few schools are involved) • STF activities are not yet integrated in the school curriculum • Alliance members’ availability in the district of operation is limited to one member organisation which implements one specific programmes thus limiting the planned positive synergies in the overall strategy and approach of the Alliance

6 Case study 2: Child Protection and Development: ANPPCAN

6.1 Programme overview

6.1.1 Background and objectives

‘Protection and Development of Children in Uganda’ is one of a number of projects implemented by the Uganda chapter of the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN). ANPPCAN is a pan-African organisation founded in 1986 with headquarters in Nairobi and national chapters in 26 African countries. The Uganda Chapter was initiated in 1992 to address the growing problem of child abuse in the country and was formally registered as an NGO in 1995. Its mission is to work towards a society that upholds the rights of children, enables them to realise their potential, and nurtures them into responsible citizens (ANPPCAN Uganda, 2014). Its key objectives are articulated in its current strategic plan (2011/12-2015/16) (Table 9). ANPPCAN engages a multi-pronged model involving material support and communications approach including community dialogues and reflection, non-formal education, mass media and information, education and communication. ANPPCAN currently operates in 18 districts either directly or through partners (ANPPCAN Uganda, 2013b).

Table 9: ANPPCAN Uganda strategic objectives

Legislation	Capacity	Advocacy	Systems	Psychosocial
Laws and policies that protect children are enacted and implemented	Children are empowered to protect themselves and others from abuse, violence and exploitation, capacity of households to care for and protect children from maltreatment is strengthened	Knowledge and skills of rights holders and duty bearers to prevent child abuse, neglect and exploitation is improved	Organisational and institutional development is strengthened	Emotional and social wellbeing of abused children is improved

Source: ANPPCAN Uganda (2013b)

The project was initiated in 2012 as a pilot in the northern district of Kitgum. A baseline study then informed the development of a three-year project in 2013 and scaling up to another district – Iganga in East Central region. Results of the baseline analysis are presented in Box 6.

Box 6: ANPPCAN 2013 situation analysis at a glance

High levels of child abuse

- Persistent child abuse in the communities cited by 91% of respondents from Iganga and 95% of respondents from Kitgum.
- Physical abuse and child neglect ranked highest as the most common forms of child abuse in the two districts, followed by forced marriage and child labour.

Lack of effective reporting and follow-up of abuse cases

- Local leaders (Local Councils) fail to address reported cases of abuse, defending and siding instead with the adults; as a result, children are reluctant to report cases.
- Persistent child abuse cases attributed to cultural beliefs and poor parenting skills.
- Referral system, though functional, is weak characterised by corruption – where cases are often compromised and settled out of court and police at the expense of children’s well-being. In addition, the courts are reportedly poorly-resourced to follow up cases and there is a gap between formal and informal systems of justice that limits effective reporting of cases.

High rates of teen pregnancies

- 57% of child mothers interviewed gave birth before the age of 16 and 22% before the age of 14.
- All child mothers interviewed were never married and with limited sources of income and estimated incomes (ranging between 2500 and 10,000 shillings per month). They eat one meal a day and are not entitled to own property at their fathers’ houses.

Low school enrolment

- OVC enrolment in the 17 schools surveyed was quite low, representing less than 10% of the total number of school enrolments. Dropouts by OVCs are high in all surveyed schools is quite high (65%), though lower in Iganga district (21%). Poor participation of OVCs in schooling was attributed to lack of scholastic materials, child labour and early marriages (mostly girls).

Promising opportunities for communications

- On communications, 85% of the children in Iganga and 95% of the children in Kitgum listen to radio. Radio was noted as the most effective means of mode of sensitisation for the communities – both radio spots and radio talk shows are liked by children.

Source: ANPPCAN Uganda (2013c)

The main aim of the project is to provide a secure and protective environment for children. The intervention ‘*seeks to increase availability of protection, psychosocial, legal, and other essential services for orphans and other vulnerable children (OVC) and their household members in Iganga and Kitgum districts and to strengthen advocacy for implementation of child protection laws and policies*’ (ANPPCAN Uganda, 2013a). A particular focus on child mothers aims to ‘*empower these girls with skills and income generating activity to be able to sustain and take care of their children as well as their siblings*’ (KII, ANPPCAN programme officer, Kampala). Specific project results are expected as follows:

- OVCs are protected from abuse and have access to legal services
- 160 child mothers gain a regular income from economic activities and are able to satisfy their household’s basic needs
- Advocacy for implementation of child protection laws and policies including budgeting is strengthened
- Access to education and school retention rates for OVCs increased.

The primary targets of the project include OVCs, especially those with multiple vulnerability and child mothers.⁶ The OVCs are selected through active community involvement using an OVC community-mapping guide for civil society organisations designed by MOGLSD (ANPPCAN, 2013a). OVCs are defined by the National Strategic

⁶ Child mothers are girls and young women up to age 24 who have given birth before the age of 18 (ANPPCAN 2013)

Programme Plan of Interventions for Orphans and Other Vulnerable Children 2011/12—2015/16 by the MOGLSD (Cannon et al., 2014), categorised into two categories as outlined in Table 10.

Table 10: Types of children categorised as critically or moderately vulnerable

Critically vulnerable	Moderately vulnerable
<ul style="list-style-type: none"> • Orphans whose rights are not fulfilled • Children infected and/or affected by HIV/AIDS • Children with disabilities • Street children/abandoned children and/or neglected children • Children in contact with the law • Children in child-headed households • Children in worst forms of child labour (commercial sex exploitation, illicit activities, paid domestic work, work that interferes with school attendance) • Children in armed conflict (captives or child soldiers, internally displaced, ex-combatants) • Children experiencing various forms of abuse and violence (survivors of sexual violence, children in abusive homes or institutions) 	<ul style="list-style-type: none"> • Children out of school • Child mothers • Children in poverty stricken households • Children living with the elderly, and/or parents/guardians with severe disabilities • Children in hard-to-reach areas (fishing communities, mountainous areas, nomadic communities)

Source: Cannon et al. (2014)

The secondary targets include the general community – women and men, caregivers (parents and guardians), duty bearers such as the police (family and child protection unit), district government officials and civil society organisations working on issues of child protection and development. Indirect beneficiaries include a total of about 1,200 parents/caregivers of these children.

Box 7. ANPPCAN project expected results by target group

- 600 abused OVCs receiving legal support (300 Kitgum / 300 Iganga)
- 160 child mothers (110 in Kitgum / 50 in Iganga) provided with livelihood support
- 280 OVCs in schools (140 in Iganga / 140 in Kitgum)
- 140 caseworkers/volunteers, child rights committee members and officials follow up 1,260 child rights cases
- 35 officials (e.g. head of Child and Family Protection Unit of Police, Officer in Charge of Criminal Investigations Department, Resident State Attorney, police liaison officers, prison officers, police post officers, District Community Development Officer, and Probation and Social Welfare Officer receive tailor made training
- 140 guardians/parents of the project supported children
- 600 community members participate in bi-annual community dialogues between children and community members.
- 360 people (30 in each sub-county) participate in annual dialogue engagements between civil society, children and local leaders on issues affecting children
- 40 officials (Officer in Charge Criminal Investigations Department, Head Police Child and Family Protection Unit, Probation and Social Welfare Officer, Resident State Attorney, Community Development Officer, Magistrates and medical staff) take part in bi-annual strategic engagement meetings at district level

- 30 participants from Local Councils, Police Stations, Magistrates' courts and prisons (15 per district) take part in quarterly participatory monitoring meetings
- 1,000 participants reached through advocacy activities and an estimated 100,000 to 500,000 listeners (average outreach of a popular local radio station in Kitgum or Iganga district) through radio programmes.

Source: ANPPCAN Uganda (2013a)

The project is being implemented by ANPPCAN with financial support from HORIZONT3000, the Development Cooperation Agency of the Austrian Catholic Children's Movement – Jungschar (DKA) Austria – and Austrian Development Cooperation. Local partners and stakeholders include: law enforcement agencies the Police Child and Family Protection Unit and Police Criminal Investigations Departments (CID); health service agents (Village Health Teams, Hospital Child Protection Focal Persons); local government representatives (Local Council Chairpersons/Vice-chairpersons, Community Development Officers); district service providers (Probation and Social Welfare Officers, Teachers) and local Child Protection Committee members.

6.1.2 Key interventions and communications tools or approaches

The ANPPCAN theory of change for girls and child programming is that empowering children and young girls through education, economic support, participation and advocacy enhances their capacity to live improved and better lives. 'Our philosophy holds that a society prepared to care for and protect its children requires a foundation of awareness, influence and direct action to change. ANPPCAN therefore emphasises research, advocacy, training, education and participatory approaches towards child protection' (ANPPCAN Uganda 2013b). Based on this philosophy, ANPPCAN uses a multi-pronged model in all of its programmes in Uganda, combining direct service delivery, community mobilisation and empowerment, awareness raising, child empowerment, capacity building for actors, networking, research, information sharing, and advocacy to address the root causes of children's vulnerabilities and to protect children. ANPPCAN also maintains that investing in building the capacity of young people to understand their rights, how to promote them, prevent abuse and reach their potential is an important starting point (ANPPCAN Uganda, 2013b).

The project supports local child rights committees and caseworkers in the areas of intervention to enhance timely action on child rights violation cases, with a particular focus on building the capacity of institutions such as local councils and police and magistrates' courts. ANPPCAN also actively advocates the implementation of child protection laws and policies. Particular project interventions focus on the protection and integration of OVCs and youth through provision of counselling, legal aid, and psychosocial support for OVCs as well as basic needs for abused children and care takers to assist their recovery and scholastic material to ensure that they stay in school. Child mothers as a specific target group are provided with apprenticeship training to improve livelihoods. Project activities in the domains most linked to child mothers and education are shown in Box 8.

Box 8. Key ANPPCAN project intervention result areas and activities

Expected result: Advocacy for implementation of child protection laws and policies including budgeting is strengthened. Activities:

- Undertake bi-annual community dialogues between children and community members and annual dialogues between civil society, children and local leaders on pertinent children's issues
- Support child participation in annual celebrations with district stakeholders for the Day of the African Child
- Hold interactive radio talk shows and child protection spots on key topical issues including early and forced child marriages, defilement and street children on district based radio stations.

Expected result: 160 child mothers gain a regular income from economic activities and are able to satisfy their household's basic needs. Activities:

- Follow up 60 supported child mothers of the pilot project in Kitgum through links to economic opportunities

- Conduct participatory mapping exercises to select 100 out-of-school child mothers to receive apprenticeship and income-generation training
- Identify artisans or vocational centres of known repute and within child mothers' easy reach to train the selected out-of-school child mothers in apprenticeship skills
- Place 100 out-of-school child mothers in apprenticeship trainings for nine months in the field of their choice and provide training materials
- Train 100 apprentices on life skills education, risky behaviours among young people and peer to peer counselling and provide start up tools
- Offer psychosocial support to an estimated 30% of the supported child mothers.

Expected result: Access to education and school retention rates of orphans and other vulnerable children (OVC) is increased. Activities:

- Procure and distribute scholastic materials (pens, books, uniforms, geometry sets, and sanitary materials for girls) for 280 OVCs for three terms for three years
- Provide regular follow-up and counselling of the supported children to ensure that they stay in school
- Organise trainings for guardians/parents of the project supported children in positive parenting and alternatives to corporal punishment.

Source: ANPPCAN Uganda (2013a)

Empowering stakeholders with strategic information is a major focus of the organisation. For this particular project, ANPPCAN uses multiple communication strategies to reach out to the relevant stakeholders. These include: mass media and social media programming/engagement; dissemination of IEC materials; community meetings, dialogues and drama; mobilisation of children through child rights clubs; provision of non-formal education, including life skills; counselling and one-to-one programming, and public ceremonies and celebrations of international events such as the Day of the African child. These are accompanied by training and capacity building of legal professionals, health workers and child protection caseworkers and committees.

6.1.3 Progress to date

The following are highlights of overall progress on ANPPCAN's programmes throughout Uganda, in which particular project activities are embedded.⁷ ANPPCAN has actively participated in ANPPCAN Uganda 2013b):

- Advocacy and policy influencing particularly in the review of a number of child protection laws and policies and the development of key plans of action for children as well as supporting development of a number of ordinances and bylaws including education and child labour ordinances at local level.
- Communications and awareness-raising on child rights issues and harmful practices such FGM/C, child sacrifice, child labour, corporal punishment, early marriage and girls' education through participation in international and national events including the Day of the African Child, TUMAINI awards event, International Day for Street Children, and the International Day of the Girl Child. ANPPCAN has conducted conducted press conferences (print and electronic media) and participated in radio and television programmes and talk shows on relevant child protection issues (see Box 9).

⁷ The project has not been fully evaluated yet.

Box 9. ANPPCAN use of community conversations



Through a Community Conversations Model, ANPPCAN works to reach communally acceptable solutions to child rights issues. A community conversation is a form of community consultation through which people analyse their own situations, deliberate on the causes and challenges and seek solutions acceptable to all. In 2013, 45 community conversation meetings moderated by 30 facilitators were held in Rakai, Kitgum, Arua and Jinja districts involving a total of 1810 people (62% female).

Key topics were geared towards developing action plans and strategies to ensure all school age children attend and stay in school. Other issues included early marriage in Kitgum and Arua and regulating market times in Jinja which lead to defilement of young girls as they walked alone through the night from the market.

Community conversations have contributed to improvement in collaboration among communities and families, especially in reporting child abuse several cases were brought to light after the conversations. Community conversations are thus raising awareness on child abuse and enabling communities to partner together with their leaders to promote the rights of children.

Source: ANPPCAN Uganda (2013b)

Direct service delivery through a Child Helpline that is now a national one managed by the MOGLSD and provision of scholastic materials.

Training and capacity building for 1,007 child protection actors including case work volunteers, community conversation facilitators (CCFs), child protection committees (CPCs) and child rights committee members and 9 community-based partner organisations were trained on budgeting and financial management.

Livelihood support to child mothers and child abuse survivors with training in vocational skills and provision of start-up kits.

Use of online media to disseminate key information to a greater audience including both social media (Facebook, with more than 1056 'likes') and a regularly updated website (www.anppcan.org) to build engagement with key stakeholders and beneficiaries in its work among vulnerable children.

6.2 Key findings from field research

The assessment of ANPPCAN's 'Protection and Development of Children in Uganda' programme was undertaken in Iganga district in the two sub-counties where the project is focused – Igombe and Nabitende. The assessment was conducted over a period of three days involving a total of 44 participants (18 males and 26 females). Field research exercises included: community mapping with teachers, caseworkers and local leaders; focus groups discussion with child mothers, male and female parents of child mothers and beneficiaries of school support and teachers; individual interviews with teenage mothers; and key informant interviews with district officials and programme staff of ANPPCAN (see Annex 3 for details). Most of the girls who participated in the programme had joined ANPPCAN in 2014.

6.2.1 Experience of programme organisation and implementation processes

According to one of the senior programme staff at ANPPCAN, programming for child protection involves a holistic package that engages a multi-pronged model embracing communications and other components, including material support. Child protection work employs a ‘case work’ approach that focuses on all cases of neglect and abuse including early marriage and defilement. Programming, made possible through successful bidding on calls for proposals, is based on the needs and issues arising from baseline surveys and community engagement meetings held at the outset. As one of the senior programme officers explains:

Each district has different programmes depending on the need in that district. For example in Jinja we have a project mainly on child labour because of the existence of sugar cane plantations and the factories. In Jinja and Kitgum, we have a programme focusing mainly on positive parenting – training parents on how they can best care for their children. And Iganga, Gulu, Kitgum, Arua and Karamoja have been ranked high in terms of defilement and early marriage...so we also have another project on child mothers which is a result of early marriage.’ (KII, programme officer, ANPPCAN Kampala)

The child mothers project, which was the focus of our assessment, was initiated as a result of ANPPCAN’s experience and knowledge of the situation in the districts reinforced through community engagement and community conversations which helped identify key issues. According to the programme staff in Iganga district, the baseline surveys and community engagement meetings facilitate programming that is tailored to adolescent girls’ needs and those of the community in general. The main issues in Iganga district that informed the programme included poverty (teenage mothers becoming economic burdens to their families and not being able to meet their own and their babies’ basic needs) and school dropout due to lack of scholastic materials and uniforms. These problems are compounded by girls’ lack of self-esteem, limited parental care and the low value placed on girls’ education.

The three-year project has focused on providing vocational training for out-of-school adolescent mothers in the areas of cosmetology, catering and hairdressing where girls are given an opportunity to select a programme of their choice. After nine months of training, the girls are given certificates and start-up kits, including cosmetics and tailoring machines to facilitate them to do their own businesses. In addition, there is an in-school component for supporting girls and boys from poor families and OVCs with scholastic materials, ‘as a way of increasing their retention in school and accessibility to education’ (KII, programme staff). There is also psychosocial support, mainly in the form of counselling and legal support in cases of sexual abuse, which was reported to be a common experience for the girls in the district: ‘cases of sexual abuse are very high, every month there are between 20 to 30 cases reported to police’ (KII, programme staff).

The project is implemented by ANPPCAN staff based at the district level (regional office) in collaboration with local actors in the area of child protection, with additional technical support solicited for key components. ANPPCAN has trained a cadre of 50 caseworkers (60% women) who are spread through the two sub-counties of Igombe and Nakitende. The caseworkers follow up cases of abuse and neglect including early and forced marriages and report to the relevant authorities. ANPPCAN provides training and orientation of its staff on relevant aspects such as case work management and data base management. All staff were either trained or had worked in organisations dealing with child protection issues before they joined ANPPCAN. The project has also trained local government actors (child protection units, the police, hospital staff and teachers) to enable them to perform their duties effectively.

Figure 10: teenage mother with certificate of attendance



Source: research team photo.

Figure 11: Teenagers waiting to receive start-up kits



Source: research team photo.

While there are community consultations in A identifying issues for programming, field discussions with the beneficiaries – child mothers – revealed limited involvement of beneficiaries in the programme design process. Child mothers were identified through community leaders and underwent a screening process to be selected for the programme mothers.

To enhance coordination within the child protection sector, ANPPCAN holds joint planning meetings at beginning of the year and every quarter with all the members from the different sectors. From the joint planning meetings, joint work plans are developed and progress reviews conducted on annual and quarterly basis. The different sectoral departments support each other where necessary.

According to programme staff, feedback on project activities and progress is shared at the district, sub-county and community level through meetings and

workshops. Project launches held before the commencement of any project serve as key initial feedback avenues. Further reporting from the district staff to ANPPCAN headquarters is done on a quarterly basis and reports are also shared with district officials – particularly the district Community Development Officer (CDO) – and organisations doing similar or related work.

ANPPCAN believes that working with the district structures has been an important factor that has facilitated the success and sustainability of their programmes. ANPPCAN is a member of the district OVC committee and has been working closely with the district Department of Community Development in capacity building, information sharing (especially when new policies and guidelines come out), and participating in quarterly sharing meetings.

6.2.2 Perceived effectiveness of communications approaches

Programme officers attribute the strength of their communications interventions to the use of multiple approaches, including community conversations, building a strong relationship with the media, and decentralising communications – in particular talk shows – at the district level (KII, senior programme officer).

Figure 12: Using community conversations model to address gender-based violence



Source: ANPPCAN, Uganda, nd.

Community dialogue and reflection

According to ANPPCAN programme officers, community engagement through community conversations has been significant in addressing social norms around early marriage, teenage pregnancy and girls' education – including negative attitudes towards girls' education and the parental value of material gain from their daughters through bride wealth. Community conversations were believed to offer opportunities of directly reaching communities and increasing their awareness on these issues;

'On addressing social norms, we have a very strong focus on awareness and education and our major channel is through community conversations. It is a very strong channel... In most cases the duty bearers make commitments, and pledges during these communication interventions and dialogues that we have... We see an increase in the number of cases [of abuse] being reported, cases involving girl children after we

do the dialogues... Another indicator of success is the phone calls that we receive after the dialogues' (KII, senior programme officer).

Mass media

ANPPCAN's interactive radio talk shows, which invite the public to phone in on topics of interest, have proved very popular. Radio talk shows to date have covered issues such as improving the school environment to increase school retention and accessibility, combating child trafficking, and promoting children's rights and responsibilities. The talk shows target the general public, district and sub-county officials who are responsible for passing district budgets and implementing policies. Radio broadcasting for children through the *Emiti Emito* (Young Trees) children's radio programme involves children themselves, focusing on issues relating to child neglect, early pregnancy, child labour, defilement and child-to-child sex, responsible parenting, corporal punishment in school, safe school and family environments, child pornography, child trafficking, the state of education in Uganda, the situation of street children and harmful traditional practices against children. ANPPCAN also holds press conferences covered in print and electronic media addressing some of these issues. These target the general public – parents, children, guardian/caregivers – as well as policy makers and civil society organisations.

IEC activities

These include production and distribution of posters and *Child Link Magazine* addressing the rights of children (especially OVC issues) and child sexual abuse. The main targets venues are schools and community and sub-county halls in order to reach parents, teachers and other members of the public.

Innovative bottom-up communications channels

The toll-free 'Child help-line' established by the Ministry of Gender, Labour and Social Development (MoGLSD) has been an effective link for ANPPCAN's work with communities in following up on reports of child abuse (defilement, child labour and child neglect). Follow-up is conducted either directly by ANPPCAN or through the MoGLSD. Through case management approaches, cases are followed up and referrals made to either the Police or the Probation Office depending on the nature of the case. Letter-link boxes established in schools have also been effective channels for children's own voices (Box 10).

Box 10: Using letter link boxes to report violence in schools and communities

Violence against children in school is a well-known fact. A 2011 report by ANPPCAN showed that 81% children interviewed then had been subjected to corporal punishment, 80% to emotional violence and 8% had been defiled. From caning to bad touches and psychological abuse, schools continue to cause harm.

In 2013, letter-link suggestion boxes and notice boards were established in schools to help children anonymously report cases of abuse including corporal punishment, neglect, denial of food, bullying, child labour at school and sexual harassment by teachers and peers. The boxes are opened once a week by ANPPCAN staff and the Senior Woman Teacher. Some cases are then handled by the senior woman or male teacher others by the school administration; others are referred to ANPPCAN or to the police or probation and social welfare officers.

Children are increasingly gaining the confidence to report abuse cases. The boxes have also fostered open communication between children, school authorities and ANPPCAN and have deterred child abuse incidents. In 2013, 1,764 cases were reported in 70 schools in 7 districts. With 50 schools taking up the letter boxes, ANPPCAN maintains that they will go a long way to creating child-friendly systems in schools.

Sources: ANPPCAN Uganda (2013b) and ANPPCAN Uganda (2014)

One-to-one programming

Individual case support is a hallmark of ANPPCAN's child protection work and is conducted through caseworkers who work with a team of trained volunteers located within communities who visit and support individual cases of child abuse, offer psychosocial support and counselling. Issues addressed include early marriage, early pregnancy, child protection, and general counselling to develop self-esteem. To address the issue of lack of self-esteem,

ANPPCAN also conducts school visits and provides counselling to children. According to programme staff in Iganga, a number of teachers have been trained as focal points in the schools to provide counselling on a continuous/daily basis: they identify key issues affecting children which form the focus of counselling on school visits. In addition, ANPPCAN conducts training for parents on better parenting and fulfilling their responsibilities, which has helped to improve attitudes among parents towards early marriage and make them more likely to support their girl's participation in education.

Box 11: One-to-one programming: the case work approach

Rebecca (not real name) was being forced into early marriage when ANPPCAN intervened at the request of the teacher in charge of counselling at Bondo Army Primary School where she studied. A mediation meeting was organised with district leaders and the family said they had never heard of a law that could prevent their daughter from marriage. After the session Rebecca's family made a commitment not to marry her off, which they have kept.

This was a good experience for all involved and in particular for Rebecca. *'I now have enough time to read my books, as the workload at home has reduced. I also arrive at school on time'*, says Rebecca. Her school performance has improved and her father eagerly attends the PTA meetings.

Sources: ANPPCAN Uganda (2013b) and ANPPCAN Uganda (2014)

Public ceremonies

International days are marked, such as the Day of the African Child, TUMAINI awards, International Day of the Disabled and Women's Day, International Day for Street Children, the International Day of the Girl Child. Issues addressed include harmful practices against children, including female genital mutilation/cutting, child sacrifice, child labour, corporal punishment, early marriage as well as girls' education. Target groups include district leaders, legislators, religious and cultural leaders, and the general public.

Preferred channels of communication

The communications channels most often cited by adolescent girls included radios, posters, *ebizindalo* [community microphones/speakers], mobile telephone, meetings, caseworkers, and community walks by local councillors who pass on information and newspapers. Adult community members listed community dialogues, seminars and sensitisation as the best methods of communication, but also noted the power of media (radio talks and television programmes). While women noted that radios were good communication channels, they raised the constraint of lack of money to buy batteries and time to listen to the radio programmes; they also cited how low levels of literacy impeded communication through written channels. For this reason, they preferred community meetings:

Community meetings are the best. For radios, we do not have batteries. Most people in the villages are not educated, they cannot read the posters so community trainings/meetings are the best medium so far. We also like the use of loud speakers given to caseworkers to communicate, as they are seen as flag bearers for ANPPCAN.' (FGD, women)

Other complementary activities included non-formal education, including life-skills and vocational training linked to income generation. This was reported to have made a remarkable difference to the lives of out-of-school teenage mothers. With technical support from Busoga Institute of Cosmetology, tailoring and hairdressing courses have transformed the lives of adolescent girls (see below). Provision of lunch, the possibility of bringing the child to the training sessions, as well as facilitation with start-up kits after successful training are viewed as key success factors for interventions with child mothers. Furthermore, ANPPCAN sees the short distance from home to the training location as favourable to the participation of child mothers (ANPPCAN, 2013a).

6.2.3 Reported effects on attitudes and behaviours and skills

ANPPCAN project staff report a number of achievements ranging from economic empowerment and skills building among girls to changes in parental attitudes and behaviours, increased schooling, and policy advocacy at

national and district levels. The identified effects are in line with the expected project results. The most significant changes were reported at individual, household and community level.

At **individual level** the project was noted to have contributed to empowerment through vocational training. This has been one of the most direct and easily observed ‘success stories’ of the project: the teenage mothers appreciated the programme for the support it provided in imparting skills to earn a legitimate income leading to improved economic status and general welfare. They described how they have been able to engage in various income-earning activities, with some girls starting up their own saloons and shops and others doing tailoring. From the incomes obtained from their small businesses, the girls have been able to cover some of the basic needs that they could not afford before including clothing, food and soap for themselves and their children. For others, the benefit was as much social as economic, allowing them to break a social isolation intensified by negative attitudes towards unwed child mothers whom others fear will influence other children.

Some said the project had enhanced the girls’ self-confidence so that they are able to make their own decisions. Girls have been empowered with new knowledge, including on critical sexual and reproductive health issues, which enables them to better protect themselves. There were also reported changes in attitudes towards early marriage, with girls now aspiring to marry at a later age as they hope for a better future.

Figure 13: Teenage mother – beneficiary of ANPPCAN training



Source: Research team field photo.

Table 11: Most significant individual changes reported by study participants – ANPPCAN programme

Type of change	Examples
Self-confidence	<p><i>‘I love myself because I joined ANPPCAN. The difference or change I see is that those boys who used to deceive me can’t do it now.’ (IDI, 17-year-old teenage mother)</i></p> <p><i>‘This programme has helped me become bold. I’m no longer as shy as I was before. I can now stand before my peers and speak without fear.’ (IDI 18-year-old teenage mother)</i></p> <p><i>‘We now make our own decisions and only get to inform our mothers. We are now empowered to speak in public; when one is poor they cannot even speak in public. Before, we used to depend on our parents for decision-making and survival. We are respected in society; our self-esteem has increased as opposed to then when society shunned us as failures. Now I can even ask a boda boda man to wait for me as I finish off my meal before setting off for a journey. We are so grateful.’ (FGD, teenage girls)</i></p>
Knowledge and education	<p><i>‘If it wasn’t for ANPPCAN, I would still be the same as I gave birth with no more education. But the programme has given me knowledge. I am on another level which I wasn’t before. Now I consider myself to be among those who are educated.’ (IDI, 17-year-old teenage mother)</i></p> <p><i>‘They helped us with those courses so we can be better. I have learnt hair dressing which I never hoped for. I am very happy. I take my self to be among those with some education because I have studied and I have my certificate so I am not at the same level with that person with no training at all’ (IDI, 17-year-old teenage mother)</i></p>

Sexual and reproductive health	<p><i>'I am using the knowledge madam gave us to protect ourselves against pregnancies and HIV, defilement.'</i> (IDI, 17-year-old teenage mother)</p> <p><i>'Our madam who used to teach us. She would counsel us and tell us to protect ourselves and also be patient. I would have given birth to another child and maybe with no spacing but they told us to protect and safe guard ourselves.'</i> (IDI, 17-year-old teenage mother)</p>
Vocational skills and economic empowerment	<p><i>It promotes skills, parents also get to know their responsibilities, and they buy tailoring machines for the children which is not easy for the parent. It has helped in giving them skills'</i> (FGD, adult men).</p> <p><i>'I earn a living out of the skills got from this programme. They also provided us with a start-up kit containing a hair dryer and a tin of hair cream'</i> (IDI, 18-year-old teenage mother)</p> <p><i>'I started to get some money after learning hairdressing which helps me support myself and my child. We child mothers are not the same as we used to be - we are better. We were taught how to plait hair, how to behave, how to help others. With the knowledge acquired I hope to start my own salon'</i> (IDI, 17 year-old teenage mother).</p> <p><i>'These skills enable me to earn a living and take care of my baby so that he can take care of me in future. There is a big difference in my life; I can afford to buy myself the skin cream I desire to look good whereas before I was hopeless. I can now afford to buy clothing and shoes'</i> (IDI, 18-year-old teenage mother)</p> <p><i>'Before joining this programme, I was in a dire state without even being able to afford a mere blouse of 1,500 shillings. There was no hope of having my own money save for depending on men who would expect something in return. So I would be left without a choice but to give in and get the money. Right now the story has changed, I can afford to dress myself up and buy my child milk throughout the month.'</i> (FGD, 17-year-old teenage mother)</p> <p><i>'I am now able to provide for the needs of my children as opposed to before, when I was hopeless. This programme has enabled me afford whatever I need such as skin cream which I could not buy before.'</i> (FGD teenage mothers)</p>
Emotional	<p><i>'Ever since I got the skills to survive, I feel less strained psychologically in the hope that I can now make some money for survival.'</i> (IDI, 18-year-old teenage mother)</p> <p><i>'My parents were unable to support me due to poverty but now I have hope that I will have a better life as I work. I am going to spend much of my time at my salon. I am going to be happy to look after my baby and my parents. I hope to get money and support them financially and also build them a house and also give them medical care assistance. I am so happy, I used to over-think and get worried but since the intervention of ANPPCAN I am happy.'</i> (IDI, 17-year-old teenage mother)</p>
Attitudes on marriage	<p><i>'I don't want to get married now...If you are married, a man might persuade you to sell something yet you have achieved it together but I am going to keep working in my salon. If I get a man to marry in future, he has to accept and allow me to keep working in my salon or else I won't marry him.'</i> (IDI, 17-year-old teenage mother)</p> <p><i>'I would like to put my life together after all I have been through. I would like for my life to be restored and feel valuable so that bride price is paid for me and I am taken as someone respectful. Right now if a suitor came my way they may see my baby and shun me, so I will wait for a while before I think of marriage. I want to be able to plan for my home well so that even if he took another wife I would be in control of my own home without him.'</i> (FGD, teenage mothers)</p>

	<p><i>'The early pregnancies were accidents in our lives but now we know better to wait until we are mature enough.'</i> (FGD, teenage mothers)</p> <p><i>'Our experiences have been eye openers towards life and we know when to decide on marriage; we know the consequences of going with any man.'</i> (FGD, teenage mothers)</p>
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Changes at **household level** included more positive parenting and improved intra-household relations, including between parents and children, between siblings, and between spouses. Girls participating in the programme report feeling an enhanced status in their households; their newfound economic empowerment seems to be a critical factor in this change. Some participants also mentioned a reduction in domestic violence.

Table 12: Most significant household-level changes reported by study participants – ANPPCAN programme

Type of change	Examples
Intra-household relations	<p><i>'My elder siblings used to laugh at me because I got pregnant while still at home. Now that I have studied hairdressing, I am ahead of them. Even the way they used to treat me has changed. I can get my own money and support myself. They treat me well – if I tell them I have someone to plait hair they will listen. I am allowed to visit as long as I inform my parents where I want to go – I ask for permission, My parents also seek my advice on certain things.'</i> (IDI, 17-year-old teenage mother)</p> <p><i>'My parents are relieved of my demands since I can now support myself. My husband is excited about the fact that I can make my own money and he is very supportive of me.'</i> (IDI 18-year-old teenage mother)</p> <p><i>'They have done sensitisation and couple counselling so that now couples live in harmony. They follow law and order. Domestic violence is now controlled. There are lawyers who can even help you and they have sensitised people about the law. ANPPCAN has helped a lot.'</i> (FGD, adult men)</p>
Attitudes and behaviours around child mothers	<p><i>'The programme has led to a reduction in throwing new-borns into latrines as would happen before because child mothers feared telling their fathers and were worried about how they would care for their babies.'</i> (FGD, adult women)</p>

At **school and community level**, there have been several reported changes: better attitudes towards child mothers, who are now considered more worthy of respect; heightened community awareness of child rights issues, as demonstrated by an increased tendency to report cases of child abuse; changed attitudes towards early marriage and considerable improvement in school attendance for orphans and vulnerable children. Some of these changes seem linked in particular to ANPPCAN work in strengthening legal enforcement of laws on child marriage and school attendance; as such, it may be more the fear of sanctions than a change in social norms per se that is leading to change.

The provision of scholastic materials to identified OVC has also been reported to be a critical factor in increasing school retention rates as it enables the OVC households to use their limited resources to cover other essential needs (ANPPCAN, 2013a). According to one of the programme officers, children on the programme have been able to complete primary level seven. The combination of material support, individual counselling and guidance and sensitisation of parents has been seen to be effective in promoting education for OVCs, including for child mothers.

ANPPCAN programme staff acknowledge that attitude change is very difficult to measure. Nevertheless, they observe this in the increasing numbers of cases of child abuse – including child marriage – being reported: *'You see people coming to report and even calling on the phone'* (KII programme staff) as well as in a reduction in cases of abuse, which they attributed to heightened awareness of the problem as well as strengthened child rights

monitoring by structures on the ground who *'act like watchdogs to see that these incidents do not happen'* (KII programme staff). These have combined to strengthen case management overall.

ANPPCAN staff also see results of their advocacy efforts at district level in increased district budget allocations for child protection issues and the development of a district by-law on school drop-outs. They point as well to their contribution to national policies on child trafficking and education.

Table 13: Most significant changes at school and community levels reported by study participants – ANPPCAN programme

Type of change	Examples
Improved girls image/value	<i>'People in the village now see me as someone of value – those who used to look down on me because I have a child don't do so anymore. My friends admire me because I joined ANPPCAN (IDI, 17-year-old teenage mother)</i>
Early marriage	<p><i>'The LCs come to arrest those who force and marry off at their girls at an early age... At schoolteachers chase away the boys who want to misbehave with the girls – they punish them or take them to a different school. (IDI, 17-year-old teenage mother)</i></p> <p><i>'Cases of early marriage have been greatly reduced. If a girl gives birth at a tender age, we keep monitoring her to make sure she is not married off at a tender age. We are very serious and have even sensitised communities about such dangers. With ANPPCAN in place, girls are not married off at a young age as used to be the case.'</i> (FGD, adult men and women)</p>
Education	<p><i>'Before ANPPCAN came to this community, we had a challenge sending children to school as they would refuse and go hiding but now ANPPCAN has eased our lives since they follow up such children to see them into school. Girls used to visit their boy friends' homes during school time and return home in the evening claiming they had been at school. When asked for the books to check they would feign all sorts of excuses. With ANPPCAN in our community there is great improvement as children can no longer hide as it follows them to school.'</i> (FGD, adult women).</p> <p><i>'Children report to school daily they fear getting punished by ANPPCAN because they know if they find them at home not at school they will arrest the parent and the child. ANPPCAN help in child upbringing; if you don't go to school they will take you to the police. Now the children fear staying at home. They have helped in educating the children. Some are orphans and disabled, they buy them uniform.'</i> (FGD, adult men)</p> <p><i>'Some [child mothers] have even gone back to school after child bearing. I have four children in my home who have since returned to school. At the counsellor's place there is one girl, at Abu's place there is another one. They have since understood that child bearing does not mean an end to their education.'</i> (FGD, adult men and women).</p>
Role models	<i>'We said that before people did not have role models, but now they do. If they see a girl with a tailoring machine they will be encouraged and want to study and become someone. It has added value to the community.'</i> (FGD, adult men)
Social networking and relations	<p><i>'I sometimes chat with my neighbour on issues of personal development; that is how I socialise. I now belong to some women's groups where we save and learn other things.'</i> (IDI, 18-year-old teenage mother)</p> <p><i>'We have become popular in society; people make reference to us in admiration of our work. We have made friends out of the work we do.'</i> (FGD, teenage mothers)</p>

All in all, programme staff were confident that they on track in achieving their objectives, and are more visible overall in the sector as *'a centre of prevention and protection of children against abuse'*. Community members and programme beneficiaries also appreciated the programme for having transformed the community and the lives of adolescent girls.

6.2.4 Challenges encountered

Achievements notwithstanding, study participants identified a number of challenges that are threats to the full attainment of programme goals. Challenges ranged from persistent cultural norms that encourage early marriage, resistance to certain of the messages or interventions of the project and lack of cooperation among community members/parents, to inadequate resources that eventually limit programme scope, inadequate start-up kits, the limited number of lawyers, and corruption among the police, among others. Some of these factors are external to the programme and characterise the social setting that the programme is trying to influence while others are internal to programme design and implementation.

Among the *external factors* seen to present challenges were social norms and cultural attitudes which continue to promote early marriage based on a girls' physical maturation. As programme staff explain, *'Early marriage is seen as part of culture... there is the general feeling that when a girl develops breasts, she is ready for marriage'* (KII, programme staff). The continuing high incidence of teenage pregnancies was attributed primarily to household-level factors, particularly poverty and parental attitudes which combined to push girls into various types of transactional sexual encounters. *'Parents are not providing the necessary materials to these children'* explained a district official, *'That is why we have a lot of teenage pregnancies – because parents are not bothered. The problem is purely home-based. They do not have enough facilities at home and that is why the girls divert and go for men who can give them something'* (KII, district official).

A number of programme staff highlighted problems of community resistance to organisations that promote child rights, which are commonly translated as *Edembe* (freedom to do what they want), based on the fear that these organisations are 'spoiling' their children. This, explain the staff, is a misunderstanding of the fundamental rights of children (KII, programme staff). Difficulties in encouraging the reporting of cases of child abuse, including early marriage, were seen by some to stem from a basic lack of trust in the justice system and misunderstanding of ANPPCAN's programme modalities, including mistaken beliefs that community members involved in monitoring child rights abuse cases are paid by the government: *'Parents think that we are paid by the government – that is why they connive to withdraw the cases'* (FGD, adult men and women).

Inadequately resourced district government structures were also seen as a key constraint, particularly in terms of monitoring and follow-up of programme activities. There was also a concern about poor recordkeeping and information generation at the district level, with a lack of up-to-date information on, for example, school dropouts and child abuse cases among others. Some programme staff felt that there were unreasonable expectations of what ANPPCAN should be doing, with existing government structures taking limited responsibility.

With our ministries and our local government here at times they do not do what we expect them to do. For example, they are supposed to monitor us on a quarterly basis, but sometimes you go an entire quarter without seeing anyone coming. Yet we are answerable to them because we actually contribute to the district development plan. Whatever we do is supposed to contribute to their plan, so they are supposed to monitor us. At times may be they take us for granted but we do our best. So there are somehow weaknesses in terms of monitoring. (KII, programme manager)

For instance, if someone is defiled, the case should be handled by the police, but instead the police come to ANPPCAN for facilitation, fuel. People look at ANPPCAN as heaven on earth when you stand up to say something they will expect you to provide everything to their children. But of course we cannot provide everything – we are also limited in terms of resources and we cannot reach every corner. (KII, programme manager)

Among the *internal programme factors*, some of the beneficiaries identified constraints in the amount or quality of some of the training or material support provided, some district officials called for heightened community sensitisation efforts, and programme staff pointed to the very limited human and financial resources needed for full coverage in the face of rising demand. ANPPCAN's reliance on donor funding brings some challenges, particularly when late release of funds creates delays in programme implementation.

Programme beneficiaries

They used to over dwell on the same topics such as the same hairstyles. Some sample items / materials were on sale. The tailoring class had only one sewing machine for practicals and there were hardly any materials

for the training. They did not teach us on how make the 'Gomesi' [Kigganda traditional dress for women] and yet it's most popular. The person in charge of hairdressing turned the camp into a salon. She always had customers from the village and used the cream we should have used for training for her own gain. (FGD, teenage mothers)

ANPPCAN did not give us hair driers and sinks, yet they are needed in the salon. (IDI, 17-year-old teenage mother)

Programme staff

When you look at the whole of Eastern region, it is basically ANPPCAN that is doing work on child protection cases. We receive cases from as far away as Mayuge and Namutumbe, so coverage is also a big challenge. (KII programme staff)

Resources will never be enough. Communities will not be reached because of inadequate resources. The maximum we can do is something like ten talk shows in a project, although sometimes we get free talk shows to about these issues. And of course the scope is limited because of the budget – that is a major weakness. (KII, senior programme officer)

District official

Whenever these interventions come, they are sensitising me, the district officials, the LCs, etc., forgetting that this category of people is already sensitised, educated. Those who need to be reached are rarely targeted. When we do target, we select only a few people to communicate to. (KII, district official)

6.2.5 Questions of sustainability

It was acknowledged that since ANPPCAN is implementing these programmes on a project basis, its activities are short-lived:

It is a bit challenging because projects in most cases are implemented within one to three years, whereas programmes take a longer period. For example, this project which is so good in supporting child mothers to gain regular income is ending this year, but if it was a programme, you could see that many more people would benefit from it. (KII, programme manager)

Nevertheless, capacity building among key stakeholders, including the teenage mothers and local community members, is seen to have a sustainable impact. Training of child mothers aims to empower them economically to increase their incomes and meet the basic needs of their vulnerable children.

Training of child mothers has a high sustainability factor as the child mothers are acquiring useful skills which allow them to increase and stabilise their economic situation and hence provide a better future for their children. (ANPPCAN, 2013a: 12)

ANPPCAN has started off well by equipping girls with life skills for survival which will enable them sustain the positive effects of the programme. (FGD, women)

ANPPCAN has also built the capacity of community structures such as child rights committees and community caseworkers to function beyond the life of the project as well training guardians/parents of the project-supported children in positive parenting. This is believed to provide sustainable solutions to the problem of early marriage, teenage pregnancy and increased investment in girls' education:

We have what we call community facilitators, who facilitate trainings and pass on the information with very little facilitation; we have members that have committed themselves and do these trainings without anyone leading them. In schools we have letterboxes where children report cases; these boxes are there all the time. The community has been empowered to be able to carry on. But also another thing is looking at legislation; legislation if it is there it can be used to protect our children in the long term than just giving a handout. (KII, senior programme Officer)

The volunteer community networks established to monitor child rights, however, exhibited a certain ‘volunteer fatigue’ as expressed by members of these networks:

The changes are there and we are willing to work even harder if we are supported. But we are about to abandon the job since we do not benefit in any way. We would like to get an allowance since we are doing a voluntary job. We have got into conflict and grudges with people in the community as they question our authority over their children when we intervene to prevent them from marrying off their girls for material gain. (FGD, adult men and women)

One solution to this was to transform parent support groups into self-sustaining Village Saving and Loan Associations. Another sustainability strategy was to continue to work directly with government structures such as the Police, the District Education Office and the Community Development Office, to build their capacities to support children in the targeted districts.

6.2.6 Recommendations from study participants

All the teenage mothers interviewed appreciated the programme and were happy to recommend it to other girls: ‘I would like to see more girls get better in life just like they did for me’ (IDI, 18-year-old teenage mother); ‘They should form groups to come and train children in the villages.’ (IDI, 17-year-old teenage mother). Among recommendations for improvement, they suggested support for continuing education, economic empowerment and skills development.

There was an expressed need for ANPPCAN to broaden their training curriculum to include courses on catering/cookery, computer training, making soap and wax, and nursery teaching as well as comprehensive training in hairdressing and tailoring. There was also a call for provision of financial support to facilitate income-generation and business expansion: ‘I would like more capital to expand my business and also rent a place for the salon. I would like to get more skills and knowledge for building my business’ (IDI 18-year-old teenage mother).

Teenage mothers also called upon parents to provide for their children – girls and suggested that efforts should be made to encourage use of family planning to prevent teenage pregnancies as well as strengthening effective implementation of the defilement law and enactment of a law to imprison parents who marry their children as early as 13 years of age.

Women in the community suggested support and encouragement for exchange visits to expose the girls to more different environments and the wider world as a means of raising their aspirations: ‘ANPPCAN should take these children for a tour outside Iganga district for exposure. Most girls get married in the very villages they were born. They need to get exposure and see how things are done elsewhere. This will encourage the young girls to avoid getting pregnant’ (FGD, women).

Adult male community members called for more capacity building for children in school and communities, with provisions for an ANPPCAN member of school committees, and more community sensitisation, including ‘mass sensitisation’ that would reach the grassroots with the help of local chiefs and leaders. They also called for strengthened enforcement of laws against early marriage and defilement, including a reduction in police corruption. And finally, they suggested a return to ‘community parenting’, where neighbours would be called on and expected to advise each other’s children (FGD, adult men).

Programme managers called for a longer-range effort to look beyond a limited project scope and develop a broad-based programme. They also highlighted in particular the need for strengthened collaboration and coordination efforts among NGOs:

I think one thing we need to do is collaboration to work together because there are several NGOs doing their projects which are related. You find three NGOs in one hotel or in different hotels doing trainings on similar issues – there is a lot of duplication and if we can work together we can do much more. Collaboration and coordination is very important. (KII, senior programme officer)

Study participants overall stressed the need to reach out to political leaders including Members of Parliament, LC members, and community members. Other communication channels including drama shows, religious congregations and documentation should also be explored.

6.3 Lessons learned and conclusions

Overall, ANPPCAN employed a multipronged model combining a communications approach with non-communications elements that included material support. Programming was tailored to the beneficiary needs and concerns as identified in the baseline surveys and community conversations conducted during the implementation of other programmes. It is clear that a combination of communication and material support contributed to the success of the projects in making significant changes in the lives of the beneficiaries – teenage mothers and OVCs. Other success factors included involvement of local actors and working in close collaboration with the district staff, especially the Community Development and Probation Officers as well as the police. Use of multiple communication strategies also appeared to offer more benefits, with community dialogues and reflection bringing positive results.

Beneficiaries and programme managers alike attest that the project is creating significant changes in the lives of adolescent girls and teenage mothers, their families and communities. Individual benefits include heightened self-esteem and confidence, economic empowerment, enhanced knowledge and vocational skills, reproductive health awareness – prevention of unwanted pregnancies and STDs/HIV and changed attitudes about age at marriage – and preferences for later marriage. Changes at household level included an increased value placed on girls' education, improved parent-child relations with greater respect for the girls' views, and economic empowerment. At community level, the project has contributed to improved school attendance and retention rates, less stigmatisation of child mothers, reduced GBV and increased social networking.

The main challenges related to the project included persistent cultural norms that encourage early marriage, inadequate resources that eventually limit the project scope, lack of cooperation among community members/parents and continuing capacity gaps at local government level.

The following are among the key lessons learned from project implementation:

- Conducting baseline surveys and offers an opportunity to identify community needs and concerns to ensure community tailored programming.
- Community engagement through community conversations is an effective way of reaching local communities and creating change in attitudes towards social norms around early marriage, teenage pregnancy and investment in girls' education.
- Multiple and broad-based communications interventions are important to ensure that different target audiences are reached.
- The combination of communications and non-communications elements, such as material support, help to meet beneficiaries' practical and strategic needs.
- Building the skills of out-of-school adolescent girls contributes to a more productive labour force.
- Economic empowerment of girl-mothers is important not only to enable them to care for themselves and their children, but to enhance their sense of self-worth and status in the community.

7 Case study 3: Gender Roles, Equality & Transformations (GREAT)

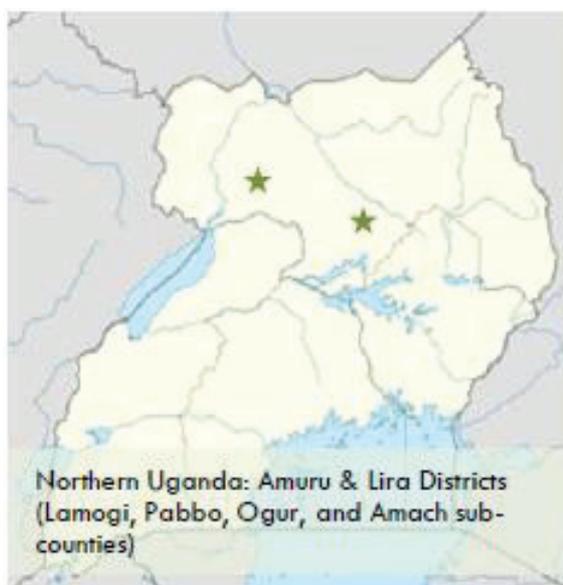
7.1 Programme overview

7.1.1 Background and objectives

The Gender Roles, Equality and Transformations (GREAT) project was designed as a five-year pilot project (2010-2015) that aims to *'promote gender-equitable attitudes and behaviours among adolescents (ages 10-19) and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities in Northern Uganda'*.⁸

With funding provided by the United States Agency for International Development, it is a collaborative effort involving Georgetown University's Institute for Reproductive Health (IRH), Pathfinder International and Save the Children, who work with their respective implementing partners in Uganda: the Concerned Parents Association (CPA) and Straight Talk Foundation (USAID, 2013). The map (Figure 14) shows the two districts in Northern Uganda where the project is being pilot tested (Amuru and Lira). Our field research focused on selected communities in Lira district.

Figure 14: Map of GREAT project sites



Source: GREAT project factsheet, 2013

As a basis for programme design, a period of formative research (2010/2011) included a review of international best practices in programmes to address adolescent sexual and reproductive health, gender, and gender-based violence (Pathfinder International, 2011) as well as ethnographic research in the project area in order to understand gender norms in the community and processes of their transmission (IRH, 2013) (see Box 12).

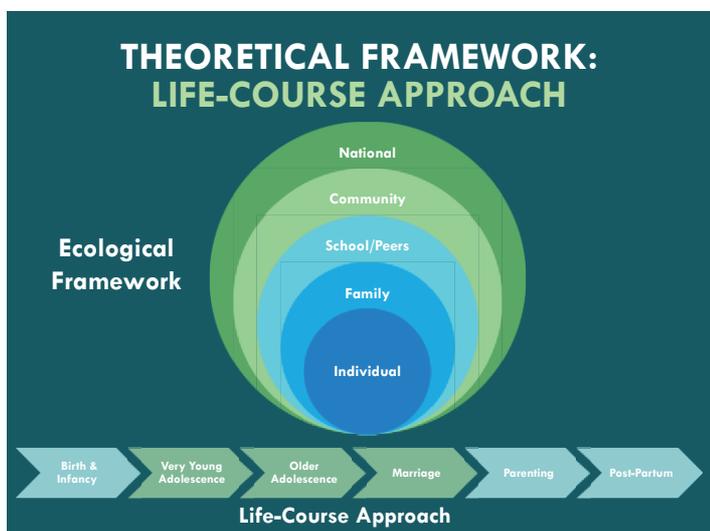
The first phase of implementation (2011-2013) thereafter focused on: the design and piloting of a package of *'evidence-based, scalable, and life-stage tailored'* communications and behavioural interventions; roll-out of a community action cycle; and training of volunteer Village Health Teams (VHTs) to strengthen sexual and reproductive health services and information.

The final phase (2014-2015) has focused on evaluation and scaling up of the initiative through diffusion of the model and

⁸ See http://irh.org/projects/great_project

materials to other actors on the ground in order to sustain activities after the project ends (USAID, 2013; Pathfinder website).

Figure 15: GREAT ecological life-course model of behavioural change



Source: IRH (2014)

The project is based on an ‘ecological’ model that recognises that norms and behaviours through the life course are influenced by multiple individual and social factors (See Figure 15). The project also takes a ‘social constructionist’ perspective that views individuals as active agents in constructing and reconstructing gender norms based on shared expectations and understandings.

Adolescence, and early adolescence in particular, is seen to represent a window of opportunity to promote positive and lasting, gender equitable attitudes and behaviours (IRH, 2013). Key project target groups are therefore very young adolescents (aged 10-14); older adolescents (aged 14-19) and newly married or parenting adolescents and young people. Adults in the community are also targeted as key stakeholders – and sometimes gatekeepers –

whom it is important to reach in order to create the enabling environment necessary for gender empowerment and change for young people.

7.1.2 Key interventions, organisation and communications tools

The GREAT intervention package includes: (1) a community action cycle conducted with community leaders to strengthen their capacity to promote and sustain change; (2) a serial radio drama ‘Oteka’ (meaning ‘Great’) produced in the Luo language and adapted to Lango and Acholi, with accompanying discussion guide to catalyze discussion and reflection; (3) training and engagement of VHTs to improve access to and the quality of youth-friendly sexual and reproductive health (SRH) services; and (4) a group dialogue and reflection communications toolkit with a variety of age and gender-specific materials produced in the Acholi and Lango languages.⁹

Figure 16: GREAT intervention components



Source: GREAT factsheet 2013

A clear coordination and implementation structure has been established for project activities. A Technical Advisory Group (TAG) for the project includes representatives of the Ministries of Health, Education, and Gender, Labour and Social Development at national and district level, NGOs working on ASRH, gender and GBV, representatives from cultural institutions, and university structures. District health, education and community development officers as well as a representative of the Lango cultural institution are part of the TAG. At sub-

⁹ See GREAT website materials: http://irh.org/projects/great_project/

country level activities are spearheaded by Community Mobilisation Teams composed of the Community Development Officer (CDO), the sub-county chief, and the Local Council member.

At community level, Community Action Groups (CAGs) made up of parish chiefs, VHTs, teachers, child protection committee members and others help organise community sensitisation efforts, while various ‘platform leaders’ identified from existing structures (such as youth groups, church groups and school-based clubs) facilitate use of the communication tools among their constituent members after initial training and receipt of the toolkit.

Figure 17: Themes addressed in the GREAT toolkit

Reproductive Health	Gender-based Violence	Gender	GREAT!
Sub-themes: 1) Healthy Timing and Spacing of Pregnancy 2) Contraception 3) Puberty	Sub-themes: 1) Domestic violence 2) Defilement 3) Alcohol	Sub-themes: 1) Gender roles & power 2) Early marriage 3) Girls' education	Sub-themes: 1) Role model/ Champions 2) Self-esteem
Cross-cutting sub-theme = Dialogue (inter-generational, inter-gender)			

The toolkit includes the following

- *Growing Up GREAT Flipbooks*: Two flipbooks (one for boys, one for girls) in story format to help very young adolescents learn about body changes and seek advice on how boys and girls can live more equally.
- *Activity Cards*: Three age-appropriate sets designed for use as a stimulus for group discussions on equality, reproductive health and safety from violence, accompanied by a set of fact cards for reference, with body maps and Q&A for the younger group.

Source. PPT GREAT project manager, 2013

- *Game board*: A life-sized canvas game board and four sets of game cards on health, safety, equality and ‘being GREAT’ for the target groups of adolescents and adults, accompanied by a moderator’s guide
- *GREAT serial radio drama (Oteka)* produced in Luo and adapted to Acholi and Lango, broadcast on local radio stations in northern Uganda, with discussion guides that groups can use to discuss specific topics and characters in the drama and reflect on themes in relation to their own lives.

The messages in the toolkit are designed to: help adolescents and adults in their communities understand adolescent maturation processes, reproductive health, gender-based violence and gender roles; talk about how to grow up and support young people to grow up with gender equality, good reproductive health and safety from gender-based violence; and support changes in the home and community.¹⁰

Box 12: Key findings from GREAT ethnographic research in project districts

High levels of child abuse

- Persistent child abuse in the communities cited by 91% of respondents from Iganga and 95% of respondents from Kitgum.
- Physical abuse and child neglect ranked highest as the most common forms of child abuse in the two districts, followed by forced marriage and child labour.

Lack of effective reporting and follow-up of abuse cases

- Local leaders (Local Councils) fail to address reported cases of abuse, defending and siding instead with the adults; as a result, children are reluctant to report cases.
- Persistent child abuse cases attributed to cultural beliefs and poor parenting skills.

¹⁰ See GREAT website materials <http://irh.org/resource-library/great-scalable-toolkit/>

- Referral system, though functional, is weak characterised by corruption – where cases are often compromised and settled out of court and police at the expense of children’s well-being. In addition, the courts are reportedly poorly-resourced to follow up cases and there is a gap between formal and informal systems of justice that limits effective reporting of cases.

High rates of teen pregnancies

- 57% of child mothers interviewed gave birth before the age of 16 and 22% before the age of 14.
- All child mothers interviewed were never married and with limited sources of income and estimated incomes (ranging between 2500 and 10,000 shillings per month). They eat one meal a day and are not entitled to own property at their fathers’ houses.

Low school enrolment

- OVC enrolment in the 17 schools surveyed was quite low, representing less than 10% of the total number of school enrolments. Dropouts by OVCs are high in all surveyed schools is quite high (65%), though lower in Iganga district (21%). Poor participation of OVCs in schooling was attributed to lack of scholastic materials, child labour and early marriages (mostly girls).

Promising opportunities for communications

- On communications, 85% of the children in Iganga and 95% of the children in Kitgum listen to radio. Radio was noted as the most effective means of mode of sensitisation for the communities – both radio spots and radio talk shows are liked by children.

Source: ANPPCAN Uganda (2013c)

7.1.3 Progress to date

The project has established a clear monitoring and evaluation system, with regular programme reviews drawing stakeholders together and before and after tests on key outcome indicators. According to the most recent annual report (IRH, 2014) for activities in Lira (the district of our research): Community Action Groups (CAGs) were reaching some 7,670 people (55.5% women) with high turnout and good participation; three local radio stations were broadcasting the radio drama; VHTs reached 652 adolescents over the quarter, over half of whom were women, including for referrals for family planning; another 68 community platforms were reaching 3,423 people each month with various GREAT activities. Key community commitments raised by these groups included behaviour change objectives, including to stop drinking, stop domestic violence, share domestic chores, and practice good health-seeking behaviours.

An end-line evaluation conducted in October 2014 (with the full results still being analysed at the time of writing) found that GREAT led to significant improvements in attitudes and behaviours among exposed individuals as compared to a matched control group. For example: 48% of older adolescents exposed to GREAT report believing that men and women are equal, compared to 37% of the control group; young husbands among GREAT participants (65%) were more likely to be involved in childcare or helping with household chores than were those not involved (65% compared to 53%); and some 43% of newly married/parenting couples exposed to GREAT were using family planning, compared to 33% in the control group. Attitudes and behaviours around intimate partner violence had also improved: only 5% of newly married/parenting adolescents reported reacting violently to their partners compared to 21% among the control group (IRH, Pathfinder, Save the Children, 2015).

Adults exposed to GREAT were also more likely to provide supportive advice to adolescents than those not exposed (61% compared to 59%). However, the fact that such changes were not generally diffused within the wider community among those not reached directly by the interventions suggests that while GREAT has been successful in achieving individual change, greater depth and breadth of coverage is needed to reach a ‘tipping

point' of community change; this in turn implies the need for more time for further implementation (IRH, Pathfinder, Save the Children, 2015).

7.2 Key findings from field research

Our research was conducted in two sub-counties of Lira district where the CPA is the project implementer, working in collaboration with Pathfinder International and IRH. CPA is a local community-based organisation created in 1996 by a group of parents to advocate for the return and work on the reintegration of girls abducted by the Lord's Resistance Army (LRA). CPA works through more than 300 community structures it has established, including parent support groups, youth groups, children's groups and groups of girl mothers; these are the platforms used for GREAT activities. Among the objectives in its Strategic Plan (2010-14) CPA aims to (1) strengthen social support institutions for child protection and (2) improve social services for children, particularly in education and health. Advocacy, networking, and gender mainstreaming are explicit institutional strategies (Akijul Consultancy Ltd, 2010).

A total of 94 study participants were engaged over a two-day

period through focus group discussions and individual interviews with adolescent boys and girls both in and out of school, newly parenting young women/men, adult men and women community members and platform leaders, accompanied by key informant interviews with district and sub-county officials and a cultural leader (see Annex 3 for details).

Figure 18: Focus group discussion with young adolescent girls, beneficiaries of GREAT, Lira



Source: Research team field photo.

7.2.1 Experiences and perception of project design, organisation and implementation

The GREAT programme manager notes that in the Lango sub-region, the main issues for adolescent girls arising from the formative research as well as experience working in the field include: lack of awareness of the causes and consequences of bodily changes arising during adolescence; lack of appropriate sexual and reproductive health information leading to unwanted pregnancy; early marriage linked to poverty and reinforced by norms that say a girl is ready for marriage as soon as the breasts begin to bud; gender inequalities leading to the pressure of domestic work; and parental inability to pay school expenses, particularly at secondary level. All of these combine to cause high drop-out rates from school. The GREAT project was designed to test approaches to address such issues:

We are looking at a transformative approach to address gender inequalities in order to improve adolescent health and reduce GBV. GREAT was really aimed at identifying the interventions that would address these issues in the long run. It was therefore designed as a research project with the aim that, once proven effective through the pilot, would be scaled up through other user organisations. (KII GREAT programme manager, Pathfinder, Kampala)

The GREAT project team in Lira think that the themes and messages were the correct ones for this region (KII, GREAT project team, Lira). Others agree:

GREAT recognises that our societies in the north seem to be so tied to traditional gender roles and norms which are so strong here, around the ideal girl/boy; woman/man. These are inbuilt – the male breadwinner, the female homemaker. The GREAT project is therefore here working to disentangle these norms' so that boys and girls, men and women can work better together... We can't continue with these stereotypes. The strict division of labour does not lead to peaceful families – we need to transform. (KII, District Education Officer (DEO) and TAG member, GREAT project Lira)

Early marriage is just one of the issues addressed by the interventions; there are others like alcohol, early pregnancies, unwanted pregnancies, domestic violence, building self-esteem of the adolescents. (KII, GREAT programme manager, Pathfinder, Kampala)

Programme beneficiaries and community members understand these aims and agree with the importance of the issues addressed; *'GREAT handles issues about girls and boys – learning to work together and letting both boys and girls study,'* explain adult men in the community (FGD, adult men, GREAT). Young adolescent girls note that *'Some parents want only boys to go to school. They think that when girls grow, they should bring in wealth to the family and believe that if the girls go to school, they will get spoiled. So the boys will be having a future while the girls don't have any future'* (FGD, young adolescent girls, GREAT). *'When someone says early marriage' explains a group of older adolescents, 'What comes straight to my mind is problems, secondly pregnancy and thirdly death, because when a young girl gets pregnant, she has difficulty in giving birth; and lastly the problem with education is always there when someone marries early while still young... It will make their future children the same because they don't know the importance of education. Also, a family where people have not gone to school lacks respect from the community'* (FGD, mixed older adolescents, GREAT).

Among the key design features that are considered particularly important is the focus on adolescents themselves:

This is a time when socialisation is happening, when people are learning their roles. Because to transform gender norms, when you go to an older person, it's a bit hard but when you start early, then you are able to catch somebody at an early age and begin to influence their thinking early enough. (KII, GREAT programme manager, Pathfinder, Kampala).

Another is the age-specific nature of communications materials – *'because different age groups face different challenges, different issues... different pressures'* (KII, GREAT programme manager, Pathfinder, Kampala).

While adolescents are the focus, the adults in their lives are also targeted for communications messages: *'We also do not forget the other influencers, because these adolescents are also influenced by other people around them like their parents, their teachers, religious leaders, and general people in the community.'* (KII, GREAT programme manager, Pathfinder, Kampala).

The choice of an implementing partner with experience and knowledge of social mobilisation in the local communities has also been crucial: *'CPA had been selected as field implementer in this district because of its visibility in the community and because of the community structures it had created and continues to work with in the different projects it implements (including around child protection, women and youth empowerment). Through its work with local government and at community level, CPA was able to identify appropriate sub-counties for GREAT'* (KII, Director CPA, Lira). The fact that the 'platform groups' identified by GREAT as the vehicles through which the communications activities would be implemented are in fact pre-existing groups in the community with whom the implementing partners have already worked is considered another strength of the programme. *'Using existing groups as platforms has been a strong feature of the programme – for example, women's groups and rotating funds. GREAT has also been successful at calibrating information to these different groups'* (KII, female cultural leader, GREAT project, Lira).

The coordination structures established by the project through the TAGs and Community Action Groups were found to have been important in both the design and implementation phases. Among other things, they have helped ensure that both the messages and the channels through which they are communicated address gender inequalities in health, education, and socialisation processes in a holistic manner and in accordance with national guidelines. *'The ministries of gender, health and education have been very supportive in advising through the technical advisory group, so every quarter they come, we present, discuss where we've reached and they give an input and tell us if you want to succeed you need to follow this way'* (KII, GREAT programme manager, Pathfinder, Kampala).

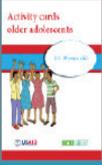
Box 13. Positive perspectives on roles within GREAT coordinating and implementation structures

- *'In its initial stages, there was a lot of sensitisation of district officials which resulted in the project being accepted in the district. In order to ensure ownership, selected staff from the district were put on the TAG. As a member of TAG, I am deeply involved in what is going on – we have quarterly meetings'* (KII, DEO and TAG member, GREAT project, Lira)
- *'As CAG members, we are responsible for facilitating the community mobilisation and sensitisation processes through a Community Action Cycle. We do this with the support of the LCI (village chief) and after an initial introduction we hold meetings with community members to discuss issues surrounding key themes, for example girls' education, after which we help the community come up with a community action plan to address this. We have been trained on the materials and help train platform leaders on their use.'* (FGD, CAG members, GREAT)
- *'We are called "platforms", and our role is to teach and educate the local people through drama acting and also to mobilise, and gather the local people in the community together so that when there is a meeting and people are well mobilised. Each group/platform has about 15 to 20 members.'* (FGD, older adolescents, mixed, GREAT)

7.2.2 Perceived effectiveness of communications approaches

The GREAT project is designed around multiple interventions targeted at multiple audiences, so it is not always possible to disentangle the benefits of any one intervention. The figure below summarises initial findings on the toolkit from the qualitative assessment conducted by the project, while the following sections capture project organiser and beneficiary perspectives on the different intervention elements/components gathered through our field research.

Figure 19: Evidence on use and appreciation of GREAT communications components

COMPONENT	FREQUENCY OF USE	OPINION	GENDER/LIFE COURSE DIFFERENCES
Activity cards 	Medium to a lot	<ul style="list-style-type: none"> • Encourages conversation • Interesting, relevant topics • Everyone can participate • Boys and girls can use together • Some questions not “orderly” or hard to answer 	<ul style="list-style-type: none"> • Girls like more than boys • some YAs found them difficult to use
Flipbooks 	Medium to a lot	<ul style="list-style-type: none"> • Provided information parents don't give • Provides understanding of what the other sex is experiencing • Pictures make the book easy to understand 	<ul style="list-style-type: none"> • Well-received by both sexes • More likely to use the flip book for their own sex • Some teachers wouldn't let girls and boys use the flipbook of the other sex • Some boys hide their book from girls • Boys find some images in the girls' flipbook disturbing
Board game 	A lot	<ul style="list-style-type: none"> • Popular • Participatory, fun, interesting • Encourages discussion across mixed groups • Engages community 	<ul style="list-style-type: none"> • Girls like less than boys (not as good at throwing the stone, shy or embarrassed to answer questions) • YAs have mixed opinions • Difficult for those who can't read
Radio and radio guide 	Little	<ul style="list-style-type: none"> • Well-liked among listeners • Few people listened and thus could not lead/participate in discussion • Not participatory 	

Source: Dagadu et al. (2015)

7.2.3 Mass media (radio)

The radio drama consists of 50 episodes that run for a year covering a full spread of issues faced by adolescents and newly married or parenting young people. According to one key informant, the serial radio drama is very popular and the signature Oteka theme song has become synonymous with GREAT and is known even by those not directly involved in the project (KII, Save the Children, Kampala). Sub-county government officials appreciated the radio drama (Oteka) and talk shows which diffuse information over a wide area; they point out that discussion guides allow peer groups to discuss issues raised from the dramas (KII, sub-county officials, Lira). The radio drama *‘tries to inform the public that it is time to change – we need to transform our gender roles’* (KII, DEO and TAG member, Lira)

While older adolescents appreciated the radio dramas and some could recount their favourite episodes, they explained that they did not often get together in a group to discuss these programmes because it was difficult to get everyone together listening to and discussing the drama at the same time (FGD, older adolescents, GREAT project beneficiaries). Nevertheless, parish youth groups do sometimes get together to listen and discuss the radio

drama themes (FGD, adult CAG members, GREAT), and one group of platform leaders reported that they listen regularly as a group (FGD, platform leaders, GREAT).

Only a few members of a group of newly married and parenting adolescent girls and young women reported listening to the programme, some explaining that they don't have radios, others saying that they listen sometimes, but then miss episodes and so don't understand what is going on (FGD, newly married / parenting adolescents, GREAT). A younger adolescent girl notes that she has heard of the radio programme, but doesn't listen to it often, as her father has the radio and either doesn't want them listening, or is listening to something else (DI, 14-year-old girl, GREAT).

Adults explained some of the challenges, comparing radio with other communications channels: *'Some parents don't get time to listen to the radios, some are too drunk to understand what is being communicated through the radio, and some other parents don't allow their children to listen to the radio programmes so the best way of communicating is through drama'* (FGD adult men, GREAT). Platform leaders explain that the timing of the broadcasts are not convenient and that some people cannot afford radios (FGD, platform leaders, GREAT).

Figure 20: Very young adolescent girl group engaging with GREAT communications materials



Source: Research team field photo, Lira.

7.2.4 Peer-to-peer learning through reflection/dialogue-based materials (flipbooks, activity cards, board game)

Peer-to-peer learning is the key principle behind the work of platform leaders, who are chosen to facilitate discussions among their peers using materials designed by the project:

One uniqueness about GREAT – something we learned from the program review and the formative research – is that many parents were not talking to their adolescents and for this reason they remained unaware about themselves, about their environment... We learned that the adolescents learn better from their peers – they talk to each other, they talk to their friends. So this informed the design of the project to be implemented at the group level. For instance, the toolkit is meant to be used as a learning method at the group level. As a small group, as peers, they educate each other but in a fun way because these are young people, they play. (KII, GREAT programme manager, Pathfinder, Kampala)

Figure 21: GREAT visual aid to prompt discussion



Source: 'Growing up Great' flipbook for younger adolescents

According to the GREAT programme manager, the most popular materials in the toolkit are the flipbooks with age-specific messages on gender roles, puberty and other issues for girls and boys. The flipbooks are designed in story form: *'This is because during the formative research, we learned that the young adolescents like learning through listening to stories'* (KII, GREAT programme manager, Pathfinder, Kampala).

There are also activity cards of different colours: some for activities around gender equality; some for sexual and reproductive health issues and puberty (with age-specific

messages); some for ‘Being Great’, about building self-esteem and talking about future dreams, with exercises based on these themes. Fact sheets help guide the facilitator in leading discussions and answering questions that may come up. *‘The flipbooks are good, because they provide details of everything the platform leaders need to know to facilitate activities with very young adolescents’* (FGD, adult CAG members, GREAT).

A 14-year-old girl said that one of the most interesting things she learned was that boys and girls could do similar work and activities. She likes the flip charts the best because she likes to learn about physical changes. She also says she appreciates that the materials are colourful and have pictures: she had had previous orientation on sexual and reproductive health issues, but ‘just talking’ – no visual aids. She also likes the drama because it helps them stand in front of people and talk (IDI, 14-year old girl, GREAT). The flipbook is also used for school-based activities, facilitated by the head teacher to teach about changes in adolescence.

Box 14. A young girl’s experiences with school-based GREAT activities

A 14-year-old girl describes how she was specifically selected to participate in the school-based programme by the head teacher at her school. ‘She picked me because she saw that I was both humble and strong’, she explains. The teacher went to her home and asked the father’s permission for his daughter’s participation in the programme. The father at first objected, as he didn’t think her capable of the role-play acting that would be part of the activities, but the teacher convinced him.

At school some 15 children meet every Friday during the hour after school when other pupils are cleaning the classrooms and schoolyards. *‘That way our parents don’t object that we get home late’* she explained. There are no other clubs in her school. She likes the themes they discuss: *‘The school-based activities give us information about how we should not be ashamed of menstruation and should not let it stop us from going to school; we should not get married early because this will stop short our education and also can bring death; and that we should share household chores so that we both have time to study’*.

Her older sisters are in the GREAT programme for older adolescents in the community. She knows that the community activities that her older sisters are involved in deal with issues such as domestic violence and early pregnancies. Her sisters tell her she is not allowed to listen to these things because she is too young, so she hopes to join this group later (IDI, 14-year-old girl, GREAT project participant).

The board game can be played by anybody – adolescents or adults. Sub-county government officials find the board game amusing and say that people laugh a lot when they play it (KII, sub-county officials, Lira). A group of newly married or parenting adolescents and young women explained that they use the activity cards, the discussion questions about whether it is right to get married before a certain age, and the board game with colour-coded topics denoting questions on reproductive health, gender-based violence and gender roles and equality (FGD, newly married/parenting adolescent girls and young women, GREAT).

Role-play around the thematic materials in the communications packet or as part of the community action cycle is a popular activity, and participants see its value. *‘If you prepare a drama that talks about early marriage and you teach the people in the community, you can make other people copy what you have done’* explains one group of beneficiaries (FGD, very young adolescent girls, GREAT). As community members elaborate: *‘GREAT normally organises drama as the means of communication and its good and sends the message to the parents through these drama shows and when the GREAT people would come, the drama is first played this makes the parents realise the bad and good through watching these drama’* (FGD adult men, community, GREAT).

Box 15. Breaking down gender role stereotypes: GREAT role-play and discussion

In the demonstration of themes on the activity cards, a youth group performed a pantomime of gender role reversals, with boys acting out typical female roles (such as caring for baby and winnowing millet) while girls

acted out typical male roles (building a house). This created hilarity in the audience, and the platform leader led discussions on what participants found interesting. One male participant noted that he found it interesting to see that men can also take up women's work. Another male participant commented that if he saw a woman building a house, he would immediately take her as his wife!

The discussion leader then asked if such gender role reversals were actually happening in the community (with both positive and negative responses) and then led discussions around what would happen if such sharing of activities became the norm, with responses ranging from greater love between couples, to time-saving, to the enhanced ability of a woman to carry on if her husband dies.

Participants in the group were then asked to make commitments to changing behaviour, with the change to be monitored at the next meeting. Only one participant put forward a commitment that he would help his sister not only in cooking but in tasting the food as well!

Platform leaders both perform dramas and take on informal counselling roles – reaching out to community members on issues to do with SRH including family planning, HIV testing and referral, GBV, early marriage, girls' education, alcohol consumption, and other key themes (FGD, platform leaders, GREAT). Many use their networks and positions within the community to spread messages, for example as pastors in the church, as clan leaders, or as youth group leaders.

7.2.5 Community dialogue and reflection (community action cycle; fireside chats)

Significant others in the lives of others are targeted through wider community mobilisation work: *'When GREAT came, they established Community Action Groups (CAGs) who were trained to go around the community sensitising people on gender equality, GBV and ASRH; this is a continuous task – it is not just a matter of a day'* (FGD, adult CAG members, GREAT). The CAGs work with community members to identify the gender issues that most affect people in that community and come up with 'community action plans' that are implemented together through discussions (KII, GREAT programme manager, Pathfinder, Kampala). Such an approach is considered to be a good one, with the community coming together to learn together and discuss issues: *'Such discussions help open the eyes of community members. It is a good approach through peer groups'* (KII, assistant DHO, Lira).

One of the most positive aspects of the community dialogue process as reported by participants was the revival of the tradition of elders sitting around the fire with young people to discuss issues and convey information, which was said to have fallen away as a result of social unrest and warfare that broke down community structures (KII, sub-county officials, Lira). Called *wii-o tem* in the local language, *'These are gatherings where the elders sit with the children and tell them stories in the evening around the fireplace'* (FGD, adult men, GREAT). While it used to be confined to family compounds, it has now expanded to embrace whole communities. This is an example of building on positive cultural norms and traditions to convey new messages and information.

- *'The fireside chats are appreciated because they revive an older tradition that had fallen out of use and they bring elders together with others.'* (FGD, adult CAG members, GREAT)
- *'You will hear some elders tell you how they have started calling the adolescents together and talking to them once in a while and it's voluntary. They decide when, how, where and what topics they want to talk about. The elders tell the young people stories of the past and how things have changed and how the adolescents also need to change.'* (KII, GREAT programme manager, Pathfinder, Kampala)
- *'I started teaching the young people long time ago – I am 73 and this is my 8th year. So I know how to bring them to Wii-o-tem or fire chat and teach them what they are supposed to do these days and how they are supposed to live. I have imparted lots of knowledge to them.'* (FGD, male elder, GREAT)

7.2.6 Training/capacity building/non-formal education

Given that providing information and raising awareness around issues to do with sexual and reproductive health and GBV are mostly demand driven, the consortium members designed the intervention with a component to

support the supply side in terms of counselling and referrals. Village Health Teams (VHTs) were therefore trained in how to deal with adolescents, addressing issues of puberty, growth, and sexual and reproductive health, including family planning, GBV, HIV and early marriage. *‘Through the toolkit, the radio drama and the community action cycle, awareness is created, people become more informed about the need to go for services. But because we don’t provide the services, we now work with VHTs to link adolescents to different service providers within the area.’* (KII, GREAT programme manager, Pathfinder, Kampala). As VHTs explain, *‘In this way, we can then counsel youth on a one-on-one basis’* (FGD, VHTs, GREAT).

The work of VHTs is considered very important: *‘In the current health structure, they are the only ones at community level; every village has at least two trained VHTs’* (KII, Assistant District Health Officer, Lira). VHTs feel that their work in the community is appreciated both because they work on a volunteer basis and because of the positive changes observed in the community (FGD, VHTs, GREAT).

7.2.7 Reported effects on attitudes and behaviours

Study participants reported a variety of changes in attitude and behaviour around gender roles and relations and reproductive health issues, which they attribute in large part to the GREAT programme. As explained by the overall programme manager, *‘The project runs through challenging people’s thinking and providing opportunities for people to reflect on all these issues and then they make their own choices. So as you will hear from the community: people’s thinking has changed, people are more positive, people are more open-minded’* (GREAT programme manager, Pathfinder, Kampala). The following tables summarise some of the key changes reported by beneficiaries and community members at individual, household and community levels.

At individual level (Table 14), beneficiaries cited the heightened sense of self-confidence they felt, particularly in public speaking. They also highlighted changes in attitude as well as the acquisition of new knowledge and attitudes, particularly around gender roles and reproductive health. Importantly, many evoked a change in individual aspirations, particularly around staying in school, delaying marriage (for girls) and preparing for productive labour. A key individual behavioural change cited by some participants was reduction in alcohol consumption, which was acknowledged to be a factor contributing to gender-based and domestic violence within households and the community.

Table 14: Most significant individual changes reported by GREAT study participants

Type of change	Examples
Self-confidence	<p><i>‘The drama has helped me stand up in front of people and talk.’</i> (IDI, 14-year-old girl)</p> <p><i>‘Before GREAT, I used to be afraid when there were many people around and would feel like just staying inside the house, but now I have gained confidence and can interact freely among people without fear.’</i> (FGD, older adolescent girl)</p> <p><i>‘I can now speak in public and advise others.’</i> (FGD, older adolescent boys)</p> <p><i>‘GREAT has strengthened my public presentation and now I feel prepared to run for public office.’</i> (Young man in FGD with adult CAG members)</p>
Individual knowledge, attitude change	<p><i>‘I have learned that boys and girls can do the same types of activities and chores’</i> (IDI, 14-year-old girl, very young adolescent group)</p> <p><i>‘We see menstruation not as a sickness but as signifying some changes in life.’</i> (FGD, very young adolescent girls)</p> <p><i>‘GREAT has enabled me to understand the dangers of early pregnancy and the importance or benefits of education or studying.’</i> (FGD, platform leaders, female)</p>

	<i>'I used to think that girls were not supposed to go to school, and so I would concentrate on the boys in class; but I have changed my attitude and am no longer segregating...GREAT has taught me how to handle children equally.'</i> (FGD, senior teachers)
Aspirations	<p><i>'Before, I didn't really want to continue with schooling, but now I do because I have learned that education is the way to get a good job. I don't want to get married until after I finish school, including senior 4 and a training course that will prepare me for a job.'</i> (IDI, 14-year-old girl)</p> <p><i>'Before GREAT came, I thought education was all talk and only messed up people's brains, so I dropped out early, but now I have started regretting this and I have plans to go back to school.'</i> (FGD, older adolescent boys)</p> <p><i>'Before GREAT came in I was only interested going to bars and dancing with boys, but now these days I wish to do some work that will generate income for myself.'</i> (FGD, older adolescent girls)</p>
Reproductive health	<p><i>'We have learned about child spacing and I am now practising it.'</i> (FGD, four newly married or parenting adolescent girls and young women)</p> <p><i>'Before GREAT came in we used to think if you produce many children then you're a strong person and people give you respect because you have many children but now that GREAT has come in it has brought family planning messages which have solved many family problems. We are now able to manage the number of children and educate them all and take care of their needs and that's why I thank GREAT programmes for these changes in our family.'</i> (FGD, older adolescent girls)</p> <p><i>'Many of the youths that GREAT has taught are going to health centres from time to time to test their blood and know the status of their health.'</i> (FGD, elders)</p>
Alcohol consumption	<i>'I have really cut down on drinking and smoking – there is a big difference between me and my peers.'</i> (FGD, older adolescent boys)

At household level (Table 15), *'The message of sharing the workload at home has come out very strongly and is a good one so that girls are not overburdened at home'* (KII, female cultural leaders, TAG member, Lira). Many project beneficiaries cited the loosening of attitudes around strict gender role separation within the household as the primary change brought about by the project, and reported that this was beginning to be reflected in practice. Beneficiaries also spoke of improved relations between spouses, including less domestic violence, and stronger parent-child relations: *'Before GREAT, young people were not so free in their interaction with parents'* (FGD, VHTs).

More egalitarian attitudes about the importance of education for both boys and girls have also strongly emerged; more generally, taking children to school and keeping them there has been a strong message that has been heard by project participants (KII, female cultural leader, Lira).

Table 15: Most significant household-level changes reported by GREAT study participants

Type of change	Examples
Domestic violence	<p><i>'In our own homes, we are able to withdraw from violence.'</i> (KII, sub-county officials)</p> <p><i>'I used to go drinking with my father and come home drunk and violent – fighting with my sisters; but this has changed.'</i> (FGD, older adolescent boy)</p> <p><i>'I used to be a drunkard and yell at my children; now I have stopped and I talk more with them.'</i> (FGD, newly married or parenting adolescent girls and young women)</p>

	<p><i>'Domestic violence has reduced in both homes and community because of what we have learned and have taught others.'</i> (FGD, newly married/parenting adolescent girls and young women)</p> <p><i>'Before GREAT came in, I was a rude person and I used to think that if you fight and win you are strong and respected but then they taught us that through dialog problems can be solved. This has brought in a new change in my life.'</i> (FGD, older adolescent girls)</p>
Gender division of labour	<p><i>'Before, domestic chores were only for girls and women; now they have learned to share.'</i> (FGD, male VHTs)</p> <p><i>'I used to object when my parents told me to go out and herd the cows because that is boys' work; now I help my brother with this. He also sometimes helps prepare food.'</i> (FGD, older adolescent girls)</p> <p><i>'I used to think cooking was just for women; now I cook with my sisters at home and am sometimes even better than them!'</i> (FGD, older adolescent boys)</p> <p><i>'Before, I would not let my son cook at home; now he cooks better than my daughter does.'</i> (Woman in FGD, adult CAG members)</p>
Education	<p><i>'I used to feel that when money was not enough, I should send my son to school first; now I feel they are both equal so I try to save money for both.'</i> (Woman in FGD, adult CAG members)</p> <p><i>'I will now educate both by daughters and my sons equally.'</i> (FGD, newly married or parenting adolescent girls and young women)</p> <p><i>'Parents used to think that girls were just wasting time in school; but because of GREAT, there is more equality.'</i> (FGD, older adolescent boys)</p> <p><i>'Before I thought girls' education was useless, but now I am struggling to pay for my daughter's schooling at SR 3 level.'</i> (Man in FGD adult CAG members)</p> <p><i>'For a girl to grow up and study well, the father and mother need to be together in harmony close to the girl.'</i> (FGD, adult men in the community)</p>
Spousal relations / support	<p><i>'Our husbands even give us transport to come to these meetings for the development of the family.'</i> (FGD, newly married/parenting adolescent girls and young women)</p>
Parent-child relations	<p><i>'Before, parents didn't used to talk to their children about bodily changes and puberty – now they do.'</i> (FGD, CAG members)</p> <p><i>'I can teach things back at home. I talk with my mother and sisters about the things I am learning through GREAT – before I didn't talk with them about these at all ... Sometimes my father also asks what I have been learning, but when I start to tell him, he says "Go talk to your mother and sisters"'</i> (IDI, 14-year-old girl)</p> <p><i>'We should know how to speak to children so that they grow well instead of shouting at them, because when they themselves have children, they will remember that their mother used to shout and they will do the same.'</i> (FGD, platform leaders, female)</p> <p><i>'Our life was hard in the community. If we asked for any money to buy pads [sanitary towels], no one would give it to us but after we joined the GREAT project our parents now give us the money to buy pads.'</i> (FGD, very young adolescent girls)</p> <p><i>'In the olden days, elderly people used to gather girls and boys together round the fire stone and teach them, but this was starting to disappear. The elders and parents didn't</i></p>

have time to advise young people on the stages of development they were going through. But since GREAT came in, parents and the elderly now interact with the children in all ways and this has made most children respectful.’ (FGD, older adolescent boys)

At school and community levels (Table 16), cumulative impacts (from GREAT and other programmes) were said to be observed in reduced GBV, greater value accorded to girls’ education, and a reduction in early marriage; however, the evidence collected in our field work was anecdotal and not accompanied by statistical indicators for these kinds of changes. GREAT project managers in the district also highlighted specific improvements in family sex education, greater access to health services, and greater sharing of gender roles within families in the community. Importantly, however, they noted that with a number of partners and projects active in the district, not all of the broader community changes can be attributed directly to GREAT (KII, GREAT project staff, Lira). Those who have been engaged by the project as peer educators or platform leaders reported newfound respect within the community while district leaders attest to the closer engagement the programme has offered with local communities.

Table 16: Most significant community and school-level changes reported by GREAT study participants

Type of change	Examples
Community engagement and perceptions	<p><i>‘GREAT’ has increased our interaction with communities and has ‘modelled’ us – teaching us the importance of being good role models. We can lead by example – not just ‘Do as I say’, but ‘Do as I do.’ (KII, sub-county officials)</i></p> <p><i>‘The community sees us with respect because of the training we have had. We can talk with our husbands and take care of our children better. The community sees that our husbands have stopped drinking and we have a peaceful home.’ (FGD, newly married / parenting adolescents and young women)</i></p> <p><i>‘People used not to respect me but now that GREAT project has come in, many people in my village now find cars parked in front of my house and now they respect me.’ (FGD, older adolescents, mixed)</i></p> <p><i>‘As a platform leader, GREAT has allowed me to be well-known in my parish because I move around and mobilise the community and teach them about what GREAT has taught me. It has made me very popular.’ (FGD, GREAT platform leaders, male)</i></p>
Knowledge and skills applied to community work	<p><i>‘GREAT has empowered us with knowledge and skills to work better with the community and, for example, in handling cases of GBV.’ (KII, sub-county officials)</i></p> <p><i>‘Before GREAT, we didn’t know how to talk freely with young people and their parents and young people did not talk to us freely. We have gained counselling experience.’ (FGD, VHTs)</i></p>
Peer relations	<p><i>‘Now, if I see someone who has not been part of GREAT laughing at a girl who has had a [menstrual] accident in school, I will intervene and tell them not to laugh. I am appreciated for this.’ (IDI, 14-year-old girl)</i></p> <p><i>‘It has made the youth to come together now, to be united. They come together and they are educated and it has brought about some changes in their lives.’ (FGD, very young adolescent girls)</i></p> <p><i>‘We teach our friends on how to take care of themselves. In case there is a problem that a girl is experiencing, when her parents are forcing her to get married, we can also talk to them.’ (FGD, very young adolescent girls)</i></p>

GBV and domestic violence	<p><i>'At parish level, things have changed. GBV and early marriage have been reduced, though not eliminated.'</i> (KII, sub-county officials)</p> <p><i>'District officials attest to a reduction in GBV.'</i> (KII, GREAT project managers, Lira)</p> <p><i>'We can begin to see some of the effects of programmes like GREAT at the health facilities where we are not getting as high a level of reports of domestic violence.'</i> (Assistant DEO, Lira)</p>
Early marriage	<p><i>'It was a major problem when GREAT started; now it is reducing through sensitisation.'</i> (FGD, VHTs)</p> <p><i>'Early marriage is still a problem but getting rarer.'</i> (FGD, older adolescent boys)</p> <p><i>'Before the GREAT programme, the problem was that the parents did not used to want to pay school fees for the girl child mostly and also children were getting married at an early age.... Now finding such a case [of early marriage] is very hard because people now understand the dangers of early marriages... If it weren't for the GREAT program, some of us girls would have already been married'</i> (FGD, older adolescent girls)</p>
Education	<p><i>'Girl child education has been strengthened. Now people at LCI (village level) monitor if children are going to school or not...Peer groups created by GREAT also help.'</i> (KII, sub-county officials)</p> <p><i>We used to fear that if you are in your menstruation periods, you should not go to school but now if you are in your menstruation periods, you just go to the senior woman teacher and will help you.'</i> (FGD, very young adolescent girls)</p> <p><i>'Parents now place more value on girls' education – there has been a change because they see people of calibre coming to talk to them in the village...We also encourage girls and boys in school.'</i> (FGD, senior teachers, GREAT)</p> <p><i>'Before GREAT, as a teacher, I used to ignore problems of school drop-out and would not say anything if I saw boys teasing girls in school, as I did not consider that my role; now, after GREAT training, we have stronger interactions with the community following up drop-outs and have also gained counselling skills in the classroom... I even see the girls and boys as my real daughters and sons.'</i> (FGD, senior teachers)</p> <p><i>'Before our talks on GREAT, girls used to fear some subjects, like mathematics which was said to be for boys; but now with us telling them that boys and girls are equal, with the same brains, they are coping better and some girls are even doing better at maths than the boys!'</i> (FGD, senior teachers)</p> <p><i>'Parents may be treating their sons and daughters equally in terms of enrolling them in school, but still girls drop out more.'</i> (FGD, newly married/parenting adolescent girls and young women)</p>

7.2.8 Challenges encountered

While the programme was generally rated quite highly, both in its processes and its effects, a number of constraints were identified. Some of these were intrinsic to the programme design; others stemmed from external factors.

Training for intervention uptake

The initial plan for the scalable toolkits was for selected platform leaders to take them up and use them based on a 'drop and use' approach, which posited that if one was able to read, one could easily facilitate use of the tools at community level. This, however, proved unfeasible and had to be abandoned as it was not working and was affecting the quality of interaction and messaging: for example, some platform leaders were asking questions

meant for the older groups in forums of younger adolescents (KII, GREAT team, Lira; and KII, Save the Children, Kampala).

Thus the model requires more investment in training group leaders on and facilitation skills. A related challenge was faced in systematising and sustaining the cascade approach to training – for example, when teachers trained on the GREAT materials are transferred and their know-how is not passed on (KII, Director CPA, Lira). This inhibited long-term implementation in schools. The same mobility of young people identified as platform leaders in schools was also observed: in the absence of a clear system for knowledge transfer and the continuous renewal of cascade training, the continuity of project activities is not assured (KII, GREAT team, Lira).

Gaps between knowledge and services

A stand-alone initiative aimed at, among other things, enhancing reproductive health information and promoting positive health-seeking behaviours in the context of changing underlying gender norms faces obvious limits if the relevant services are not available in the target communities. This was found to be the case for adolescent-friendly reproductive health services, including family planning services in Lira. As local programme managers explain (: *'Even when adolescents have information on SRH services, providers are often not there'*) (KII GREAT team, Lira). The programme coordinator admits that *'Sometimes it's a challenge when you refer adolescents to a facility and they're not ready, the commodities are not there, the health workers are not trained to provide adolescent ready services'* (KII, GREAT programme manager, Pathfinder, Kampala).

To address these gaps, GREAT trained health workers and VHTs as a means of filling the gap. Challenges were, however, not fully overcome, as VHTs explained: *'When we refer young people to access services at the health centre, sometimes they shy away, or the health centre staff complain that we are over-working them, but this has gotten better'* (FGD, VHTs). Another challenge noted by VHTs is that the health workers with whom they have trained and interacted are often transferred, leading to disruption in the relationships. Moreover, as the preliminary findings of the qualitative assessment have shown, VHTs themselves often harbour attitudes resistant to adolescents seeking sexual and reproductive health services.

Community resistance and peer pressure

Gender relations lie at the heart of individual identities, household power relations and community dynamics, so some resistance to efforts to transform these are to be expected. This was the case particularly in the initial phases of project implementation. *'Sometimes when we go to homes to speak to young people, the parents ask, "Why are you here?"'* (FGD, VHTs, GREAT). While nearly equal numbers of men and women were engaged as volunteers and reached by the project, specific resistance to, or lack of interest in, the overall themes of GREAT was sometimes found on the part of men, prompting the suggestion that *'We might have to work harder to get men more fully involved – often they will not sit for two hours for discussions of this sort'* (KII, female cultural leader, Lira).

There was particular resistance to family planning information and services on the part of many parents (FGD, adult CAG members). As project managers explain, *'Some say, "We have been depleted by war and need to replenish". Clan leaders in particular want to expand the clan. Others say that it brings disorder, encourages children to have sex, and is only for "city people"; others, such as fundamentalist Christians, are against it in principle'* (KII, GREAT team, Lira). Negative reactions from peers can be a significant constraint in changing behaviours: *'When I go with my sister to collect firewood, others around me take this badly and their negative reactions scare me... When I help my sisters prepare food at home, some of my friends laugh at me'* (FGD, older adolescent boys, GREAT).

Logistical, financial and supply constraints

A conscious decision in programme design was to rely on volunteers of existing groups to champion the project at community level as well as lead group activities, but *'sustaining volunteerism is not easy in this culture where there are many NGOs who are dishing out money and then because of the situation of the war, people were used to getting a lot of handouts'* (KII, GREAT programme manager, Pathfinder, Kampala).

While mobility concerns were explicitly taken into consideration in the design phase, with volunteer interventions planned for areas of close proximity for immediate outreach, platform leaders in particular raised issues related to material support for their roles in community outreach: *'Covering large distances, going door-to-door on home*

visits requires some kind of transport. The government has given us bikes, but they often break down and also encounter difficulties in the rainy season' (FGD, VHTs, GREAT). Youth leaders selected and trained to work with peers and other community members also found lack of logistical support a constraint, inhibiting outreach to the hardest-to-reach.

Others pointed to a lack of supplies for some of their activities. While again a conscious design decision for the project was to avoid supplying materials that other partners would be unable to take up during the scale-up phase, youth leaders explained that to be effective, drama groups would require things like a public address system, curtains and the like, while radio listening groups which would require batteries. They also observed that they had no specific form of identification (T-shirt, identity card or badge) to distinguish their activities as part of the GREAT project, which they think would be beneficial (FGD, older adolescents, GREAT).

Other constraints stemmed from demands from some of the community groups for material benefits instead of just information and sensitisation: for example, girls counselled against dropping out of school who say they need knickers and sanitary pads in order to attend school regularly during menstrual periods. Groups have expectations for refreshments when they are called together, as is the practice of other organisations working in the district (FGD, adult CAG members). A number of platform leaders also reported that community members would sometimes refuse to come for meetings, expecting to be paid for attendance: *'They do not like getting the knowledge without money'* (FGD, senior teachers). These findings point to the kinds of constraints that may be confronted when a communications and dialogue approach aimed at long-term attitudinal change is not directly accompanied by immediately perceived material benefits for participants.

The complexity of language issues

The radio drama was initially produced in Luo, a language which combines Acholi and Lango, common languages in the north where GREAT is being piloted; TAG members worked on the script to adapt it to Acholi and Lango (KII, DEO and TAG member, Lira). Platform leaders noted that some words in the drama were in Acholi and not easily understood by all young people in Lira district; some words in the board game were also difficult for some groups (FGD, platform leaders, GREAT). Programme managers recognised that translation issues need continued refinement – an issue faced by many organisations working at community level in the multi-linguistic context of Uganda (KII, Save the Children, Kampala). It was decided that further language revisions would take place after the end-line survey before scale-up of the project to other parts of the sub-region.

7.2.9 Questions of sustainability

The GREAT project per se was designed as a pilot model with the aim of scaling up to other sub-counties and districts if proven effective. Scale up depends – by design – on uptake by other organisations active in the community, coordinated by the Community Development department at district level. According to the Pathfinder project manager, the local government has so far shown great interest and support for scale-up in Lira and Oyam districts; district officials now coordinate all meetings and are in the process of discussing how organisations who are undertaking GREAT interventions can report to them on a quarterly basis. Districts are also considering integrating GREAT interventions into their budgets and development plans, in spite of meagre resources. On the basis of evidence of effectiveness produced during the pilot phase, project implementers are currently focusing on 'selling' the approach to others, and progressively cutting back their own direct support for implementation.

CPA is in charge of scale-up activities, including identifying organisations who will integrate components of GREAT into their own programmes and interventions. This means that GREAT itself is giving a lighter touch to programme implementation itself in the two pilot sub-counties; this of course risks breaking momentum/enthusiasm at community level. The district and sub-county should now take charge – the CDO should be the focal point – and continue meeting, monitoring and supporting the platforms. While resources are a problem at district level, they could continue the meetings, and should also continue training; ideally GREAT activities should be integrated into the district budget and GREAT project activities integrated into the district development plan (though CPA could continue to monitor the implementation process). (KII, CPA director).

Most study participants agree that sustainability will be a challenge for local government: *'In breast-feeding, for example, when you stop, the child will cry and become thin. Local government will face challenges especially in*

terms of budgets – the local government budget is mostly set aside for capital development, not such sensitisation activities. GREAT should be integrated into local government structures and sectors, but this needs to be approved by the council’ (KII, sub-county officials). GREAT staff acknowledge that they already see some signs of flagging motivation at community level now that they are no longer as directly involved in programme implementation (KII GREAT project staff, Lira).

Some suggest that some kind of follow-up by the project team would be important for motivation and continued training (FGD, VHTs, GREAT). Elders who work as platform leaders put it bluntly: *‘If GREAT is to leave, they should not leave us abruptly. We have been trained and we call ourselves teachers. But we don’t understand very well so they should continue to train us because even teachers go back for further studies’* (FGD, elders). Others agree: *‘Refresher courses and meetings should continue because some of us might be transferred’* (FGD, senior teachers).

Some organisations have reportedly already adopted particular components and have signed up to scale-up, while some programme beneficiaries and platform leaders remain cautiously hopeful that at least advocacy around the key themes will continue and they pledge to do their best for this to happen (see Box 16):

Box 16: Perspectives on the sustainability of GREAT project thrusts

- *‘We should help the people in the community so that they do not return to their old habits that they had abandoned. They should continue practising the knowledge that they have got from GREAT.’* (FGD, very young adolescent girls, GREAT)
- *‘If GREAT project implementers [Pathfinder and CPA] do not remain, I will just continue with what I have been doing in the community, to help the community transform. If I can’t handle something – for example there is a family that is not supporting girl child education I will just report to the local council chairpersons then connect to the police.’* (FGD, older adolescents, mixed, GREAT)
- *‘Now that GREAT project implementers are reducing support, I will stand strong in the church where I pray and will openly tell people that if they don’t educate their daughters I will report them and have the perpetrators arrested.’* (FGD, older adolescents, mixed, GREAT beneficiaries)
- *‘Activities will continue, even if current GREAT implementers leave, as CAG and platform leaders are in any case all volunteers, and because of GREAT, people will not go back to their own ways. But don’t leave us alone – we are very young!’* (FGD, adult CAG members, GREAT)
- *‘Even if GREAT implementers are leaving, they have left us with knowledge and those to whom we had imparted knowledge will be also there. So we go on reminding the people about these things so they won’t forget.’* (FGD, platform leaders, GREAT)
- *‘I think we teachers should always be exemplary to the community in whatever thing we do so because they can copy from us. We should not stop where the project so far has stopped, but should continue.’* (FGD, senior teachers)

7.2.10 Study participant recommendations

Study participants offered a number of recommendations, both to improve the GREAT approach itself and to address the key issues through other programmes and activities.

Strengthening and expanding GREAT activities

A number of study participants suggested that GREAT could strengthen and expand its work in schools, extending to primary schools not yet involved (IDI, 14-year-old girl) and to secondary schools (KII Director CPA, Lira). GREAT activities have been implemented in only two primary schools in each sub-county which would require further efforts to expand in order to obtain maximum impact.

‘The GREAT project has so far not been very strong in schools. We need a deliberate effort to train school administrators to help move the programme through the schools. It would be very useful to strengthen this as an in-school programme, because children come to school already with stereotyped visions of gender roles and relations. We need to train senior men and women teachers at both primary and secondary school

and clubs need to be revitalised in these schools. The GREAT programme has the potential to address critical issues around education, such as early marriage leading to drop-out. (KII, DEO and TAG member, Lira)

'I would also look at bringing on board more teachers because adolescents stay in school longer and it would be good if more teachers understood the subject on sexuality so that they are able to guide these adolescents more.' (KII, GREAT programme manager, Pathfinder, Kampala)

Others suggested that community outreach could be extended so that *'those in the community who are not yet part of GREAT are included'* (FGD, newly married / parenting adolescent girls and young women). Stronger targeting efforts around *'gatekeepers such as religious leaders, cultural leaders, and significant others'* was seen as crucial (KII, GREAT programme manager, Pathfinder, Kampala).

A focus on greater male involvement was also suggested: *'Men should be more fully involved / persuaded through, for example, churches and mosques, but also through the LC system – the most effective system, where everyone knows each other and could usefully sit once a week in the afternoons'* (KII, female cultural leader and GREAT TAG member, Lira). Scaling up the reproductive and sexual health component through expanded work with VHTs was also suggested.

Some participants suggested that support was still needed for planning processes and that an additional component focusing on economic empowerment could be added to existing platforms *'We need more regular meetings and work-planning at sub-county level – these have tapered off; we could ally ourselves to other organisations working on school dropouts; GREAT could offer income generating activities for the platforms'* (FGD, adult CAG members, GREAT).

Advocating for additional forms of support

A number of study participants argued that behavioural and attitude-change communications initiatives were not enough because *'Key problems are not just ones of knowledge and attitudes but of poverty'* (KII, GREAT project staff, Lira). Local project implementers strongly suggested, therefore that, *'We should look at integrated, holistic programming, particularly around issues of livelihoods, empowerment and employment. Youth platforms exist and they have been given knowledge through the project, but they also need economic empowerment, perhaps as a follow-up'* (KII, GREAT project staff).

Specific suggestions to deal with issues of girls' education were to assist parents with school fees (FGD, newly married/parenting adolescent girls and young women); to provide sanitary pads, soap, and other supplies in schools (FGD, older adolescents, mixed); to provide vocational training and skills-building for girls who have dropped out of school (FGD, newly married/parenting adolescent girls and young women); or to assist them to return to school through provision of school uniforms and books (FGD, adult men). Senior teachers suggested a special programme of support for girls' education, including financial support for fees (such as in the ANPPCAN project) (FGD, senior teachers).

Older adolescents also suggested that girls needed to be provided with role models to encourage them to stay in school: *'Take them to university so that they see how those girls at campus look like and then they will come back saying we need to study hard too'* (FGD, older adolescents, mixed). Adults suggested that the law enforcement aspect of LC system should be strengthened to ensure that girls are not forced into early marriages which subsequently deprive them of education and that religious leaders should be encouraged to strengthen these messages in their sermons (FGD, adult men).

7.3 Lessons learned and conclusions

The majority of study participants – including project managers, local implementers, local government partners, platform leaders, direct beneficiaries, and community members – agree that the GREAT approach has been a good one, with relevant messages targeted to key stakeholders through a variety of channels. In the words of the local implementing partner, *'While the end-line study and qualitative assessment results are still being analysed, programme partners feel that the approach is a good one and merits scale-up'* (KII, Director CPA, Lira). The following distils some of the key strengths of the project and identifies some of the ongoing challenges that might call for further reflection in efforts to scale-up the model.

Strong points

- Programme design based on clear understanding of the socio-cultural and economic setting, derived from both ethnographic study and experience.
- Experienced local implementing partner in the form of a community-based organisation rooted in the district and already dealing with similar types of issues.
- Coordinating structures at district and sub-district levels drawing in local government, representatives of the three main technical ministries (Gender, Education, and Health) and cultural leaders.
- ‘Platforms’ based on existing community groups with already established membership.
- Target groups include both adolescents and the adult ‘significant others’ in their lives and communities.
- Communications messages in local language geared to specific target groups (gender, age, and marital or reproductive status).
- Messages transmitted through a variety of channels of communications including media, community sensitisation, dialogue and reflection materials and games, peer support and one-on-one counselling.
- Strong monitoring and evaluation component built in to the project as a pilot designed to learn lessons.

Challenges

- Issues of gender are not a ‘one-day thing’: it takes time to undertake dialogue in the community, try out different communications approaches, forge constructive partnerships and reach different target groups.
- Given the relatively short pilot project time frame of two years, the sustainability and expansion of approach are now dependent on uptake through local government and key partners.
- Weaknesses in the cascade method of training of facilitators need to be addressed; this is being done in part through the design of a GREAT guide with facilitation tips to help partners during scale up.
- There is a potential overload of tasks demanded of volunteer community workers, including village health teams and platform leaders; this is an issue in Uganda that goes beyond the GREAT project per se.
- Continued efforts are needed for stronger integration of key messages, approaches and service delivery support into national sectoral efforts in health and education.
- The limits of a dialogue and communications approach in addressing underlying problems of poverty are well recognised and call for integration with other initiatives focusing on economic empowerment.

8 Key findings, lessons learned, programme and policy implications

8.1 Key findings on national context, policy and programme environment

Enlightened policies and some progress, but continuing challenges for adolescent girls

Despite a positive and enabling national policy and programme environment, including specific policies that either implicitly or explicitly recognise the importance of dealing with discriminatory social norms, and programmes detailing actions needed to work towards gender equality, adolescent girls continue to face a number of challenges to the realisation of their full potential and capabilities. These challenges stem both from gender discriminatory social norms, attitudes and practices and from contextual constraints linked to poverty and under-investment in basic social service provision. Non-application of existing national laws and policies is also a function of limited capacities at district and sub-district levels where local government structures often rely on the work of NGOs and CSOs to infuse programmes and projects with resources for implementation.

Diverse communications approaches by multiple actors to address critical issues, but limited coordination

Key stakeholders noted that while a number of communication strategies in different domains exist at national level, these are not clearly mapped out and there is a gap in connection between government, NGOs/CSOs and communities. Some NGOs have an individual change perspective in their communications initiatives while others focus on broader social change; these are not linked up or unified. There is also a problem of connecting up different ministries – for example, ministries of Gender, Education and Health around such multispectral issues as sexual and reproductive health. The Ministry of Education looks to empower individuals with knowledge, attitude and life skills; the Ministry of Gender and Social Development deals with wider community issues; and the Ministry of Health focuses on information and services. As one key informant stressed: *‘We need to better coordinate and integrate these’* (KII, Save the Children, Kampala).

8.2 Key findings from case study field research

Diverse communications initiatives reflect different organisational aims and thematic focus

Our three case studies reflect the diversity of approaches described above. Straight Talk Foundation’s ‘Unite for Body Rights’ project in Bugiri in Eastern Uganda, is implemented as part of a larger SRHR Alliance programme that aims to provide good quality in-school and out-of-school SRHR education to empower young people to make healthy and well informed decisions and increase demand for youth-friendly and maternal health SRH. It also implements community sensitisation, participation and mobilisation activities to create an environment that accepts and supports (adolescent) SRHR. The core of the activities of the Alliance focuses on individual empowerment in combination with the realisation of conducive and enabling conditions and policies for the promotion and protection of SRHR.

The Child Protection and Development project in Iganga, Eastern Uganda, implemented by the Uganda Chapter of ANPPCAN, stems from a child rights focus whose main is to provide a secure and protective environment for children. It seeks to increase availability of protection, psychosocial, legal, and other essential services for OVCs and their household members and to strengthen advocacy for implementation of child protection laws and policies. A particular focus on child mothers aims to empower them with skills and income generating activity to be able to sustain and take care of their children and also of their siblings.

The GREAT project, a coalition of Georgetown University's Institute for Reproductive Health, Pathfinder International and Save the Children, working with their respective implementing partners in northern Uganda, combines a broad focus on gender equality with more specific messaging and around reproductive health, education and gender-based violence. It prioritises community dialogue and engagement of key actors at local level around well-designed multi-media communications materials adapted to the specific cultural context of the implementing communities.

Theories of change are both explicit and implicit in project approaches

Two of the projects were designed according to a specific theory of change: Straight Talk Foundation follows an 'ecological' model of behaviour change, addressing individual adolescents within the context of their families/schools set within the overall community and political environment through information activities designed for each level. GREAT combines a similar ecological model with a 'social constructionist' perspective that views individuals as active agents in constructing and reconstructing gender norms based on shared expectations and understandings. ANPPCAN does not have an explicit theory of change, but its philosophy holds that a society prepared to care for and protect its children requires a foundation of awareness, influence and direct action to change. ANPPCAN therefore emphasises research, advocacy, training, education and participatory approaches towards child protection.

A variety of communications interventions are applied in each project

All three projects adopt a variety of communications interventions, spanning the broad spectrum identified for our study purposes. Each uses some form of community dialogue or conversation, seen as essential in mobilising awareness in communities in an interactive, dynamic and face-to-face manner. Such community dialogues are often combined with media or drama as a means of actively engaging attention. In the GREAT project, one form of community dialogue built upon traditional fireside chats through which elders imparted knowledge to youth. Use of mass media most commonly took the form of radio dramas and talk shows in local languages. Written and/or pictorial communications materials have been most highly developed by Straight Talk Foundation (including their flagship Young Talk and Straight Talk newsletters) and by the GREAT project (through interactive games and learning materials).

Both community and school-based activities were undertaken in each of the projects. Straight Talk Foundation trained teachers to support young people in school and facilitated the formation of school clubs where sexual and reproductive health information and activities were supported. ANPPCAN trained teachers to act as counsellors. The GREAT project established activities around sexual maturation and gender roles in selected schools.

The peer education model was most explicitly used by GREAT (through its 'platforms' such as youth groups, church associations and the like). Innovative 'bottom-up' communications channels include – for ANPPCAN – a toll free 'hot-line' established by the MoGLSD that has been used as an effective link for follow-up on reports of child abuse, and 'letter-link' suggestion boxes and notice boards established in schools for children's anonymous reporting of abuse. All three projects use interactive radio call-ins to channel young people's voices and concerns.

Combined approaches (communication +) are included to a greater or lesser degree in programme design

The ANPPCAN model goes furthest in combining service delivery and empowerment with communications per se; its community caseworkers actively intervened in cases of child abuse, linking victims to legal recourse and providing counselling while its child mothers' project provided vocational skills training for income generation. The Straight Talk project was itself part of a larger programme that aims to provide good quality in-school and out-of-school SRHR education. The GREAT project also found – after initiation of project activities – that it was not enough to raise awareness of sexual and reproductive health issues essential without some attention to strengthening services; this was done through an additional project component focusing on training of Village Health Teams to provide support with referrals.

A number of positive effects were reported by all three programmes

Study participants at all levels – adolescents, adult community members, local government staff, and project implementers – reported clearly positive benefits derived from the project interventions. Most significant change analysis pointed to changes at individual, household and community levels.

At the individual level, adolescents reported, on the whole, more knowledge of sexual and reproductive health issues, with the projects filling an important gap in this regard; they also valued the new knowledge and understanding of sexual maturation processes in adolescence and – particularly for girls – both knowledge about and reassurance of the social acceptability of menstruation, as well as – in some projects - the provision of sanitary pads or instruction on local fabrication, which liberated them to attend school during their periods. Attitudes towards early marriage and – among older or newly married adolescents - family planning were changed, particularly among GREAT project beneficiaries where heightened knowledge was backed up with strengthened referral services through volunteer Village Health Teams trained through the project. Adolescent boys and girls in all projects expressed a sense of heightened self-confidence gained through project activities, as well as new-found skills in leadership and public-speaking.

Both boys and girls expressed a heightened sense of the importance of education and clearer aspirations for the future; parents and adult community members also professed greater understanding of the importance of education for their children. For ANPPCAN child mothers provided with vocational training and income-generation support, the empowerment derived from being able to provide for themselves and their children boosted both self-esteem and their sense of how they were viewed in the community.

Many study participants – adolescents and adults alike – pointed to certain changes in household relations. Some spoke of project activities helping to open up channels of communications between parents and children about sensitive topics such as sexual maturation and health that had previously been taboo. In the GREAT project, which emphasised gender-based violence as a theme, many study participants pointed to a reduction of domestic violence. GREAT project beneficiaries also highlighted a transformation in expectations of the gender division of labour in the household – many of the skits they enacted in the course of the project depicted a reversal of gender roles, leading to much laughter and discussion as well as an awareness that it was acceptable for men and boys to do domestic chores such as cooking or cleaning, while girls could also be entrusted with the family herds.

At community level, many study participants pointed to contributions to broad-based changes in school attendance and retention rates, teenage pregnancy or gender-based violence in the project communities; however, these would need verification through more rigorous evaluation and quantitative assessment. Teachers involved in Straight Talk Foundation project activities were particularly clear on how the project had contributed to increased enrolment, reduced absenteeism and fewer girls dropping out due to pregnancy.

Different project participants expressed a greater awareness and understanding of the issues affecting boys and girls in the community; for some, this was coupled with a determination to strengthen and enforce laws protecting girls from early marriage and defilement or to ensure that parents send children to school. In the ANPPCAN project area, a local by-law on education was developed and caseworker counselling skills on child abuse were strengthened. Through GREAT, community customs such as the ‘fireside gatherings’ whereby elders interact with young people to transmit knowledge and values were revived in a new form to foster continued communication around critical issues.

Various constraints were also encountered in project implementation and achievement of intended outcomes

A number of challenges and constraints were experienced in all projects – linked both to factors external to the project and to features of project design or implementation.

Some community resistance the types of messages transmitted was found to occur, particularly around adolescent sexuality, for example, or transformed gender norms. This was in turn linked to an underlying backlash among some segments of the community against promotion of ‘children’s rights’ and ‘women’s rights’, which was seen to contribute to ‘spoiling’ children and disrupting the household: such backlash had been a prominent feature of communities in our previous years of research as well. Other constraints were found to arise from the sheer scale of the issues to be addressed at different levels which the projects, with limited personnel and restricted geographic scope, could not fully cover.

The essential limitations of communications-type interventions, which act on the side of ‘demand’ were clearly apparent in all project settings, where similar interventions were sorely needed on the side of ‘supply.’ Increasing knowledge and understanding of the importance of adolescent sexual and reproductive health, for example, would ideally need to be accompanied by an expansion of availability of adolescent-friendly services. So too the emphasis on attitude change around the importance of education for girls needs to be accompanied by investment

in quality schools at both primary and secondary levels. Changing attitudes and behaviours around early marriage requires not just strengthened capacity to enforce existing laws but also investment in education as a viable alternative to marriage that will contribute to both social and economic empowerment.

Project organisers clearly recognised the dilemma and tried – to various degrees – to deal with it. The Straight Talk Foundation project was set within a broader programme initiative seeking to strengthen sexual and reproductive health services; ANPPCAN included service provision (vocational schools and livelihood start-ups, counselling services, strengthened legal enforcement and case management follow-up, sanitary pad production) as part of its project; and the GREAT project added on a component of training for Village Health Volunteers to provide referrals for older and newly married adolescents seeking family planning information and services. Nevertheless it was clear that ongoing and focused interventions on the supply side would be needed to support, encourage, and accompany the knowledge, attitude and behavioural change stimulated by the projects.

8.3 Synthesis of lessons learned on communications for social norm change

- **Investment in initial situation analysis is critical and should be coupled with ongoing monitoring and evaluation**

All three projects demonstrated good practice in being based on initial situation analyses and/or assessments undertaken as a means of understanding the critical issues affecting adolescent girls in the communities and informing the design of appropriate interventions. In two of the projects (ANPPCAN and GREAT), specific baseline studies were conducted as a means of measuring the effectiveness of project interventions: these in turn need to be accompanied by strong monitoring and evaluation activities of actual changes in attitudes and practices (as in the GREAT project) that will enable programme implementers to identify key project elements that merit scale-up and expansion.

- **Knowledgeable and experienced community-based actors are key to successful programme implementation**

All three projects relied on local actors to engage with communities and facilitate project implementation. For Straight Talk Foundation and GREAT, this entailed entering into partnerships with local community-based organisations; for ANPPCAN, this was done through decentralised project personnel. For all three, significant investment in community based structures was an important feature of programme design (Straight Talk Foundation’s community resource volunteers; ANPPCAN’s child protection committees and caseworkers; the GREAT project’s ‘platforms’) and links with established structures such as Village Health Teams were important for successful programme implementation.

- **Working with local government structures is essential for sustainability but requires ongoing capacity building**

The decentralised governance structure in Uganda offers great potential for local government leadership and initiative in local development processes and the programme and project partners who support these. All three projects recognised this and included local government structures as key partners in project implementation and follow-up so as to foster ownership and promote sustainability. Straight Talk coordinates its activities through the District Management Committees; ANPPCAN draws in district departments most closely involved in child protection activities, including the police and probation officers; GREAT established a reference group at district level, involving the health, education and community development sectors. Such coordination efforts are essential and need to be further accompanied by continued capacity building and support so that local government can take on responsibility for project activities after the projects themselves are over.

- **Linking project-specific initiatives with national laws and policies is essential for scale-up and sustainability**

The review of the national setting revealed a number of progressive laws and policies that promote gender equality in general and focus specifically on issues related to adolescent girls, including around marriage, reproductive health and education. Some of these laws and policies explicitly mention the importance of dealing with underlying social norms, while others are more implicit. All projects were in line with the national legislative framework and key national policy thrusts, and all strove to translate these into practice at community level, working – as we have seen – through the district authorities and community structures. Some efforts, however, were hampered by lack of clear national guidelines (for example on the integration of sexual and reproductive health education into the national school curricula); others were hampered by lack of investment in local enforcement of national laws (for example on the age at marriage). This demonstrates the clear need for government officials (at both national and local levels) and project personnel to continue to engage around critical programme thrusts.

- **Diverse communications interventions are needed to reach different audiences**

All of the projects adopted multiple communications methods (including community dialogues, radio broadcasts, written materials and interactive games and dramas, one-on-one communications and counselling, peer education and bottom-up communication forms) with the understanding that no one method can reach all target audiences and that a combination is essential to ensure that a critical mass achieves understanding and internalisation of key messages. All projects also targeted both adolescents and the influential adults in their lives, understanding that attitude and behavioural change require both individual knowledge and information and a transformation of the enabling environment.

- **The sustainability of reliance on volunteers for social mobilisation around social norm change needs to be carefully assessed**

All projects drew, in one way or another, on the voluntary work of community members, organised in existing groups or groups stimulated by the projects as child protection committees, ‘platforms’ such as youth groups or women’s groups, and social mobilisers. They also link up with one of the key voluntary structures in Uganda – the Village Health Teams – who provide a vital link between communities and the government’s health service structures. While the ethos behind such an extensive use of volunteer community workers may be laudable in one way (denoting clear community ‘ownership’ and commitment to different project goals), it may be questioned whether this, in fact, presents a viable model for sustainability once the project ends. Stakeholders acknowledge that further thought is needed on the best strategies to both elicit and retain community mobilisation around social norm change.

- **Social norm change is a long-term process that demands significant time commitment**

All three projects were implemented under a clear timeframe of between three and five years and were dependent on external funding sources which were not automatically foreseen to extend beyond that period. Yet social norm change, entailing as it does both individual attitude and behavioural change and changes in the enabling environment, is a long-term process and ‘directed’ change of the type promoted through our case study projects that seeks transformation of gender roles, expectations and relations, requires continued, long-term support and encouragement to enable it to take root and flourish in communities. Moreover, local communities do not exist in isolation, so the critical mass needed to embed such changes in local practice would require continued efforts to expand effects into surrounding communities, all of which calls for sustained, committed support beyond the project cycle.

- **Combining communications with other interventions such as training or empowerment is a promising emerging model**

The three projects were distinct in the degree to which they focused on communications per se or included other interventions aimed at material support or empowerment. While there is much to be said for a focus on communications as an awareness-raising and social mobilisation tool essential for attitude and behavioural change objectives, project beneficiaries in our case studies seemed particularly pleased when this was combined with some sort of material support (for school attendance, for the supply or production of sanitary pads, or for vocational training and livelihood support). This, therefore, implies a comprehensive behavioural change model that aims to address both strategic and practical needs and objectives

- **Investments in demand-side interventions from a communications perspective need to be matched by similar investments in supply-side service provision**

As noted above, it is very clear that while communications interventions might have admirable and even transformative effects on the knowledge and attitudes of local populations, support for actual behavioural change might demand additional investment in the services that would support such change: strengthened health services welcoming adolescents; quality primary and secondary schools with girl-friendly environments and within reach of communities; reliable legal enforcement agencies that focus on the protective aspects of existing legislation (around early marriage, gender-based violence, and the like), coupled with effective counselling services and case management – all are critical in supporting the changes that are being promoted.

8.4 Programme and policy implications

It is clear that early marriage and teen pregnancy are persistent problems in Uganda that combine with a host of other factors to diminish adolescent girls' capabilities, including their capability development through education. Underlying social norms embedded in gender discriminatory attitudes, values, expectations and practices also combine with other factors such as poverty, poor or limited service provision, and limited opportunities to maintain the status quo, though some changes are underway. Such changes, as identified in our earlier fieldwork, are being brought about both through macro-economic and social forces at work in the rural areas of our study, but also through national laws and policies and their application at local level local.

Following on from the above, key recommendations for government and partners working on communications for social change are as follows:

- Programmes aimed at transforming social norms that affect adolescent girls should be embedded in clear national policy guidelines and frameworks. These need explicit links from national to local levels and investment in local government and community-based structures as key partners in programme design, implementation and sustainability.
- Multi-sectoral participation and coordination is important, as issues related to adolescent girls span at least three or four different institutional 'sectors' including health, education, law, and gender and community development. Specific institutional structures should be established with mandates to promote such coordination.
- A rich and textured knowledge base drawn from initial situation analysis coupled with ongoing assessments are prerequisites for informed programme design and effective monitoring and evaluation. Given the often slow and uneven nature of social norm change, specific mechanisms should be developed to monitor changes in both attitudes and behaviours over the longer term – beyond a specific project implementation period. This can perhaps best be done by embedding simple assessment tools and indicators into local government planning and assessment exercises.
- Multiple communications channels seem to offer the best potential for reaching different audiences, with both medium and message tailored to specific needs. Target audiences in turn should include both adolescents (boys and girls) and the significant adults in their environments, including parents, older siblings and community leaders.

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- An emerging ‘communications plus’ model offers promise of responding to both strategic and practical needs for gender empowerment through changes in both norms and practices. Communications components that seek to promote positive changes in gender norms and attitudes should be complemented by other kinds of support to empower individuals for behavioural change.
 - Investments in demand-side interventions seeking to increase knowledge and to change attitudes should also be accompanied by similar strong and consistent attention to supply-side investments in service provision so as to create the necessary enabling environment for such changes to take root and flourish in communities.

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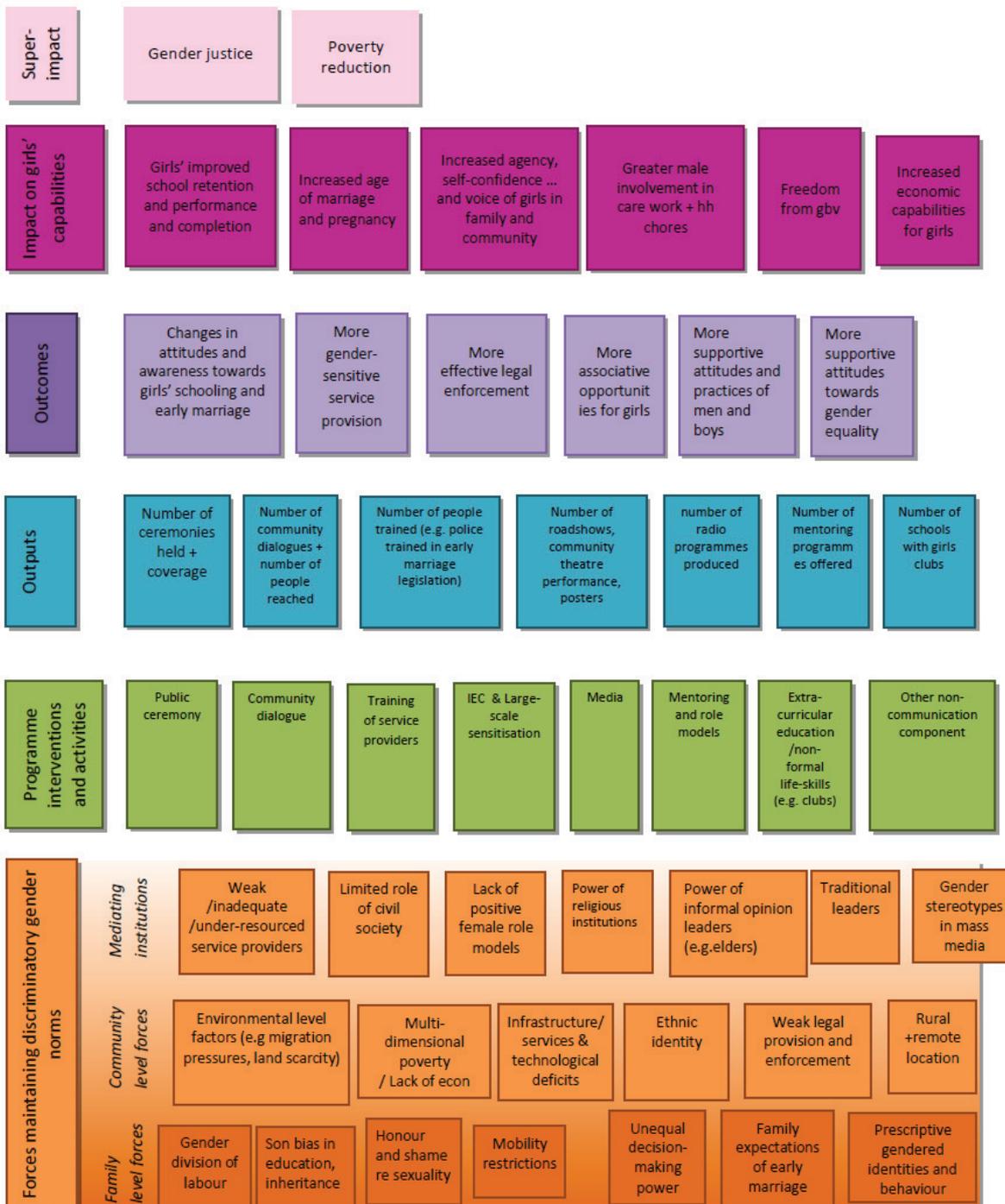
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Annexes

Annex 1: Logframe theory of change model, ODI



Annex 2: Research instruments

1. Key informant interviews (KII): National Level

1.1 Government ministries/development partners

Targets: Ministries of Gender, Education and Health; DPs supporting programmes

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls' schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We'll be writing a report – there won't be any immediate effects but longer-term we would hope that your views will be included.

Background information to collect

ID [to be decided per country – but could be name or initials]	
Ministry or Agency	
Function	
Gender	

Key questions (to be adapted as needed)

1. Key developments in terms of addressing early marriage, teen pregnancy and under-investment in girls' education, including through communication interventions
2. Key challenges remaining
3. Programming landscape – strengths, weaknesses, opportunities, threats
 - a including coordination across actors; sustainability of interventions; funding; grappling with social norms; exit strategies
4. Examples of successful programmes. Ingredients of success? M and E quality/quantity?
5. Examples of communications approaches. Ingredients of success? M and E quality/quantity?
6. Knowledge sharing mechanisms in the field of early marriage, teen pregnancy and girls' education? How could these be strengthened?

Programme managers

Target: Managers of case study programmes

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls' schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We'll be writing a report – there won't be any immediate effects but longer-term we would hope that your views will be included.

Basic information to collect

ID [to be decided per country – but could be name or initials]	
Agency	
Function	
Time in function	
Gender	

Key questions (to be adapted as needed): A focus on the communications component(s) – linked to other programme components if multi-pronged programmes.

1. Basics? (Aims; duration, budget, staffing levels, capacities, partners)
2. How long have you been involved in the programme? What is your role in the programme?
3. How did you get involved?
4. What were the origins of the programme? (National HQ, international good practice, scaled up from a project)
5. Relevance to national policy? Which one is it trying to contribute to?
6. What was the programme design process? Were you involved and if so, how? Were local beneficiaries involved in the design and if so how?
7. Does the programme design consider social norms, if so, how?
8. Have the objectives of the programme been met? Have there been unexpected results/impacts? Overall, what have been the key achievements or what do you think they will be? How do you measure this?
9. Do you have a logframe/TOC? Did you do a baseline? What indicators do you use? How were they developed (by you, your partners, your beneficiaries)? What M&E have you undertaken? How are the results of monitoring fed back into the on-going programme to improve it?
10. Do you think the relative effectiveness of the communications component is due to its strength alone or because it is part of a broader package of interventions?
11. What sort of support do you get from other staff or agencies, if any? Strengths/ weaknesses of that support?
12. Coordination with other relevant interventions in the sector; issues of decentralisation
13. Opportunities for strengthening going forward
14. Barriers to full achievement of original goal / ongoing challenges
15. Exit strategy/sustainability strategy
16. If you had an opportunity to scale up, what would you keep, what would you do differently?

2. Key informant interviews (KII): subnational level

2.1 KIIs with local government and development partners

Target: Local government at district and sub-county level; relevant sector officials, traditional authorities, women’s civil society organisations / CBOs) – also to secure entry/approval to communities

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls’ schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We’ll be writing a report – there won’t be any immediate effects but longer-term we would hope that your views will be included.

Background information to collect

ID [to be decided per country – but could be name or initials]	Eg CM 1 Iganga
Department/agency	
Role/function	
Link to programme	
Gender	

Key questions (to adapt as appropriate)

1. Background on socio-economic conditions, social services and key development trends and challenges in the district/locality
2. what are the key concerns relating to child marriage, teenage pregnancy and under-investment in girls’ education
3. What are key developments in terms of addressing child marriage, teenage pregnancy and under-investment in girls’ education
4. Key challenges remaining
5. Programming landscape – strengths, weaknesses, opportunities, threats
6. Extent to which programmes are adequately tailored to local context or one-size-fits all model adopted?

7. What communication strategies are being used by the programmes and effective are they?
8. including coordination across actors
9. sustainability of interventions
10. source funding, adequacy
11. what social norms are they addressing and how (how effective communications strategies in addressing social norms around child marriage and education)
12. what exit strategies and sustainability plans have the programmes adopted?
13. Examples of successful programmes. Ingredients of success? M and E systems and indicators?
14. What sort of knowledge sharing mechanisms exist in the field of early marriage and girls' education? How could this be strengthened?

2.2 KIIs with programme implementers

Targets: Those connected to case study programmes

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls' schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We'll be writing a report – there won't be any immediate effects but longer-term we would hope that your views will be included.

Basic information to collect

ID [to be decided per country – but could be name or initials]	Eg CM 1 Iganga
Role/function within programme	
How long involved in programme	
Previous experience	
Gender	

Key questions

1. What do you think are the key issues facing adolescent girls in this community?
2. How did you get involved in the programme? How long have you been involved? What is your role?
3. Did you receive training for this role? What did you do before you started this job?
4. What were the origins of the programme? Did it originate in this region or suggested from capital of the country or was it suggested from an international agency?
5. What are the main programme objectives?
6. What was the process for programme design? Were local stakeholders involved in the design? If so how? To what extent do you think it is effectively tailored for adolescent girls?
7. To what extent was the role of social norms taken into consideration? Probe for the specific social norms around child marriage and education that are being addressed?
8. What communication strategies/approached are being used? How effective are they in addressing social norms around child marriage and education
9. What have been the key achievements or what do you think they will be?
10. Have the objectives of the program been met, have there been unexpected results /impact?
11. Can you comment on the relative merits of the different programme components in achieving impact (communication vs others)?
12. How do you measure this? To what extent do you think social norms are changing as a result?
13. Did you do a baseline? What indicators do you use? What sorts of M&E have you undertaken? How were findings utilised?
14. To whom do you have to report and according to what format? (What are your reporting mechanisms/requirements?)
15. What are the challenges in implementing the programme?
16. Is the funding adequate to meet your objectives?

17. What sort of support do you get from the national level (donors, ministries, regional/national offices, etc.) if any? Strengths/ weaknesses of that support?
18. Coordination with other relevant interventions in the sector
19. Opportunities for strengthening going forward
20. Challenges to full achievement of original goal
21. Exit strategy/sustainability strategy

3. Focus group discussions (FGDs): community level

Beneficiaries (direct or indirect) Women and men / girls and boys

Targets: People directly or indirectly involved in/affected by the programme/ representative of the target population that the programme is aiming at – either the girls themselves and their relatives, or fathers as target group and their daughters

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls' schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We'll be writing a report – there won't be any immediate effects but longer-term we would hope that your views will be included

Background information to collect

Location	
Type of group (women/men; boys/girls, beneficiaries/non-beneficiaries, etc)	
Numbers of participants	
Ethnicity/religion	
Age ranges	
Marital status	
Livelihoods/employment	
Education levels (in school or out-of school for adolescents)	

Key questions

1. What are your perceptions about early marriage and girls' education in this community? Is it a problem? How significant? Is everyone affected? What are the causes and consequences?
2. What role do social norms play in perpetuating these problems?
3. Are there activities/programmes going on to address the problem of early marriage and girls' limited educational opportunities?
4. How effective are these in your view? Why?
5. You are participants in X programme – can you please describe your involvement, activities, experiences, reasons for involvement, why, when?
6. List activities participants have been involved in and then use most significant change tool below.
7. What was your life like before the programme? What has changed in your life (reference to private and public) after programme X?

For adolescent girls and boys only

Time use

Economic worries

Labour engagement (chores and economic activities)

Relations within the family – with parents and siblings and other relatives

Self-confidence

Better psycho-social wellbeing /less pressure/stress

Friends and social networks
 Mobility
 Choice/ agency /decision-making/voice
 School attendance
 Less stigma
 Perceptions about marriage / marriage relations /including desired age of marriage
 Freedom from violence
 Expanded sense of opportunities/ aspirations/ vision for future
 Other?

8. Were there any negative effects?
9. Where there any unexpected effects? “What surprised you most from this programme?”
10. What else do you think is necessary to improve the/your situation regarding girls’ education and early marriage?
11. What is needed to ensure that the positive effects of the programme you described last beyond the end of the programme?
12. What would you recommend to improve the programme?
13. How can programmes help you play a more supportive role in your daughters/sisters life?
14. What other programmes or interventions do you think would be useful to address these problems?
15. What other communications programmes do you think would be useful?

At the end of the interview, note down how the process went: Was it participatory; did everyone take part in the discussion; did anyone dominate? Did anyone walk out, why: was it difficult / easy to manage, why; were people comfortable / uncomfortable, why? Etc.

4. FGD with community mapping

Target: Adult community members: elders, religious leaders, teachers, nurses/health extension workers, etc. (non-govt)

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls’ schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We’ll be writing a report – there won’t be any immediate effects but longer-term we would hope that your views will be included.

Background information to collect

Location	
Type of group (women/men; elders; religious leaders)	
Numbers of participants	
Ethnicity/religion	
Age ranges	
Marital status	
Livelihoods/employment	

Questions

1. Community context and history, power relations, donor /NGO programme interventions
2. Understanding of gender division of labour, gender relations teen pregnancy and education (problems causes, consequences)
3. What are the key issues affecting around child marriage
4. Most significant gendered change in terms of early marriage and girls’ education (timeline)
5. Do focused timeline on early marriage and girls’ education (add programme in as appropriate) and discuss reasons for these changes over time with them.

6. What do you know about the programme? What communication methods were used? What was most powerful to you
7. To what extent has XX programme contributed to change? How? Evidence? What do you think about the programme?
8. Has there been any negative effects/backlash/ practice being driven underground, etc?
9. Perceived differences between beneficiaries and non-beneficiaries (where beneficiaries are clearly identifiable).
10. To what extent have you been involved or linked to the programme? Quality of interaction

At the end of the interview, note down how the process went: Was it participatory; did everyone take part in the discussion; did anyone dominate? Did anyone walk out, why: was it difficult / easy to manage, why; were people comfortable / uncomfortable, why? etc.

5. In-dept individual interviews (IDIs)/Case studies

Target: Programme beneficiaries (boys or girls – direct or indirect beneficiaries)

Introduction

We are exploring how people in this community are affected by early marriage and efforts to increase girls' schooling and your perceptions and experiences of XX programme/ programme. We are talking with men, women, boys and girls to understand how current programme support in Uganda is functioning and ways in which it could be strengthened. We think your views are very important and should inform discussions around policies and programmes that aim to improve individual and community wellbeing. We'll be writing a report – there won't be any immediate effects but longer-term we would hope that your views will be included.

Basic information to include

ID [to be decided per country – but could be name or initials]	Eg CM 1 Iganga
Age	
Gender	
Ethnicity and religion	
Place of birth/residence	
Marital status (if children, how many)	
Education status (in school/out-of school/level)	
Household livelihood	
Occupation	

Ice-breaker – Aspirations and hindrances and what could make it better? If they are not forthcoming, then can ask them to rank from the following – e.g. 3 most important in their life and why?

- School – subject choice, up to what level
- Marriage and family – age at marriage; choice of partners, number of children, relationship with husband, in-laws
- Work opportunities
- Move residence – e.g. go to town
- Greater mobility
- Better house / land
- Other...

Questions

1. When and why did you decide to become involved in the programme? How did it come about? How were you selected? Are you still involved in the programme?
2. Were you involved in programme design?
3. What do you think the programme's key aims are? How important do you think these aims are? Why do you think this programme is needed?

4. How did your family react to your participation in the programme? Did anyone object and if so, why?
5. What activities have you undertaken as part of the programme? What do you like best? What do you least enjoy? (Probe for communication and none communication)
6. How have you interacted with the programme implementers?
7. Changes after the intervention?

Individual Level: How has it affected you? (Prompt as per the below) Which components were most important?

- Time use
- Economic worries
- Labour engagement
- Self-confidence
- Better psycho-social wellbeing/less pressure/stress
- Mobility
- Choice/agency/decision-making/voice
- School attendance
- Less stigma
- Perceptions about marriage/marriage relations /including desired age of marriage
- Freedom from violence
- Expanded sense of opportunities/aspirations/vision for future
- Other?

Family level:

- Shifts in relationships with parents, siblings, other relatives
- Changes in household division of labour
- Less pressure to get married
- More encouragement and support for school going and educational attainment
- Increased voice in family decision making and discussions
- Increased permission for mobility
- Parents aspirations for your future

Community level:

- Friends and social networks
- Increased participation in group, associations, clubs and other activities
- Enhanced confidence for and exercise of leadership roles
- Increased mobility
- Increased voice and assertiveness vis-à-vis the community and community members
- Increased access to community resources
- Vis-à-vis community leaders and service providers:
- Greater respect for girls, and esp. interest in tackling early marriage and promoting girls education, ensuring better protection for girls
- More gender and age sensitive and supportive teachers/ police officers/ health workers/ council workers/ district workers ...etc.

1. What sorts of things do you think could have been done differently in the context of the programme? [depending on programme history]
2. Is the impact of the programme ongoing – are you still using the service/ skills, etc.? Why/why not?
3. To what extent do you see the programme contributing to your educational experience and aspirations? (Include discussion of vocational training)

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4. Would you recommend programme participation to others?
 5. What other kinds of support do you think would be important to you? (Ask participants to rank 3 they like and 3 they don't think would be feasible)
 - Education based
 - Economic and livelihoods
 - Legal
 - Sports and leisure
 - Psycho-social/emotional
 - Health
 - Out of school and vocational training
 6. What other kinds of communication programme would be important to you?
 - Radio broadcasts
 - SMS messages
 - TV programmes
 - Street theatre and community events
 - Community dialogues
 - Posters

Annex 3. Research activities and study population by project site

Instrument	Category of participants	No. of participants		
		M	F	Total
Bugiri District – Straight Talk Foundation/YEFAAP				
Key informant	District Officials	2	2	4
	Programme staff – YEFAAP	3	2	5
FGD/CM	Out-of-school club – Peer educators – mixed	5	5	10
	Young positives	5	6	11
	Teenage mothers	-	6	6
	Community members	5	5	10
	Parents	13	12	25
	Girls	-	8	8
	Boys – In school	6	-	6
IDI	Case studies	4	4	8
Total	9 KII, 7 FGD (76 participants); 8 IDI	43	50	93

Iganga District – ANPPCAN				
Key informant	District Officials	2	2	4
	Programme staff	4	1	5
FGD/CM	Community members – teachers, caseworkers, local leaders	4	4	8
	Teenage mothers – ANPPCAN beneficiaries	-	7	7
	Beneficiaries of ANPPCAN (caseworkers, mothers of child mothers, children who school support – scholastic materials), teachers	8	6	14
IDI	Case studies		6	6
Total	9 KII; 3 FGD (29 participants); 6 IDI	18	26	44

Lira District - GREAT				
Key informant	District Officials/sub county	5	2	7
	Programme staff	4	1	5
FGD/CM	VHTs	4	4	8
	Great beneficiaries - Older adolescents (OAs) – platform leaders, members	6	1	7
	Great beneficiaries - Older adolescents (OAs)	4	4	8
	Great Beneficiaries – Teachers	2	2	4
	Great beneficiaries – Elders	6	1	7
	Community members	4	-	4
	Community members – indirect beneficiaries – with children on GREAT project	-	4	4
	GREAT beneficiaries – Community Action Groups (CAGs)	6	2	8

	GREAT beneficiaries – newly married and parenting	-	8	8
	Great beneficiaries - Very young adolescents	-	5	5
	Great beneficiaries - Very young adolescents	-	3	3
	Great beneficiaries – Platform leaders	4	4	8
IDI	Case studies – Older adolescents	2	2	4
	Case studies – Very young adolescents	2	2	4
Sub-total: District and Community level	12 KII; 12 FGD (74 participants); 8 IDI	49	45	94
National – Key informants	ANPPCAN	1	1	2
	Straight Talk Foundation	-	3	3
	Pathfinder - GREAT	-	1	1
	Restless Development	1	1	2
	MoES	-	1	1
	MoH	-	1	1
	MoGLSD	(1)		1
	Save the Children	1	1	2
Sub-total: National level KII		4	9	13
OVERALL TOTAL	43 KII, 22 FGD (179 participants) 22 IDI	114	130	244

Annex 4: Case study project summaries

1. Straight Talk Foundation, Unite for Body Right

Implementing agency and partners	Straight Talk Foundation (STF); Reproductive Health Uganda (RHU); SchoolNet Uganda (SNU); Restless Development (RD); Family Life Education Program (FLEP); Amref Health Africa; UNSECO; Reach A hand Uganda (RAHU); Clinton Health Access Initiative (CHAI); Mama's Club; Uganda Network For Young people living with HIV (UNPA); Uganda Young Positives (UYP)
Funding agency	Dutch Government through an international alliance of Partners
Period of implementation	2011-2015
Budget	Information not available
Target group	School children, teachers, parents, out-of-school adolescents aged 10-14 and 15-19; and adults (men and women) in their communities.
Geographical location and coverage	Schools and communities in Bugiri district (The other alliance partners are operating in other districts)
Aims / objectives	To improve knowledge on SRHR through awareness-raising and sexuality education and to increase the accessibility and quality of sexual and reproductive health services
Consideration of social norms (explicit/implicit)	Explicit and implicit, according to their ecological model addressing adolescents at three levels community/political environment, family/school and individual adolescent levels m and establishing links to service provision
Strategy	A multi-pronged dialogue and communications strategy targeting all the players at the three levels of operation (individual, family/school and community/political)
Activities	Mass media and social media programming/engagement; IEC provision through dissemination of materials, bill boards, stickers, educational videos or events such as street theatre; Community dialogue and reflection; parents meetings and dialogues Non-formal education approaches, including-life skills training; One to one programming including mentoring, peer education; One to one programming including mentoring, peer education
Key messages per activity (where feasible)	Address a variety of themes: Improved sexual and reproductive health information and knowledge including services/ provision of high-quality youth-friendly SRH services. Sexual education; combating sexual and gender-based violence and creating an enabling environment all levels to remove barriers in accessing the information and services young people need.

Communication approach (see typology)	Multiple approaches that combines media, information provision, community dialogue and reflection, peer education, public ceremonies, and training/capacity building
Monitoring and evaluation and learning system	Baseline survey conducted by the alliance and an evaluation has been commissioned but not yet completed.
Evaluation results and impact	
Knowledge management approach / documentation	District workshops with district leaders and alliance coordination group meets regularly to assess progress.; websites maintained by the alliance
Exit strategy and/or future plans	Project designed as part of the STF overall program activities, feeds into the strategic plan and benefiting form general STF programs of newspapers and radio programmes. Efforts are underway to secure funding to continue and expand the programme to other areas.

2. African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) Child Protection and Development

Implementing agency and partners	African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), HORIZONT3000
Funding agency	DKA Austria and the Austrian Development Agency
Period of implementation	2013-2015
Budget	Information not available
Target group	Orphans and vulnerable children Child mothers
Geographical location and coverage	Kitgum district (in two sub counties of Orom and Namokora) Iganga district (in two sub counties of Igombe and Nabitende)
Aims / objectives	Main objective: Children in Uganda grow up in a secure and protective environment. Project objective: Protection and livelihood of Orphans and other Vulnerable Children (OVC) have improved
Consideration of social norms (explicit/implicit)	
Strategy	Multi-pronged model, combining direct service delivery, community mobilisation and empowerment, awareness raising, child empowerment, capacity building for actors, networking, research, information sharing, and advocacy (as well as education support for OVC)
Activities	<ul style="list-style-type: none"> • Follow-up the 60 supported child mothers of the pilot project in Orom – link the child mothers to existing economic opportunities • Conduct two participatory mapping exercises to select 100 out of school child mothers – who will receive apprenticeship training and trainings on income generating activities (IGAs) • Identify artisans or vocational centres of known repute and within child mothers’ easy reach to train the selected out-of-school child mothers in apprenticeship skills • Place 100 out-of-school child mothers in apprenticeship trainings – 100 child mothers (50 for each district) will be supported with these trainings in a field of their choice for 9 months. • Provide course training materials to the 100 out-of-school child mother trainees • Facilitate start-up tools to the 100 apprenticeship trainees - assist the child mothers in conducting the training and to start their business afterwards. • Conduct two 1-day trainings for 100 apprenticeship trainees on life skills education, risky behaviours among young people and peer to peer counselling • Offer psychosocial support to an estimated 30% of the supported child mothers • Community dialogues between children and community members • Mass media – radio programmes, provision of start up kits
Key messages per activity (where feasible)	Information not available
Communication approach (see typology)	Combines media (radio program), information provision, community dialogues/conversations and training/capacity building
Monitoring and evaluation and learning system	They have a monitoring and evaluation system with a logframe matrix with indicators

Evaluation results and impact	Not yet done
Knowledge management approach / documentation	Share information in the district meetings
Exit strategy and/or future plans	Training of child mothers has a high sustainability factor as the child mothers are acquiring useful skills which allow them to increase and stabilise their economic situation

3. Gender Roles, Equality and Transformations, GREAT

Implementing agency and partners	Georgetown University's Institute for Reproductive Health (IRH), Pathfinder International, and Save the Children, with implementing partners in Uganda including Concerned Parents Association and Straight Talk Foundation
Funding agency	United States Agency for International Development
Period of implementation	Initially October 2010 through September 2015 (5 years); with current extension to 6 years
Budget	Information not available; a costing study has been conducted with results expected in early 2015
Target group	Adolescents aged 10-14 and 15-19; newly married adolescents and young people aged 15-19; and adults in their communities
Geographical location and coverage	Communities in two districts (Amuru and Lira) of post-conflict Northern Uganda (Sub-counties include Lamogi, Pabbo, Ogur, and Amach)
Aims / objectives	To transform gender norms, reduce gender-based violence (GBV), and promote gender-equitable attitudes and sexual and reproductive health (SHR)
Consideration of social norms (explicit/implicit)	Explicit, according to a well-developed 'ecological' and social constructivist model
Strategy	A multi-pronged dialogue and communications strategy targeting
Activities	Serial radio drama; scalable toolkit to promote reflection and dialogue; Community Action Cycle (CAC) with community leaders to strengthen their capacity to promote and sustain change; training and engaging Village Health Teams to improve access to and quality of youth-friendly SRH services; cross-cutting activities to recognise and celebrate people who demonstrate commitment to gender-equitable behaviors
Key messages per activity (where feasible)	Address a variety of themes, but primarily designed to enable participants to 1) learn about their bodies, reproductive health, gender-based violence and gender roles; 2) talk about how to grow up, or support young people to grow up with good reproductive health, safety from gender-based violence, and equality of boys and girls; and 3) act to support changes in the home and community for adolescents
Communication approach (see typology)	From our typology, approach combines media, information provision, community dialogue and reflection, peer education, public ceremonies, and training/capacity building
Monitoring and evaluation and learning system	Mid-term review; end line study currently being conducted, with results to be compared against baseline for intervention and non-intervention communities; costing study; other ongoing monitoring
Evaluation results and impact	Evaluation results not yet available; pre/post test results and annual reporting results integrated into text
Knowledge management approach / documentation	District workshops with Technical Advisory Group; presentations at national and international workshops; websites maintained by international partners (Georgetown University's Institute for Reproductive Health and Pathfinder)
Exit strategy and/or future plans	Project designed to be sustainable by local communities, once trained; depends on unpaid volunteers; further production of communications materials, however, will undoubtedly be quite challenging

Annex 5: Case study project communications interventions

1. Straight Talk Foundation

STRAIGHT TALK FOUNDATION: UNITED FOR BODY RIGHTS WITH YOUTH EFFORTS IN THE FIGHT AGAINST HIV/AIDS AND POVERTY (YEFAAP-UGANDA) (IMPLEMENTING PARTNER ORGANISATION IN BUGIRI)					
Communications elements					
Type	Short description	Issue(s) addressed	Target group(s)	Success of intervention in changing norms, attitudes, behaviours	Constraints in intervention in changing norms, attitudes, behaviours
Mass media and social media programming/engagement	Radio Talk Shows on Eastern Voice held every Sunday 6-7pm. These are supported by Straight Talk. A girl or two are taken for the Radio programme to speak about their own personal experiences as a way of sharing information to discourage girls from engaging in early sex or inspire other girls to keep in school	How to prevent early pregnancy, marriage Avoiding school dropout Sex education	Youths Parents Law enforcers	Change of attitudes: Many parents who did not value girl child education now call in and the debate is encouraging because they see value NB: the radio talk show is effective as it reaches a multitude of people at one go.	N/A
IEC provision through dissemination of materials, bill boards, stickers, educational videos or events such as street theatre	Use of print media like posters, brochures, banners in community centres	Behaviour change message Stopping early sex Mobilisation information	General community with youth and young adults both boys and girls	The youth access a lot of relevant and appropriate information about their body changes, growing up so they no longer get deceived as much MDD groups are liked by community members	Transport and facilitation for drama groups hard
Community dialogue and reflection	They offer community outreach for youth with the help of 1 'Peer Educators' ; MDD skits followed by dialogues where questions are raised and responded to.	All behavioural change messages including Prevention of early marriage,	Youths Children in schools and out of school Parents/communities	Great attendance to those community dialogues and parents are sending their girls to schools	Difficulty in getting to these communities as there is no money for the volunteers' transport

Non-formal education approaches, including-life skills training	Salon/ hair dressing skills, soap making	<p>There are candle-making sessions offered right at YEFAAP offices. The hairdressing services are in Bugiri town. The girls get services from partnering salon owners</p> <p>A group of young men (Eastern Royal Group) produced a film (<i>Iugendo Lw'omuvubuka</i>) depicting challenges of youths and suggests some solutions.</p>	<p>Girls out of school</p> <p>Girls out of school</p> <p>Boys out of school</p>	<p>A number of girls earn from the soap they make</p> <p>Others have learn hair dressing and have got placement in some of the salons in town and they earn some money</p> <p>Clubs have evolved into innovation as a result of their numerous trainings and engagement in YEFAAP activities</p> <p>This inspires other youths (boys and girls) to be innovative</p>	High expectations from community members
One to one programming including mentoring, peer education	Peer educators trained from different adolescent clubs	Leadership empowerment skills developed	Club leaders	22 peer educators so far trained	Transport costs are at times hard to meet
Public ceremonies including alternative rites of passage and public declaration activities, often	Dissemination of knowledge/information at public ceremonies	Rights Abuses Available Opportunities for youth	The entire community	Multitudes can get information at once	Few national days to target all people

linked to programs addressing FGM/C									
Training, capacity building, most commonly for professional, personnel, for example health workers	Training counsellors and volunteers	Counselling and guidance to teenagers	Counsellors Club leaders	Increase in numbers coming for counselling	Limited facilitation				
Other communication elements	T-shirts with behavioural change messages	Behavioural change messages	All community members	Access to information	Few logistics for t-shirts				
Non-communications elements									
Empowerment	Indoor games	Cohesion of youth	Adolescents/ youths	Competitions held	Few games available				
Other	Computer training	Computer skills	In-school children	Computer skills attained	Out of school can't use computer Few computer available for the whole group				

2. ANPPCAN

ANPPCAN, EMPOWERING OVCS WITH EDUCATION AND LIVELIHOODS					
Communication Elements					
Type	Short description	Issue (s) addressed	Target group (s)	Success of intervention in changing norms, attitudes, behaviours	Constraints in changing norms, attitudes, behaviours
Mass media and social media programming/ engagement	Face book (this is at Secretariat level) where key topical issues are posted for discussion Radio talk shows – ANPPCAN conducts interactive radio talk shows where the public is allowed to make live phone in calls	General issues affecting children e.g early marriage, trafficking, neglect ... So far held radio talkshows on	General populace District and sub county duty bearers who are responsible for passing district budgets and implementation of policies	Cases of child sexual abuse and other cases are reported by community members/ well wishers to ANPPCAN due to increased awareness Increased networking with duty bearers Increased visibility of ANPPCAN programs	Limited monitoring of number of people reached and specific impact attained. Over expectations by communities Inability to support all other children in need

	<p>Improving school environment to increase school retention and accessibility Child trafficking Increasing accessibility to OVCs Children's rights and responsibilities</p>	<p>of services (those from other districts outside area of coverage)</p>
<p>Information, education and communication (IEC) provision through dissemination of materials, billboards, stickers, educational videos, or events such as street theatre.</p>	<p>Reproduction and distribution of posters on the rights of children especially OVC in schools, community halls, sub county halls, to parents, etc</p>	<p>Parents The general populace Head teachers and teachers</p>
<p>Community dialogue and reflection</p>	<p>Community dialogues/ conversations are conducted at community level</p>	<p>Children Parents Local leaders School heads and teachers</p>
<p>Non-formal education approaches,</p>	<p>Vocational training for child mothers (in Igombe and Nabitende)</p>	<p>32 child mothers trained (16 in cosmetology and 16 in tailoring)</p>
	<p>Skills attainment</p>	<p>Some child mothers earn little depending on their location.</p>

including life-skills training	ANPPCAN supports training of child mothers in vocational skills by Busoga Institute of Cosmetology	Early marriage Early pregnancy Child protection General counselling to develop self esteem	Caseworkers Children Child mothers	32 child mothers equipped with start up tool kits 32 child mothers engaged in productive vocational work Increased number of cases of abuse of children reported Increased retention of children in school Retention of child mothers in vocational training hence completion Increased self esteem of child mothers	Limited facilitation to caseworkers hence limited interaction with the children
One-to-one programming, including mentoring, peer education	Individual Case support by Caseworkers- ANPPCAN works with a team of volunteers/cases workers situated in 2 sub counties of Igombe and Nabitende. They visit and support individual cases, offer psychosocial support and counselling. Each reaches out to at least 4 children				
Public ceremonies, including alternative rites of passage and public declaration activities, often linked to programmes addressing FGM/C	Participation in commemoration to mark international days such as Day of the African Child, International Day of the Disabled and Women's Day (though not funded)	Advocacy for: Policy development and implementation Budgetary allocation	District leaders (duty bearers)		
Training, capacity building, most commonly for professional personnel, for example health workers	Capacity building through training workshops conducted on such issues as child trafficking, disability issues, child protection/ children's rights, child abuse	Child trafficking Child protection Children's rights	Key community members: bar owners, parents, district leaders	Increased networking and referral for services	Lack of referral guidelines Lack of feedback on some referred issues

Other communications elements	NIL					
Non-communications elements						
Empowerment	Empowerment of children with life skills to protect themselves from abuse through trainings, home visits	Life skills	All children	Some children are now empowered that they can report cases of abuse	Over expectations	
Other	Provision of scholastic materials to children both males and females to improve retention and accessibility to education	Education accessibility through provision of scholastic materials and counselling	All children both boys and girls	Increased retention and accessibility to education	Some parents are so irresponsible that they can not cater for the materials given Under service provision i.e. ANPPCAN is not able to provide all the core program areas due limited funding.	
Other						

3. GREAT

GENDER ROLES EMPOWERMENT AND TRANSFORMATIONS (GREAT)

Communications elements

Type	Short description	Issue (s) addressed	Target group (s)	Success of intervention in changing norms, attitudes, behaviours	Constraints in intervention in changing norms, attitudes, behaviours
Mass media and social media programming/ engagement	Serial radio drama (Oteko) broadcast in local languages, accompanied by group discussion guides	Gender equality; GBV; and SRH	Community members; 'platform groups' of various stakeholders	Said to be the 'signature' GREAT intervention, popular in the project region even beyond direct beneficiaries	Not everyone has access to radios; even if families have one, girls may not have access. Difficult to organise group listening sessions; apparent infrequent use of discussion guides

Information, education and communication (IEC), or events such as street theatre.	IEC materials in the form of flip book, activity cards, and game (for use in small groups) Dramas on key themes performed by 'platform leaders'	Gender equality; GBV; and SRH	Very young adolescents (10-14); older adolescents (15-19); newly married or parenting young people Community members for drama	Communications activities seen as fun and engaging; beneficiaries testify to both attitude and behaviour change; a particular focus for many seems to be around the gender division of labour within the household, but evidence of other changes as well	
Community dialogue and reflection	Community Action Cycle (CAC) led by platform leaders; revival of traditional fireside chat by elders	Gender equality; GBV; and SRH	Community members	An essential part of the package, helping to create the 'enabling environment' around young people and attitude and behavioral change. Elders appreciate in particular the revival of the traditional 'fireside chat'	
Non-formal education approaches, including life-skills training	Volunteer Health Teams (VHTs) trained to convey SRH information and provide referrals; teachers trained to use flipcharts in schools	Gender equality; GBV; and SRH	Age-appropriate messages for different groups of adolescents; family planning information and referrals for older groups	VHTs in Uganda supply a critical link in interactions between the health services and the community and are generally involved in a variety of health promotion programmes	Care is needed not to overload VHTs with too many responsibilities; logistical challenges sometimes hamper outreach; supply of services at health facilities may not always meet increased demand.
One-to-one programming, including mentoring, peer education	'Platform leaders' play the role of peer educators and guides through the activities; Senior teachers trained to act as mentors for children in school	Gender equality; GBV; and SRH	Adolescents of different age groups	The use of existing 'platforms' or groups (for example youth groups, church groups, women's groups) is considered a particular strength of the programme Senior teachers have potential to provide needed information, counselling and guidance to girls and boys as	It is not clear if these groups will continue to integrate GREAT communications initiatives into their ongoing activities or outreach to others after the programme itself ends. School-based interventions seem on the whole to be rather limited; school clubs remain rare and senior teachers are sometimes

							affected elsewhere; ongoing efforts are needed to ensure buy-in and coordination among ministries of health, education and gender
Public ceremonies, including alternative rites of passage and public declaration activities	Limited – mostly in relation to commitments to behaviour change made in community action group cycle and small group sessions	Gender equality; GBV; and SRH	Community members through Community Action Group cycle; other groups during activity sessions	Public testimonies of intent to change behaviours can be powerful incentives to reinforce and support those changes	Longitudinal assessments would be needed to evaluate impact over time		
Training, capacity building, most commonly for professional personnel, for example health workers	VHTs trained to communicate SRH information and to make referrals for SRH services, including family planning	Gender equality; GBV; and SRH	VHTs in the community	See above on VHTs under non-formal education	See above on VHTs under non-formal education		
Other communications elements							
Non-communications elements							
Empowerment							
Other							
Other							

Annex 6: National policy review mapping

Policy	Social norms addressed, text and page	Observations on quantity/quality	Gaps/silences
Constitution of the Republic of Uganda (1995)	<p style="text-align: center;">General National</p> <ul style="list-style-type: none"> Promote and preserve those cultural values and practices which enhance the dignity and wellbeing of Ugandans (pg 29) All persons are equal before and under the law in all spheres of political, economic, social and cultural life (pg 41) ...a person shall not be discriminated against on the ground of sex, race, colour ...(pg 41) All persons have a right to education (pg 49) Marriage shall be entered into with the free consent of the man and woman intending to marry (pg 49) Laws, cultures, customs and traditions which are against dignity, welfare or interest of women...are prohibited (pg 50) A child is entitled to basic education which shall be the responsibility of the state and the parents of the child. 	<p>These are articles in the constitutions written as sentences and short paragraphs</p>	<p>It does not spell out the cultural values, attitudes, customs around marriage, teenage pregnancy and girls education</p>
	<p>National Development Plan (NDP) 2010/11-2014/15</p> <p>Gender issues, negative attitudes, mind-set, cultural practices are constraints to national development. Women are restricted from accessing family planning and services like education and health (pg 31)</p> <p>The culture of early marriages amongst girls increases the rate of early pregnancies and this is partly responsible for high maternal mortality (pg 31)</p> <p>Uganda has lagged behind in development partly as a result of backward cultural practices, beliefs and attitudes (pg 31)</p> <p>Among the constraints to sustainable population growth is the Low levels of education mainly as a result of high dropout rates especially among girls leads to teenage pregnancies and early marriages (pg 199)</p>	<p>The social norms have been identified but no strategy was identified to deal with this problem</p> <p>This is just a sentence. It is not given significance. It is not explained.</p> <p>One sentence. No examples of these practices are highlighted. Those highlighted are gender blind for example attitude to work.</p> <p>Listed among constraints</p>	<p>Norms and cultural practices not explicitly identified</p>

	Some cultural and religious beliefs do not agree with the need for family planning (pg 199)	Just a sentence	
	One of the strategy to improve sustainable population growth rate is to promote youth-friendly sexual and reproductive health services (pg 201)		
	Advocate for improvement of maternal and child mortality through campaigns to reduce teenage pregnancies, proper spacing and improving quality of maternal care pg 201)		
	The NDP recognises that completion rates to primary seven for girls are very low because of absenteeism- mainly because of early pregnancy, sexual harassment, female genital mutilation and high costs at school (pg 216).		
	Some of the strategies to improve girl's attendance in school are to deploy more female teachers, and increase girl's participation (pg 220).	Mentioned under strategies	
Social development sector			
The Gender Policy	The high incidence of teenage pregnancies is associated with high risks to health and life of both mother and child. This is responsible for high maternal mortality (pg 10)	This is a sentence in the situation analysis.	Cultural norms are not identified. This problem does not feature in the policy priority action areas
	Gender based violence in its various forms (domestic violence, sexual harassment, trafficking, rape and defilement) is a critical concern (pg 10)	In its description, the focus seems to be on women and mainly married women.	Teenagers and young girls need focus. General words like women, may lead to teenagers being neglected
	One of the policy priority actions is to address issues like access to justice, socio-cultural discrimination against girls and women, GBV, high maternal mortality, and low literacy levels among women (pg 19)	Mentioned in the priority areas.	Socio-cultural discrimination is general
	One of the strategies is to enact and reform laws to eliminate gender discriminatory practices, norms and values (pg 20)	Mentioned in the strategies	The practices are not highlighted
	Second is to develop and implement interventions to prevent and respond to gender based violence (pg 20)		
Developing strategies to sensitise communities about children's rights and responsibilities so as to protect the girl child from abuse (pg 20)			Norms are not identified
Domestic violence Act 2010	Nothing on norms has been documented		

The Children Act CAP 59	It shall be unlawful to subject a child to customary practices that are harmful to the child's health (pg 953)	This is just one sentence, not clear	Does not spell out examples of practices
National Women's Council Strategic Plan (2005-2008)	One of the activities to mobilise women for participation is to continue the advocacy for specific categories of women including those affected by conflict, those abused through domestic violence, early marriages, girl children involved in commercial sexual activities etc (pg 19)		
National Women's Council Strategic Plan (2005-2008)	One of the activities to mobilise women for participation is to continue the advocacy for specific categories of women including those affected by conflict, those abused through domestic violence, early marriages, girl children involved in commercial sexual activities etc (pg 19)		
Uganda National Culture Policy (2006)	One of the rationale for culture policy is to facilitate community action against practices that impinge on human dignity (pg 15)	Rationale for the policy	The practices are not clear.
	One of the objectives is to promote community action on cultural practices that impinge on human dignity (pg 16)	Mentioned under objectives	The practices are not clear
	One of the core principals is ensuring social inclusion especially children, youth, the disabled, elderly and people living with HIV. The policy intervention shall focus on affirmative action (pg 17)		Norms are not highlighted. It is not clear what affirmative action is targeting
	Promoting cultural change is one of the principals. Culture is dynamic. It is important to change and address social and gender inequalities (pg 18)		
National Policy and Strategy for Orphans and other Vulnerable children (2006)	Pregnancy and childbirth create challenges to health since much of the population cannot access doctors and midwives. Girls often become pregnant at too young an age which makes problems more likely to occur (pg 8)		Norms and values surrounding early marriage and pregnancy are not singled out
	It is not illegal for parents or guardians to keep children out of school and when households are faced with high costs, girls mainly and orphans are kept back. The percentage of children joining secondary is worrying, but it gets worse for girls (pg 9)		Girls are kept back because of cultural values. It is not mentioned here.
	In times or areas of conflict, children are often unprotected and vulnerable to child abuse and various social problems associated with town life (pg 10)		It does not clearly bring out these challenges, and whether they are similar for both boys and girls.

	Activities in the strategy should reduce the vulnerability of all people by addressing the problems like health education etc. All projects undertaken should increase the level of participation of children, families, communities and all activities should take into account the age and gender of participants (pg 17)	No mention of norms and values that may hinder participation
Prevention of Trafficking in persons Act 2009	Sexual exploitation (pg 5)	Expressed in the definitions - The definition of sexual exploitation is the only sentence that relates with sexual violence against girls in this act
The National Equal Opportunities Policy(2006)	Contributing factors to girl's dropping out of school include hidden costs like sanitary towels for girls, early marriages and pregnancies, economic choices of parents as well as negative attitude towards education of vulnerable children (pg 13)	Negative attitudes have been identified
	Sensitise communities on negative cultural practices which limit opportunities for marginalised men and women (pg 33)	One sentence under gender as one of the policy priority areas.
Education sector		
The National Strategy for Girl's Education (NSGE) in Uganda (2013/2019)	It highlights the low value attached to girl's education as a major obstacle to girl's education. Culturally, girls marry off to their husbands and this does not benefit the girl's family (pg 16)	Very clear and given the attention it deserves
	It raises the concern of defilement by the teachers. Most cases of sexual abuse to girls remain blanketed in the culture of silence and therefore go unreported (pg 16)	Mentioned a number of times. It is clear and bringing out the magnitude of the problem
	Females and males are subjected to deferential socialisation in classrooms and are rewarded for different things. Girls tend to be directed at learning and reinforcing femininity thereby learning to be submissive and passive as opposed to being independent and thoughtful (pg 17)	Social norms and values have been identified
	Early sexual engagement is also highlighted. Girls become sexually active at very early ages (pg 17)	Mentioned a number of times.
	Girls feel less valued in classrooms than boys and this affects their confidence regarding speaking in public (pg 17)	Clear
		It is clear that attitude of parents and community derail girl's education. Moreover, it is also highlighted in the strategic intervention
		This culture of silence not elaborated.
		Norms surrounding early marriages missing
		Girls not being valued at school is a cultural norm and a cultural attitude

The Gender in Education Sector Policy (2009)	<p>...The barriers to girl's education were caused by socio-cultural, school related as well as political/economic and administrative factors (pg 1)</p> <p>One of the strategies to improve and retain girls in school is to advocate for girl's education among communities, sensitise them against negative cultural practices and facilitate re-entry of girls who drop due to teenage pregnancies and early marriages. (pg 15)</p>	Paragraph in the background - Socio-cultural barriers are recognised	Not explicit of the social norms
Guidelines for Taking Disciplinary Action on Ed. Service Personnel (guideline 1, 2003)	Nothing documenting or referring to norms and cultural values		
Teachers' Code of Conduct Appendix 25 (1996)	A teacher shall observe the laws of Uganda particularly in matters of sex, marriage and parenthood and shall at all times set a good example to the children	A clause under the teacher's personal conduct	Not explicit of the social norms
Health Sector			
National Health Policy (2009)	All stakeholders shall respect the promotive health aspects of the cultures and traditions of the people of Uganda (pg 9)	Just a sentence. Not clear	Not explicit of the social norms
National Adolescent Health Policy for Uganda (2004)	<p>It seeks to promote and advance gender, equity and equality emphasising the elimination of all forms of gender bias, discrimination and violence using a multi-sectoral Approach (pg 8)</p> <p>Adolescents start having sex at an early age. ...females have had sexual intercourse and by 18 years 67% have had sexual intercourse whereas 53% are married by this age. It would appear that most of the sexual encounters in this age group are unprotected and they expose young girls to unwanted pregnancies and STIs including HIV.</p> <p>Providing legal and social protection for adolescents against all forms of abuse and harmful traditional practices. Promoting the understanding of gender issues and imbalance involved in the upbringing of children and adolescents in the context of culture, and socio-economic opportunities (pg 18)</p> <p>Increasing awareness for positive change on attitudes, beliefs, values and practices on ASRH at all levels (at individual, family, community and national levels) (pg 19)</p>	Mentioned under the purpose for the policy	Not explicit of the social norms
			No norms identified
		Mentioned in the advocacy for policy	General statements
		Mentioned as a behavioural change communication	

<p>National Population Policy for Social Transformation and Sustainable Development (2008)</p>	<p>The fertility rate has persistently remained high mainly due to cultural and religious beliefs and preference for large families as a source of sustenance especially during old age (pg 8)</p> <p>In Uganda 25% of young people become pregnant by the age of 19. These are as a result of low contraceptive use among adolescents (pg 9)</p> <p>Some cultural practices, customs and norms regarding polygamy, property ownership, widow inheritance, child marriages, female genital mutilation, bride price child labour and gendered division of labour have implications on the status of women and children (pg 15)</p> <p>Promotion of gender awareness in terms of roles, sexuality, relationships and norms since they influence HIV prevention, care and support at work</p>	<p>This is mentioned under population status and trends.</p> <p>A paragraph under population status and trends.</p> <p>A paragraph under socio-cultural and legal issues</p>	<p>Not explicit of the social norms</p>
<p>National Policy on HIV/AIDS and the world of work</p>	<p>The ability of women to participate effectively in reproductive health decision making is determined by strong socio-cultural influences and weak economic power (pg 5 & 9)</p> <p>Due attention is given to the promotion of mutually respectful and equitable gender relations with emphasis put on the educational needs of all children and service needs of adolescents (pg 4)</p> <p>One of the lessons and emerging issues is emphasising formal and informal education to create awareness and improving the standards of living. This is combined with an emphasis on post primary education for girls which may have a bigger impact on reproductive health outcomes (pg 12)</p>	<p>Mentioned once in a sentence under gender concerns in the world of work</p> <p>A paragraph under gender and family welfare as one of the thematic areas in the action plan.</p> <p>Mentioned three times in the plan</p>	<p>Not explicit of the social norms</p>
<p>The National Population Policy Action Plan 2011-2015</p>	<p>Due attention is given to the promotion of mutually respectful and equitable gender relations with emphasis put on the educational needs of all children and service needs of adolescents (pg 4)</p> <p>One of the lessons and emerging issues is emphasising formal and informal education to create awareness and improving the standards of living. This is combined with an emphasis on post primary education for girls which may have a bigger impact on reproductive health outcomes (pg 12)</p>	<p>Mentioned many times in the plan</p>	<p>Not explicit of the social norms</p>

Annex 7: Organisations consulted for national programme mapping

Government institutions	Civil society (local and international) & faith-based organisations	Development partners & UN agencies
<ol style="list-style-type: none"> 1. Ministry of Education and Sports, Gender Unit 2. Ministry of Gender, Labour and Social Development 3. Ministry of Health-Sexual and Reproductive Health Division 4. National Council for Children 	<ol style="list-style-type: none"> 1. BRAC Uganda 2. Forum for African for Women Educationalist – Uganda Chapter (FAWEU) 3. Pathfinder International – GREAT project 4. Restless Development-Uganda 5. Stromme Foundation 6. Action for Development (ACFODE) 7. Joy for Children (JFC-U) 8. Straight Talk Foundation 9. Raising Voices 10. MIFUMI 11. Uganda Women’s Network (UWONET) 12. TPO Uganda 13. African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) 14. Uganda Muslim Supreme council 15. Church of Uganda (Provincial Secretariat) 16. Uganda Episcopal Conference (Catholic Secretariat) 17. Reproductive Health Uganda (RHU) 18. Concern for Girl Child (CGC) 19. Marie Stopes Uganda 20. Wakisa Ministries 21. Uganda Women’s Network (UWONET) 22. World Vision Uganda 23. ANPPCAN 	<ol style="list-style-type: none"> 1. Austrian Cooperation 2. UNICEF (Uganda) 3. UNFPA

Annex 8: Results of national programme mapping

Programme name/focus ¹¹	Communication approach (based on ODI typology)	Implementing agency / funding agency	Key issues/sector within child marriage/ girls ed.	Implementation strategy and activities	Target group
SEXUAL AND GENDER-BASED VIOLENCE					
Sexual and Gender Based Violence	Community dialogue/ reflection Mass media IEC (posters and stickers) Public ceremonies - national campaigns ¹²	MoGLSD/ UNFPA / UNJ/PGE/ Irish aid ¹³	Child rights violations and abuse SGBV including FGM and child marriage Inability to access psychosocial support, health care and justice for SGBV survivors and lack of coordination between anti child marriage stakeholders and duty bearers for effective prevention and response Discriminatory/negative social norms leading to escalation of child marriages and early pregnancy	Community mobilisation and awareness raising about SGB, FGM and child marriage National campaigns on children's rights through the media, posters and stickers Psychosocial support, health care and legal redress for victims of early marriage and teenage pregnancy; and coordination between stakeholders and duty bearers for effective prevention and response Research/generation of evidence	Community members, survivors of SGBV, duty bearers (LCs, Police, health workers, CDOs, FBOs, cultural leaders)
Keep Children safe program (SAFE)	Community dialogues/debates IEC (digital boxes and U-report) Peer education through peer networks Non formal education – Life skills Capacity building/training for local governments	UNICEF	VAC issues, including FGM/C and child marriage	Creating space for and facilitating open discussion and debate Support to local actors to address risk factors that pre-dispose children to violence Strategic engagement with parliamentarians and national level actors to position VAC on the national agenda Generation of data and evidence	Keep Children safe program (SAFE)

¹¹ Shaded programmes indicate those selected as case studies

¹² national days - International Women's Day, International Day of Girl Child, the International Day of Families and the 16 Days of Activism Against GBV

¹³ GOU-UNFPA programme 7CP Gender Component 2010-2014; UN joint programme on gender equality (UNJ/PGE); Irish aid joint programme

					Empowering adolescents and youth – creation of youth centres, peer network Facilitating access to information and linkage to economic and developmental opportunities	
Gender Based Violence (GBV)	Capacity Building, Community dialogues	GOU- UNFPA/UNICEF Food and Agricultural Organisation, UN Women	Prevention and response to violence against children – including FGM/C Access to justice for children and young women who are survivors of violence	Capacity building of JLOS staff Sensitisation of communities on GBV	Victims and potential victims of GBV	
FGM/C and child marriage	Community dialogues/debates	UNICEF, UNFPA	VAC issues including FGM/C and child marriage	Initiation of local action to address child marriage in the targeted communities	Local community/ children	
Family and Child Protection	Mass media and social media (radio/TV talk shows, spot messages) Capacity building/Training Community dialogues and reflections IEC – compendiums of law, brochures, posters	Ministry of Internal Affairs – Uganda Police Force/ UNICEF, GOU (JLOS), UN Women	Violence against children – sexual abuse, defilement Rights and responsibilities of children, parents and community members on VAC Domestic violence	Sensitisation of pupils and communities/ Community consultations/dialogues Capacity building/Training of police officers and other stakeholders Dissemination of IEC materials	Police Officers, districts leaders, school children, parents, teachers, communities (men and women), religious leaders, traditional/cultural leaders and traditional healers.	
Sexual and gender based violence	Peer education Mass media – TV, radio (talk shows) IEC – posters, stickers, t-shirts talking compounds magazines and reports Capacity Building/Training essay writing, music dance and drama	Action for Development/UNFPA	Harmful social cultural practices – FGM/C, sexual violence – early and forced marriage, Girls’ education –access, retention and completion	Community led advocacy and sensitisation campaigns School based campaigns/sensitisation/training Networking and capacity building Policy advocacy Media campaigns	Sexual and gender based violence	

Sexual and gender based violence	Capacity building Community dialogues Mentorship forums, IEC materials	UWONET	Sexual and gender based violence – including child marriage	Advocacy campaigns, networking and collaboration with like minded CBO's/CSOs Community mobilisation and sensitisation, Legal aid, shelter, /psychosocial support Mentorship	Community members, local authorities, and individuals affected
Gender based violence and sure start	Capacity building/training, IEC Materials communicative T-shirts and pens, School motivational talks Mass media – Radio talk shows	MIFUMI	Gender based violence – child marriage Lack of life skills – leadership, self-confidence, and agency among girls	A awareness creation and training, Sport – Karate	Girls/adolescents and their communities
CHILD MARRIAGE AND TEEN PREGNANCY / GIRLS' EDUCATION					
Empowering traditional cultural institutions to develop local ordinances/pronouncements on child marriage and teenage pregnancies	Community dialogues and reflection	MoGLSD/ UNFPA	Negative social cultural practices that condone teenage pregnancy and non enrolment/poor persistence of girls in school Discriminatory/negative social norms leading to escalation of child marriages and early pregnancy	Capacity building Research/generation of evidence	Traditional cultural leaders
Gender and Equity programme – Girls' education	Community dialogues and reflection, meetings, school clubs Talks or mentorship for young girls using champions and mentors	MoES/ UNICEF	Non-retention of pregnant girls and re-entry of child mothers in schools Teenage pregnancies and child/early and forced marriages	Technical assistance to MoES on gender mainstreaming Policy briefs on 2 key challenges (teenage pregnancy and menstrual hygiene)	District leaders (political, technical staff), Religious and cultural leaders Girls and boys (learners in schools), communities (parents, LC leaders, police)

Girls not Brides	Training of senior women and men teachers IEC-	Joy for Children Uganda	Violence against children – child marriage Limited girls' access to education – low persistence of girls in school	<p>Gender awareness training for 34 Centre Coordinating Tutors (CCTs) and 5 SMCs</p> <p>Gender mentoring for 14 MOES gender focal points budget focal points</p> <p>Community mobilisation/ dialogues</p> <p>Community agreements</p> <p>Policy development and guidelines on teenage pregnancy and re-entry and retention of child mothers</p> <p>Support for girls and boys to form peer groups</p> <p>Generation of data and evidence for a regional Education Management Information System on girl school dropouts due to early pregnancy, and child mothers returning to school</p> <p>Sanitation and menstrual hygiene in schools – (menstrual management reader, training senior women teachers and CCTs to make local sanitary towels)</p>	Girls, boys, parents, community members, schools
Girls not Brides	Capacity building/training, Mass media Music Dance and Drama (MDD) IEC – T-shirts, brochures, posters, flyers, Banners, and leaflets, annual reports and newsletters, Community dialogues/sensitisations	Advocacy for increased provision of sanitary towels to girls in schools and access to vocational training for girls who have been married young Assistance for community by-laws on child marriage Formation of school clubs for girls and boys to discuss issues that affect them including child marriage Work with media for proper reporting on child marriage			

					Training local leaders, religious leaders, traditional leaders on child marriage advocacy Economic incentives (such as goats) to vulnerable families for retention of girls in school	
Empowering OVCs	Mass media (radio, news papers and TV) IEC materials – posters, brochures, fliers	African Network for Protection (ANPPCAN)	SGBV – child abuse, Teenage pregnancy/child motherhood School drop-outs		Vocational training for child mothers to acquire apprenticeship skills Advocacy for better service provision for child mothers Research and evidence generation on the causes and effects of child mothers Media campaigns (radio, news papers and TV) IEC materials	Child, mothers, parents, teachers, local community
Promoting integral human development	IEC, Meetings/ community dialogues, Non formal education/ life skills training	Uganda Catholic Secretariat – Uganda Episcopal Conference (UEC)	Inability of girls to access quality formal education Lack of life skills among girls Lack of SRH information among girls Lack of economic empowerment capabilities among girls		Behavioural change program – education for life – life skills training on ASRH, IEC materials Incentives for education – school fees and scholastic materials Training and economic support to families – IGAs, Psychosocial support Community mobilisation/ meetings on child protection, health care	Girls, parents, teachers, church leaders, community leaders
SEXUAL AND REPRODUCTIVE HEALTH / ADOLESCENT HEALTH						
Sexual and Reproductive Health	Mass media (TV, local radios,) drama, Community dialogues	MoH/UNFPA	Teenage pregnancies Lack/ poor quality of adolescent sexual reproductive health services		Churches and other places of worship, School clubs such as health clubs, domestic violence clubs, Debate clubs and patriotism clubs	Adolescents, schools, religious leaders

Health and nutrition (ALIVE) Program	Mentoring and Peer Education	MoH/Baylor/UNI CEF 'A promise renewed' movement) on reproductive health – in collaboration with World Vision	Nutrition for teenage mothers School feeding HIV/AIDS (treatment and testing)	Iron/folic acid supplementation, therapeutic care and counselling Integration of nutrition into primary school and secondary school curricula Access to safe water and sanitation in schools and communities Mother to mother (M2M) mentoring	Teenage mothers, schools
Saving Mothers Giving Life (SMGL)	Mentoring and peer education	Baylor/USAID/UNICEF	HIV/AIDS	<ul style="list-style-type: none"> Mother-to-mother mentoring at community and facility level 	Mothers, communities, facilities
Sexual and Reproductive Health programme - <i>Let Girls be</i> <i>Girls Teenage Pregnancy Campaign</i>	Mass media and social media – Radio, TV (spot messages, talk shows), newspaper, press briefings, Facebook and Twitter; online competitions interpersonal communication – one-to-one and small group sessions, peer education IEC materials – posters, booklets and collateral materials such as T-shirts, armbands and fans Public ceremonies – World Population Day, Safe Motherhood Day, and International Day of the Girl Child	UNFPA/UN Joint Programme	Teenage pregnancy Sexual and reproductive health rights of young people and their access to SRH services and information Harmful cultural practices such as early marriage and female genital mutilation	<p>Advocacy IEC and behaviour change communication Service delivery Generation of data and evidence Parliamentary outreach Integration of sexuality education in school extracurricular activities School clubs for health talks and other awareness creation activities Music, dance and drama; sports competitions at district level</p>	Adolescents and young people; community members; schools; service providers
SRHR Alliance 'United For A Healthy Tomorrow'	Community dialogue and reflection	Straight Talk YEFAAP	Improve SRH knowledge and rights through awareness-	Community mobilisation and awareness raising Teacher, pupil and parents training	Primary school pupils, teachers, administrators, parents and general

<p>(UFHT) and 'Access Services and Knowledge' (Ask)</p>	<p>Mass media. radio talk shows IEC 'Young Talk' and 'Straight Talk' news papers Non-formal education including-life skills training School and out-of-school clubs</p>	<p>raising awareness and sexual education (SE) Increase accessibility and quality of Youth-friendly services</p>	<p>School / out-of-school clubs Regular radio programmes and distribution of Young Talk' and Straight Talk District support and training Community awareness raising activities (young people active role) Provision of quality SRHR information to young people to increase demand Skills enhancement</p>	<p>community members; out-of-school youth clubs</p>
<p>Sexuality education; Youth Enterprise model; Keep it Real – Let Girls Be Girls teenage pregnancy campaign</p>	<p>Mass media (radio), print media - newsletter, peer education, IEC, Community dialogues and health talks, ICT - SMS platforms, and interpersonal communication Capacity building/training</p>	<p>Limited access to sexual reproductive health information and services</p>	<p>Provision of SRH information Sensitisation and training Establishment of clubs Parent dialogues</p>	<p>Adolescents and young people, parents, communities</p>
<p>Sexual and Reproductive Health/'Keep it Real' project</p>	<p>Community Capacity building/training Non formal Education (life skills) Peer education ICTs – blogs Talks with young people</p>	<p>Limited access to youth-friendly ASRH information and services Lack of life skills among girls Poverty/low incomes</p>	<p>Training of peer educators, capacity building Young people leading development and SRH, Create youth resource corners, support youth councils, strengthen youth clubs, lead home visits to vulnerable youth, Capacity development and technical assistance to CSOs, teachers, health workers, uniformed personnel, local government officials,</p>	<p>Young people, CSOs and service providers</p>

<p>Youth Empowerment Programme (YEP) Targeting Most at Risk Populations</p>	<p>Community dialogue and outreach Mass media, radio talk shows IEC Public ceremonies Non-formal education – life skills Peer to peer support</p>	<p>Restless Development</p>	<p>HIV prevention through promotion of safe sex among young people /adolescents and community members Increasing access of young adults and community members to HIV prevention services Raising awareness among young adults and community members of norms jeopardising HIV prevention strategies</p>	<p>Entrepreneurs, career development and leadership trainings, policy advocacy, Community mobilisation, outreach and awareness raising about HIV and other SRH issues, Gender inequality sessions Youth skills development Peer to peer support Condom distribution</p>	<p>Youths/ adolescents (in and out of school), parents, general community, health workers; PLHIV; at-risk populations (fishing communities)</p>
<p>Adolescent Sexual Reproductive Health (ASRH)</p>	<p>Mass media – radio talk shows, IEC - TUSEME magazine, MDD educative performance, Capacity building/training, Policy advocacy meetings, Peer education, school talks</p>	<p>FAWE/UNICEF</p>	<p>Limited access to and retention in quality education for girls Limited knowledge about sexual and reproductive health and rights (SRHR) and life skills for self-reliance</p>	<p>Training adolescents on ASRH, Scholarship for girls; Policy advocacy meetings Capacity building meeting for teachers MDD educative performances; outreach activities on empowerment and promotion of girl-child education; TUSEME magazine with students' views, testimonies, achievements and challenges</p>	<p>Adolescent girls, families and service providers</p>
<p>Rising Up for Reproductive Health and Gender Rights</p>	<p>Capacity building/training, meetings, Capacity building/training IEC/BCC and advocacy Materials</p>	<p>Reproductive Health Uganda</p>	<p>Limited access to SRH information, counselling and services</p>	<p>Provision of SRH, SGBV information and adolescent friendly SRH, SGBV services Diagnosis and management of STIs Psychosocial support services HIV testing and Counselling</p>	<p>Women, adolescents and service providers</p>

					Pregnancy testing and post abortion care	
Pregnancy Crisis Centre	Community dialogue Music, dance, drama	Wakisa Ministries	Teenage pregnancies, Limited to access information and counselling		Provision of a temporary home (crisis pregnancy centre) for pregnant girls; Trauma counselling and vocational skills training; Sponsorship programme for girls' re-entry into school.	Pregnant girls and teenage mothers
Adolescent sexual reproductive health programme	IEC – posters, photographs, handbook, ICT – SMS, Non formal education – vocational skills, youth/family talks	Church of Uganda- Provincial Secretariat	Non recognition of children's rights – child abuse, early marriage Poor parenting/irresponsible parenthood Pre-marital sex Poor school retention Lack of access to SRH information Teenage pregnancy		Mother Union: Education on children's rights, parenting Youth ministry/youth corners – access to SRH information Children's ministry - Family education on children's rights – early marriage/sex, keeping children in schools ASRH information Girl child school sponsorship Vocational training - skills training for victims of early marriages and teenage pregnancy to attain skills and income to support themselves and their children Adolescent sexual education program in schools Community mobilisation on SGBV, protection of children against early marriage	Young people and families
BONGA (dialogue) programme	Community dialogues, MDD, IEC – fliers, T-shirts, Non formal education,	Stromme Foundation	Poverty, early marriage, teenage pregnancy, Life/vocational skills, HIV/AIDS prevention,		Awareness and sensitisation Skills training and literacy through the BONGA centres: basic education	

	Capacity building/training		Negative attitudes towards girls economic potentials and cultural practices Lack of basic literacy, numeracy, life skills, and basic problem solving capacity among girls	skills and life skills (health, hygiene, problem solving, communication). Occupational training for girls (tailoring, embroidery, raising animals, raising crops, salon, catering) Adult literacy program and learn basic business skills for income generation	
CHILD RIGHTS / VIOLENCE AGAINST CHILDREN					
Promotion of children's rights and access to social services - child rights advocacy project	Mass media and social media –Radio, TV (talk shows, spot message), print – news paper articles National Partner's Forum, district meetings IEC	NCC/GOU	Violation of children rights – child abuse including child marriage		Children, parents, district officials, Police, LC leaders, teachers and the community.
child protection programmes	Community dialogues/public meetings/social mobilisation Children speeches IEC – posters	World Vision International	Children's increased vulnerability to rights violations including child marriage Negative societal attitudes that condone domestic violence and other forms of child abuses	Community awareness and mobilisation on child marriage – ADAPT, Citizen voice Action Approach Monitoring and supporting communities to follow up child marriage cases especially among poor families Support to birth registration legal and policy advocacy - domesticated bylaws and ordinances coalition building - 'Boda Boda' coalition	Children and young people; communities; targeted groups (Boda-Boda drivers)
Education/Learning Program	Capacity building/Training of teachers	MoES, FAWE, DRT/UNICEF	Violence against Children (VAC) in school -corporal punishment and sexual abuse/defilement	Policy development and dissemination	Education/ Learning Program

	IEC – training manual for teachers Community dialogues/‘Barazas’		Re-entry of girls back to school Keeping girls in school, menstrual hygiene and making sanitary towels Change the gender norms, values and attitudes within the school setting Identification of community response mechanism on VAC Early childhood development skills	Capacity building/Training of teachers Information dissemination –thru IEC – training manual for teachers Sensitisations/Community dialogues/‘Barazas’	
1000 Schools Project – improving life chances of marginalised girls	Mass media – TV, radio (talk shows, spot messages) Community dialogues	CEDOVIP/ Raising voices	Violence against women and children Non recognition of children’s rights; Lack of voice/agency among women and children Girls’ low school enrolment, attendance, and retention	Multimedia campaigns Community dialogues Establishment of activism centres to manage cases of violence against girls	Girls, parents and community, schools
Education, Health and child protection	Mass media and social media - radio talk shows, Community dialogues (to communicate acts that violate children’s rights) IEC – posters Face-to-face career guidance in schools Public ceremonies (International day of African child)	Concern for the Girl Child	Protection and promotion of the rights of vulnerable children and young people especially the needy girls Girls’ education and skills development, Sexual and reproductive health Economic empowerment/poverty/low incomes and psychosocial support	School sponsorship and scholastic materials to needy girls Improving school facilities (water and sanitation; kitchen library) Strengthened career guidance for girls Community sensitisation on children’s rights and protection; Psychosocial and material support (home visits, counselling and guidance and provision of food and clothes especially for very needy families)	Needy families, community, schools

	Feedback/ stakeholder meetings, school talks			Health information talks (SRH) and support (sanitary towels for girls; medical support) Economic empowerment (skills building and support for family income generation) (small businesses; piggery projects, farming, soap making)	
BROAD THEMATIC FOCUS					
Gender Roles Equality and Transformations (GREAT)	Community dialogues – community action cycle IEC – toolkit, flipbooks, activity card, V Mass media (radio), Capacity building/training Peer-to-peer	Concerned Parents Association, Straight Talk Foundation/ Institute for Reproductive Health Georgetown University, Pathfinder International, Save the Children, STF and CPA	Harmful gender norms Sexual and gender based violence Poor sexual and reproductive health information among young people	Serial radio drama; Scalable toolkit to promote reflection and dialogue Community Action Cycle (CAC) Training and engaging Village Health Teams to improve access to and quality of youth-friendly SRH services Cross-cutting activities to recognise and celebrate people who demonstrate commitment to gender-equitable behaviours	Adolescents of different age groups; newly married or parenting adolescents; community members and leaders; peer groups
Empowerment and livelihood for Adolescents	Music, Dance and Drama; sports Non formal education – vocational life skills, livelihood training Peer education – adolescent mentors ICT – Phones, 136mail	BRAC	Poor adolescent sexual and reproductive health Early pregnancy Menstruation disorders and inability to access family planning Poverty/low incomes	Micro finance Music, dance and drama Sports Vocational life skills, livelihood training, Adolescent health programme	Empowerment and livelihood for Adolescents



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