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GENDER ROLES, EQUALITY AND TRANSFORMATIONS PROJECT
INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY
PATHFINDER INTERNATIONAL
SAVE THE CHILDREN

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Gender Roles, Equality and Transformations Project

The mission of the GREAT Project is to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors among adolescent 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.

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TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
LIST OF ACRONYMS & KEY PHRASES.....	3
BACKGROUND.....	4
OBJECTIVES.....	4
A. Study Objectives	4
B. Study Themes and Questions of Interest	4
METHODOLOGY.....	5
A. Research Team	5
B. Research Methods	5
C. Tools	7
RESULTS.....	7
A. How Adolescents Feel About GREAT	7
B. Toolkit Use	8
1. Boys and Girls Flipbooks	9
2. Activity Cards	10
3. Board Game	10
4. Radio Discussion Guides	11
C. Themes	11
1. Gender Equality	11
2. Sexual & Reproductive Health	11
3. Adolescent Interactions with VHTs	12
4. Gender-Based Violence	13
5. Adolescent Leadership	13
6. Enabling Environment	14
CONCLUSIONS & RECOMMENDATIONS.....	14

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LIST OF ACRONYMS & KEY PHRASES

CAG	Community Action Group
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender-Based Violence
GREAT	Gender Roles, Equality and Transformations
IDI	In-Depth Interview
IRH	Institute for Reproductive Health
NM/NP	Newly Married/Newly Parenting
OA	Older Adolescent(s)
RMEC	Research Monitoring and Evaluation Coordinator
SRH	Sexual and Reproductive Health
USAID	United States Agency for International Development
VHT	Village Health Team
VYA	Very Young Adolescent(s)

BACKGROUND

The Gender Roles, Equality, and Transformations (GREAT) project is a six and a half-year project funded by USAID and implemented by Georgetown University's Institute for Reproductive Health, in partnership with Save the Children International and Pathfinder International and their respective implementing partners, Straight Talk Foundation and Concerned Parents Association. The GREAT Project aims to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors 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. The GREAT project piloted the community-based interventions from July 2012 to September 2014 with the goal of creating an enabling environment for reproductive and sexual health and family planning use. At the core of the effort is an intervention package, consisting of four components (Figure 1) and simple tools to bring about behavior change among various cohorts within the target populations.

Figure 1. GREAT Intervention Components



A qualitative assessment was conducted in October 2014 to evaluate the effectiveness and scalability of the community-based interventions piloted in Amuru and Lira districts. The information from this assessment was intended to supplement data from the monitoring system and help interpret evaluation results to develop implementation guidelines and plan adjustments for scale-up. This report presents the findings of the qualitative assessment exercise.

OBJECTIVES

A. STUDY OBJECTIVES

The qualitative assessment had three main objectives:

- i. Assess acceptability, feasibility, and implementation of the GREAT package
- ii. Assess the training, supervision, and coaching supports provided throughout implementation and determine what worked well and what could be improved
- iii. Understand the role of local government/other stakeholders (including health workers) in GREAT implementation and what opportunities exist for their involvement in expansion and sustainability.

B. STUDY THEMES AND QUESTIONS OF INTEREST

The assessment addressed the key themes listed below. The specific themes for each data collection activity are detailed in the interview guides.

1. Performance, supervision, and satisfaction of GREAT actors

- How platform members participate in group sessions and interact with VHTs.
- Gender and age-related facilitating factors or barriers to performance of platform leaders/groups
- Project Monitoring: what worked well and what could be improved?
- Support/supervision/training to VHTs and platform members: what worked well and what could be improved?
- Satisfaction of VHTs and platform leaders/groups with their participation: what have they learned, have they enjoyed participating, challenges, etc?
 - Ideas for how to handle transition when Save the Children and Straight Talk Foundation or Pathfinder International and Concerned Parents Association are no longer providing regular support and supervision

2. Intervention activities & how GREAT actors interact with others

- How links among GREAT actors could be strengthened
- Extent to which various GREAT actors interact or work together (e.g. CAGs and VHTs supporting platforms)
- VHTs: interactions with adolescents, services offered to different life stages/cohorts and sexes
 - Extent to which VHTs are involved in GREAT, and how that involvement could be improved
 - Community perceptions of VHTs and adolescent health needs
- Platforms: experience of group leaders and their members
 - Experiences and challenges using the toolkit or participating in discussions, including language and literacy
 - User-friendliness of tools
 - Type, content, and quality of discussion of GREAT themes/activity components

METHODOLOGY

The qualitative assessment consisted of:

A. RESEARCH TEAM

- Research Monitoring and Evaluation Coordinator (REMC)
- Four Research Assistants (hired by IRH, two for each district, fluent in English and Luo)
- Analysis: Research Officer, Program Assistant, REMC, Intern

B. RESEARCH METHODS

- 14 Focus Group Discussions (FGDs) with platform leaders
- 20 In-Depth Interviews (IDIs) with VHTs
- 20 In-Depth Interviews with adolescents who have visited VHTs

As detailed in Table 1, there were 7 FGDs in each district with an average of eight participants per FGD. The number and description of FGDs per cohort was as follows:

1. **Very Young Adolescents (VYA) ages 10-14:** Three FGDs per district – one each of boys only, girls only, and mixed sex.
2. **Older Adolescents (OA) ages 15-19:** Two mixed-sex FGDs per district as OAs tend to meet in mixed groups.
3. **Newly Married or Newly Parenting Adolescents (NM/NP) ages 15-19:** Two mixed-sex FGDs per district in line with how NM/NP groups typically meet.

Table 1. Number of Focus Group Discussions with Platform Leaders

Target Group	Amuru			Lira			TOTAL
	Female	Male	Mixed	Female	Male	Mixed	
VYA	1	1	1	1	1	1	6
OA	0	0	2	0	0	2	4
NM/NP	0	0	2	0	0	2	4
TOTAL	7			7			14

For in depth interviews (IDIs), there were 10 interviews in each district with VHTs oriented by GREAT and 10 interviews in each district with adolescents who had participated in activities by VHTs oriented by GREAT (Table 2).

Table 2. Number of In Depth Interviews with VHTs and with Adolescents who visited a Trained VHT¹

Target Group	Amuru	Lira	Total
VHTs	10	10	20
Adolescents who have contacted VHT	10	10	20
TOTAL	20	20	40

Participant selection was conducted by Project Officers and Extension Workers from STF and CPA based on the following criteria:

1. **Active participation** in GREAT activities (for both FGDs and IDIs): For both adolescents and VHTs, active participation is defined as attending group meetings, quarterly platform or VHT review meetings, and completing monitoring reports.
2. **Proximity to designated interview location** at sub-county or parish level (for both FGDs and IDIs).
3. **Accessibility of participant** (for both FGDs and IDIs): ability of extension workers to call or visit the participants at home.
4. **Interaction(s) with a VHT** (for both FGDs and IDIs): Adolescents for IDIs were from selected pools of church adolescents or school pupils who were involved in sensitizations, community activities, or one-on-one visits with VHTs oriented by GREAT.

¹ There were equal numbers of males and females in each district for both VHT and adolescent interviews

Participatory and engaging methodologies – including games, pile sorts, and projective techniques – were used to address the questions and themes of interest in both the FGDs and IDIs of the qualitative assessment.

C. TOOLS

The following assessment tools were developed by IRH:

- FGD Guide: A list of themes/activities to guide discussions with platform leaders.
- IDI Guide for VHTs: A list of topics/questions for interviewing VHTs
- IDI Guide for Adolescents who have consulted a VHT or participated in a group/community sensitization with a VHT: A list of topics/questions for interviewing adolescents who have interacted with/consulted VHTs oriented by GREAT

All research guides and consent forms were translated into Luo by the IRH/RMEC and research assistants (fluent in English and Luo) and back-translated to ensure accuracy.

RESULTS

A. HOW ADOLESCENTS FEEL ABOUT GREAT

For the opening activity of the FGDs and IDIs, platform leaders and VHTs were asked to select an image that best illustrated how they felt about GREAT from a stack of pictures. Each participant shared their picture selection and how it exemplified their view of GREAT and the project's impact on their lives (as shown in Figure 2).

Figure 2. Participant response to the prompt, “This picture shows how I feel about GREAT because...”



Generally, participants of all age groups enjoyed participating in GREAT and described how the intervention empowered adolescents to effect change in their community toward improved SRH and gender equality.

i. Very Young Adolescents:

In this activity, multiple VYAs mentioned gender equality and the increase in sharing chores among boys and girls at home. One VYA chose the image of a paint brush to demonstrate how GREAT helped him wipe away old customs and conceptions in the community and introduce new ideas. An additional theme among participants was education through information. For instance, one VYA selected a picture of a heart to represent how GREAT is helping adolescents understand the changes in their bodies.

ii. Older Adolescents & Newly Married/Newly Parenting:

OA & NM/NPs responses shared the similar theme of applying GREAT's education on gender equality, FP and SRH to community activism. One OA chose the paint brush image because "It is used to sweep away bad things therefore as an adolescent under GREAT I am using the knowledge I get from the discussions to get rid of bad cultural practices like wife inheritance, and marrying many women." Additionally a NM/NP participant selected the photo of a child smiling to represent the lessons GREAT taught about leadership and equality between children and adults.

iii. Village Health Teams:

Similarly, multiple VHTs spoke about becoming agents of change in their community and in the lives of the adolescents. A VHT chose the image of the Christmas lights to exemplify her new found confidence in speaking easily with others. In general, VHTs were very happy to participate in GREAT and had confidence in their knowledge and the advice they could provide to adolescents. One VHT chose the picture of books to show improved SRH knowledge that will guide their services and interaction with the adolescents. Another village health worker was encouraged to move forward in SRH work after witnessing GREAT's influence on reducing GBV and the shift in cultural norms in the community.

B. TOOLKIT USE

In the focus group discussions VYA, OA and NM/NPs were asked questions on their use and opinions of the toolkit. Overall, the adolescents liked the participatory activities best because they promoted community harmony and dialogue. The toolkits were primarily utilized during regular meetings and use of the individual components rotated based on member consensus determined by a vote at the beginning of each meeting. The platform leaders found the toolkit easy to understand and explain. Most participants enjoyed mixed groups because it encouraged lively discussion between different sexes and ages. However, some girls disliked discussing private issues in a mixed group and would prefer to be in a single sex group to discuss certain topics. Additionally, all groups mentioned translation issues, such as the mixing of Acholi and Langi words, which made the materials difficult to use.

Table 3. FGD Responses on Toolkit Components' Use, Opinions, and Differences between Groups

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 VYAs 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) • VYAs 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 	

1. BOYS AND GIRLS FLIPBOOKS

The flipbook component of the toolkit is intended for ages 10-14, a separate flipbook was provided for boys and girls with information for both genders to understand and manage body changes that come along with puberty. Each flipbook follows the story of a relatable VYA offering education on SRH as well as gender equality. Groups were encouraged to read both flipbooks to gain a better understanding of

“I learned that work can be shared among boys and girls and that has made me start helping my sister at home.”

-VYA

both sexes' circumstances. All groups liked that the flipbook encouraged conversations between boys and girls and fostered a culture of respect between the boys and girls. In terms of learning and recall, both boys and girls learned that education is important for both genders. Both sexes also remembered lessons on avoiding alcohol, romantic relationships, and STIs. Girls and boys, did, however, seem to recall their sex-specific information better. The female participants recalled learning about menstruation, body changes and pregnancy. Male VYAs responded that the flipbook helped them to understand and not be afraid of body changes, such as wet dreams and voices changes.

2. ACTIVITY CARDS

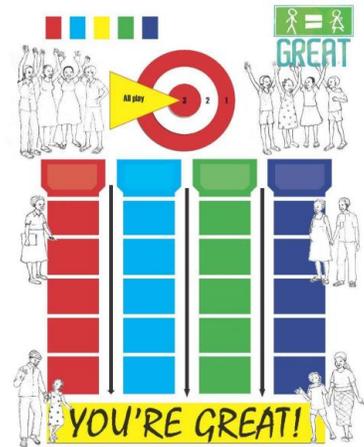
Activity cards were tailored to address issues faced by specific age groups. Like many of the other toolkit components, the FGD participants found the topics interesting, relevant, and diverse. They enjoyed using the activity cards and felt that the activities were educational, encouraged co-ed conversations, and promoted unity and team work.

However, there were differences in opinions between the sexes and age groups. For instance, although girls liked the activity cards more than boys, they did not like discussing certain topics in mixed groups. VYAs also found the cards difficult to use since some questions were difficult to answer. Finally, while VYAs recalled that the activity cards helped to understand changes in their bodies, OA and NM/NPs remembered learning to avoid early relationships and early pregnancy.



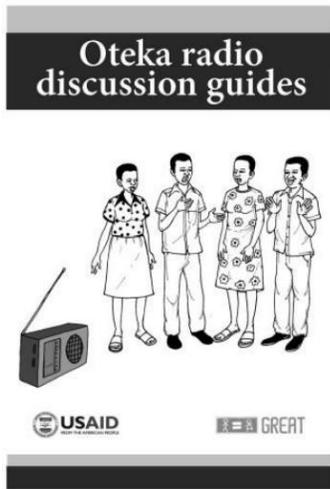
3. BOARD GAME

The board game was designed for all ages and both sexes. All participants, regardless of cohort, agreed that the instructions were easy to understand, the game was fun and filled with interesting topics, and that the board game facilitated laughter and friendship creation. Participants felt the game also fostered harmony in the community by bringing boys and girls together, encouraging parents to play, and attracting spectators. Adolescents liked that the game requires physical activity and promotes children's individual talents as well as traditional culture through song and dance. In general, while most FGD participants felt the board game helped adolescents learn by generating discussion and knowledge sharing across age groups, some participants stated that although the board game was fun, it was not as educational as the other toolkit components. Differences in opinions were particularly noted among VYAs: they did not like it when people laughed if they answered a question incorrectly and felt that too many participants created disorganization and fought if they did not win. VYA girls also stated that boys enjoyed the game more because they were better than girls at throwing the stone.



4. RADIO DISCUSSION GUIDES

The 50-episode radio drama provides important lessons to adolescents in a simple, relatable way that fosters reflection and dialogue. When asked about the radio discussion guides, participants



remembered learning about gender equality, sharing work equally between girls and boys, puberty, staying in school, romantic relationships, avoiding early sex and early marriage, family planning, and avoiding domestic violence. However, the radio guides were useful only if both the leader and group members had listened to the program and could actively facilitate or participate in discussion.

This proved challenging because although the radio drama was played twice a week on one station in both districts², there were barriers to radio listenership: age, gender, radio ownership, lack of batteries, and income differences. For instance, some adolescents stated their parents did not allow them to listen to the radio as they listened to other programs at that time. Females in all cohorts also noted that broadcast times conflicted with household chores.

C. THEMES

1. GENDER EQUALITY

Through a series of pictures and discussion prompts, participants reported an increase in gender equality in the community and a change of view on traditional gender roles as a result of GREAT activities. FGD and IDI results revealed that the gender equality discussions were the most liked element of the toolkit components. Participants stated that they are more open to learning and understand the value of attending class and studying. Adolescents also realized that education and access to schooling is important for both girls and boys. Male VYAs, in particular, recalled learning about equal gender roles and sharing work with female siblings which has led to an increase in sharing responsibilities and household chores among the sexes.



2. SEXUAL & REPRODUCTIVE HEALTH

SRH attitudes and behaviors were also found to have improved in the communities that implemented GREAT. Participants described adolescents displaying more positive attitudes toward SRH overall. Behavioral changes were noted among all age cohorts. For OAs and NM/NPs, these included delayed sexual debut, willingness to use contraceptives, and increased partner discussions about FP issues including healthy timing and spacing of pregnancy and which family planning methods to use. For VYAs, both sexes reported increased understanding of menstruation as a result of attending group meetings

² In each district, one contracted radio station broadcasted the radio drama twice a week and other radio stations broadcasted for free once a week

and utilizing GREAT toolkit components such as the flipbooks. Both sexes also reported that this understanding also led to decreased teasing of girls about menstruation and improvements in girls' self-confidence and positive perceptions of their bodies. Rather than running away from school during their periods, girls are now less fearful of their periods, more confident in themselves while in school, and more able to manage their periods appropriately.

3. ADOLESCENT INTERACTIONS WITH VHTs

i. Reasons For Seeking Services

According to all three age cohorts, reasons for visiting VHTs included:

- Menstrual pain
- Obtain condoms (but rarely other methods if they are not married)
- Advice on relationships, drinking, dancing, smoking
- Advice on sex and pressure to have sex
- Help resolving partner disagreements about FP
- Children's health
- Mental health



ii. Perceptions of VHTs

After the implementation and roll-out of GREAT, adolescents were more likely to seek health services in general, felt that village health workers were more knowledgeable about SRH issues and felt more comfortable seeking services from VHTs. Some OAs added points on other factors – improved service delivery at health centers, including guidance counseling and free distribution of condoms – that had contributed to these changed perceptions of service providers and attitudes/behaviors toward SRH service seeking. In spite of the reported increased trust and confidence in VHTs, however, less than a third of the adolescent participants consulted VHTs and some are still afraid to seek advice or services at VHTs for fear of being shamed about potential sexual behavior at their age.

iii. VHT Perspectives on providing services to Adolescents

Based on the responses from the IDIs, VHTs felt that advising adolescents on sexual and reproductive health (SRH) is an important part of their work. However, they are still somewhat averse to providing contraception (other than condoms) because they fear that providing modern contraceptives may promote promiscuity. Additionally, many of the VHTs believe that the purpose of marriage is to procreate and fear that the side effects of contraceptives could be detrimental to future reproduction. Finally, it was clear that some of the VHTs' advice on SRH was directly linked to their support of conventional views of gender roles in the community and home. For instance, some VHTs were surprised to learn that men should help women with childcare responsibilities and were challenged by the idea of men and women sharing equal roles and responsibilities in the community.

iv. SRH Advice Provided to Adolescents

In line with the afore-mentioned perspectives, some of the specific advice dispensed to adolescents included:

- Promotion of visits to health clinics.
- Unmarried adolescents: advise abstinence. They teach unmarried adolescents to see a health worker for contraception only as a last resort and advise all adolescents to visit clinics for HIV and pregnancy tests.
- Newly married females: VHTs advise waiting until birth of first child before using contraception.
- Newly parenting adolescents: after first child, recommend contraceptives to space subsequent births. Due to personal beliefs and social norms, VHTs also encourage male involvement in contraceptive use. They advocate for use of condoms, Moonbeads, or the secretions method, but do not recommend other modern contraceptives. VHTs will occasionally recommend an injectable contraceptive if a partner is opposed to condom use.

4. GENDER-BASED VIOLENCE

According to participants, GBV has declined since the implementation of GREAT. Additionally, they believe that adolescents consume less alcohol and drink more responsibly because they understand the negative consequences. In general, responses from OAs imply that they see the correlation between alcohol use and an increase in GBV. They stated that in neighboring communities that did not participate in the GREAT project, alcohol use was much higher and was correlated to high acceptance of wife beating. However, participants believe that those exposed to GREAT were less violent toward their partners. FGD responses also indicated that education about gender equality and greater engagement of men in household chores has led to a reduction of GBV. For VYAs GBV was defined as inappropriate touching, during the qualitative assessment, VYAs reported fewer incidents of being touched inappropriately or touching others unwantedly.

5. ADOLESCENT LEADERSHIP

Both boys and girls lead GREAT group discussions. The platform leaders felt well-prepared to lead activities. They were confident in the knowledge they gained from the one-day orientation, facilitation guide, and tool kit. Group leaders were comfortable providing guidance to peers and cited facilitating factors to implementing the GREAT tool kit were good group cohesion and support from adults when leaders were challenged. Group leaders also cited barriers to implementation such as members missing meetings or arriving late and the difficulty of changing certain social norms around gender, GBV, and alcoholism. Platform leaders stated that some of their peers considered them too young to lead, and female leaders were sometimes disrespected.

“I was given enough education as a leader and can speak out without fear.”

-VYA Group Leader

6. ENABLING ENVIRONMENT

Since the implementation of GREAT, the community has a more supportive and positive view of young adults and is better equipped to provide information and guidance on SRH and gender issues. In addition, adolescents have begun sharing information learned at GREAT meetings with other family and community members. However, in the FGDS, adolescents recommended that GREAT do more to engage community elders and parents because they would like to discuss sensitive issues with their parents. However, adolescents stated their parents would rarely talk with them about SRH or FP, because they were either uncomfortable or uninformed on the topics. The flipbooks supplemented to provide information that parents could not offer. Some VYA girls stated that they lived solely with their fathers and were unable to speak with them about female body changes and menstruation and instead relied on the girl flipbook for education. In some cases the flipbooks encouraged parents to have discussions with their children and some group participants had shared the information from the flipbooks with other members of their families. An additional barrier to parental involvement is absenteeism due to drinking or social activities. GREAT activities such as the board game encouraged parents and older adults to participate and stay home and engage with their children.

“Some of our parents don’t stay at home. They go away to watch football so they have less time at home to talk to us.”

-VYA Group Leader



CONCLUSIONS & RECOMMENDATIONS

The Qualitative Assessment results indicate that the VYA, OA and NM/NP platform leaders felt that with the implementation of the GREAT project, adolescents possess a better understanding of the physical changes and social challenges they are facing. Overall, FGD responses show that adolescents value the informational content of the toolkit components and enjoyed the activities that encouraged lively discussion across different age and gender groups. They also noted that the materials are easy to use and that despite challenges managing other group members as a young leader, facilitating the groups were also straightforward and easy to do.

Furthermore, the results affirm that interventions that target specific life stages and begin with the transformation of gender roles and identities that solidify during adolescence can be effective in improving gender equality, adolescent SRH, and reducing gender based violence. Specifically, the toolkit components offered information and advice that was not provided by parents and community elders and did so in a manner that stimulated reflection and dialogue for adolescents to navigate the physical, social, and emotional changes of puberty and transitioning through the responsibilities demanded at each stage of adolescence. Discussions to explore healthy family dynamics and family planning options contributed greatly to improved gender equality by challenging inequitable norms and practice.

These findings also have several implications for the scale-up of GREAT interventions:

- Acholi and Lango language adaptations needed for toolkit components
- Radio discussions guides and drama air times to be simplified and refined to address gender, age, and income biases that prevent listenership
- Encourage parents to read flipbooks with children and to facilitate use by both boys and girls
- Emphasize in toolkit facilitator notes the possibility of splitting into single sex groups when sensitive topics are discussed
- Provide VHTs further orientation on modern contraceptives and principles of adolescent-friendly service provision

The sum of the qualitative assessment results and other endline results will be used to guide the scale-up in the last year of the GREAT project.