



Chapter I:
The GREAT Journey



Section A: Overview

Overview:

The GREAT Journey

What is GREAT?

The Gender Roles, Equality, and Transformations (GREAT) project is a six and a half-year project that started in October 2010. GREAT was funded by the United States Agency for International Development (USAID) and implemented by Georgetown University's Institute for Reproductive Health, in partnership with Save the Children, Pathfinder International, Straight Talk Foundation, and Concerned Parents Association in Lira and Amuru districts of Northern Uganda. The Government of Uganda, represented by three line ministries (the Ministry of Health, the Ministry of Gender, Labor, and Social Development, and the Ministry of Education and Sports), is a critical stakeholder and coordinates with other district government actors. The GREAT Project aims to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors among adolescents 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.

GREAT was created based on a review of 61 effective sexual and reproductive health and gender-based violence programs for youth around the world, evaluating their scalability, combined with primary information collected from adolescents, their parents, and community leaders about the challenges and opportunities of growing up in Northern Uganda. GREAT aims to reach the majority of people in a community through different activities to bring about communitywide change. It was designed to require only modest investments of time and money to allow for expansion of activities across the region. GREAT provides information and advice tailored to meet the needs of each of the groups it seeks to reach – 10 to 14 year old boys and girls, 15 to 19 year old adolescents, and 15 to 19 year old newly married couples and new parents living in Northern Uganda.

The GREAT approach is based upon a set of *principles* and is made up of four *components* (Chapters III-VI), a set of participatory activities to get adolescents and adults thinking and talking about how to help girls and boys grow into healthy adults who live in communities free of violence that encourage equality between men and women. Each component is briefly presented below, and further elaborated in this guide's Chapters III through VI. We strongly recommend that all four components be implemented together for maximum impact.

GREAT Components



COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.



RADIO DRAMA

The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

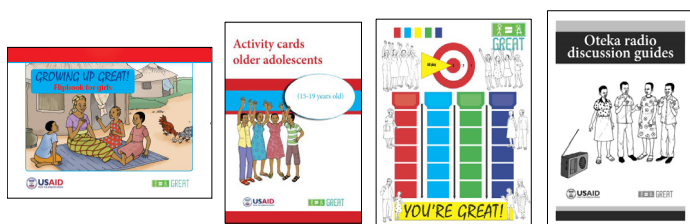


VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.



COMMUNITY GROUPS & CLUBS USING TOOLKITS

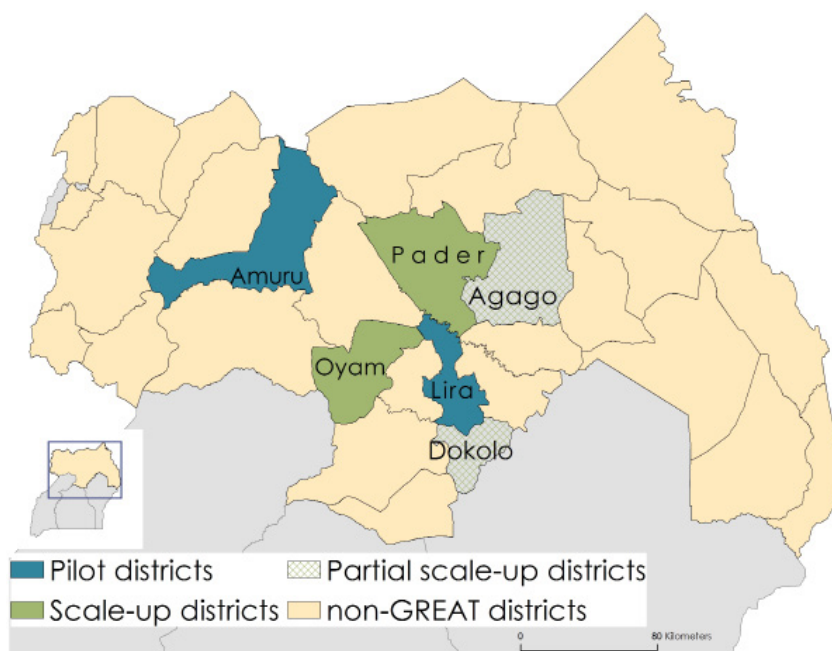


The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The *GREAT Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.

How Does GREAT Work?

A set of GREAT principles guide the activities and components of the project activities. These principles outline the values of GREAT and point towards the goals of the intervention. GREAT's guiding principles include:

Principle	What Makes this Principle GREAT?
Transform social norms	Shift social norms and attitudes to foster healthier, more equitable behaviors by correcting misinformation, encouraging critical reflection and dialogue, changing expectations for appropriate behavior and supporting groups to take action. Gender norms are how we as individuals, communities and societies think about and reinforce the way men and women should be, appear and act; what they should aspire to; and what roles they should play within the community and family. Gender norms certainly affect our health behavior: for example, whether we can initiate or refuse sexual acts, whether we use contraception, or whether we seek HIV testing after having unprotected sex. GREAT uses evidence about how gender norms are formed and maintained to help community groups and others identify, reflect upon, and change local norms—and ultimately to normalize healthier behaviors and more equitable relationships.
Focus on the opportunities in life course transitions	Focus on life course transitions when adolescents learn new roles and social norms: children entering puberty, women and men entering marriage, and individuals becoming new parents. People experience widely differing challenges related to gender inequity, violence, and sexual and reproductive health not only due to their sex but to their age. GREAT therefore treats the broad category of adolescence (ages 10-19) as several specific groups, and offers tailored, stage-specific approaches for each: Very Young Adolescents (10-14 years) who are starting to go through puberty, Older Adolescents (15-19) who are entering intimate relationships, Newly Married (15-19) who are in intimate relationships and are making decisions about fertility and family planning, and New Parents (15-19) who are raising children of their own.
Engage all levels of the ecological framework	Diffuse new ideas and information through different levels of the community to support individual change. The GREAT intervention deliberately works at multiple levels within society—individual, relationship, community—because each level supports and catalyzes the others to foster and sustain social change.
A relational approach engages women, girls, men, and boys	Engage girls and boys, sometimes apart, sometimes together, but always in relation to each other. GREAT's relational approach recognizes, simply, that most problems involve two or more people, and that solving problems should address the needs of each. In all cases, the aim is to move toward more gender equitable relationships. If, for example, a couple is to participate more equitably in child care, the relational approach may lead you to raise awareness with the female partner that men, when given the opportunity, can care for children just as well as women, and to foster within the male partner a sense of responsibility for participating in child care. Family and community members may also need to be involved to support new attitudes and behaviors.
Existing groups build trust and foster a foundation for sustainable change	Be scaled up by existing groups with modest additional resources. GREAT identifies and works with groups that already exist in and influence the community. Our Community Action Cycle helps build social cohesion and trust (especially important in Northern Uganda, where cultural, family, and economic ties are being rebuilt after years of conflict) as these existing groups and their members provide opportunities for dialogue and reflection, and mobilize their communities for change.



Where Was GREAT Implemented?

After more than twenty years of brutal civil war, conditions in the post-conflict setting of northern Uganda – increased gender-based violence, disrupted social and human services, and eroded cultural traditions – heightened economic and physical insecurity even further. These factors may have contributed to the adoption and reinforcement of inequitable gender norms, unhealthy behaviors, poor reproductive health outcomes, and sexualization of vulnerable youth who lack exposure to positive role models and appropriate conflict resolution skills and psychological support. Young people in Northern Uganda marry and have children early, limiting their opportunities to complete their education, make a good living and form healthy, harmonious families. Mistimed pregnancies and family violence lead to poor health outcomes among many young mothers and their children, contributing to intergenerational cycles of poverty. Beliefs about how women and men should behave often influence young people's health and well-being. For example, the belief that it is acceptable for men to use violence against women can prevent women from discussing family planning with their husbands or seeking services. Beliefs about the ideal male roles can also discourage men from being loving, supportive husbands and fathers. Existing efforts to address these unhealthy situations in Northern Uganda were not adequately meeting the needs of adolescents.

The people of northern Uganda were ready for changes that would improve their families and communities in the face of considerable sexual and reproductive health challenges and widespread gender-based violence in order to bring about long-term well-being. GREAT, in partnership with local communities, accepted the challenging circumstances of working in Northern Uganda and committed itself to filling the identified gaps in adolescent sexual and reproductive health (ASRH). Piloted in Lira and Amuru districts and scaled-up in Oyam and Pader districts, GREAT activities have reached over 100,000 people across Northern Uganda. Although GREAT was piloted and scaled-up in Northern Uganda, the intervention is also applicable in other contexts. For example, organizations have adopted elements of the GREAT intervention in other parts of Uganda as well as the Democratic Republic of Congo, Mozambique, Benin, and several other West African countries.

Why is GREAT Important?

GREAT is important because it works. Focusing on the opportunities to positively influence gender and social norms at key life course transitions, GREAT aimed to affect the following behaviors for its intervention cohorts:

GREAT Themes and Desired Outcomes by Age Cohort [Read GREAT Creative Brief: http://bit.ly/1VYbjY1]			
Group (age in years)	Sexual and Reproductive Health	Gender-Equitable Norms & Attitudes	Gender-Based Violence
Very Young Adolescents (10-14)	Knowledge of puberty differences	Siblings should share chores; Education is equally important for boys and girls	Decreased bullying, teasing; Intention to seek help in violent situations; Boys and girls respect each other
Older Adolescents (15-19)	Knowledge of sexual and reproductive health rights, responsibilities; Self-efficacy for service use	Girls should stay in school; Adolescents should delay marriage	Decreased coerced sex
Newly Married (15-19)	Desire to delay pregnancy; Partner support for sexual and reproductive health	Equitable decision-making in couple	Increased willingness to seek help/respond to intimate partner violence; Improved communication to resolve conflict
New Parents (15-19)	Couple communication about fertility/family planning	Male/female children desired and treated equally	Increased use of nonviolent discipline

In order to assess if the GREAT intervention was effective at achieving its desired goal behaviors, GREAT was rigorously tracked throughout its implementation. GREAT was piloted for 22 months¹. In evaluating the GREAT intervention package, we asked the following questions:

1. Do adolescents exposed to GREAT have improved attitudes and behaviors related to:
 - Equality between men and women and boys and girls?
 - Couple relationships and family planning?
 - Gender-based violence?
2. Do adults exposed to GREAT provide advice to adolescents about equality, couple relationships, family planning, and gender-based violence?

Qualitative research [<http://bit.ly/1UmqGbF>] revealed that young people and adults enjoyed

¹ For more information about GREAT results, see the Project Results [<http://irh.org/resource-library/brief-great-project-results/>]

being involved in GREAT and felt that their participation resulted in positive changes in themselves, their families, and communities. Quantitative results [<http://bit.ly/24axYp5>] also showed that GREAT led to significant improvements in attitudes and behaviors among exposed individuals. Adolescents and adults who heard the radio program or participated in reflection activities reported positive changes in gender equity, partner communication, family planning use, and attitudes towards gender-based violence. The serial radio drama was an effective strategy to reach community members who did not participate in small group activities.

Changes in gender-equitable attitudes and behaviors: Exposure to GREAT resulted in more gender-equitable attitudes and some changes in behaviors. For example, fewer older adolescents exposed to GREAT held inequitable gender norms. Educating girls promotes the health and well-being of families and communities. A promising result of GREAT is that fewer newly married/parenting youth and older adolescents believe that it is more important for boys to be educated than girls. More gender equitable behaviors were also observed among youth engaged in GREAT, especially among newly married/parenting adolescents. Young husbands were more likely to be involved in childcare or helping with household chores than those not reached.

Changes in sexual and reproductive health attitudes and behaviors: We learned that most young people who participated in GREAT showed improved attitudes and behaviors related to sexual and reproductive health. Older adolescents and newly married/parenting adolescents exposed to GREAT were more likely than those not exposed to hold positive attitudes towards family planning use, talk to their partner about the timing of their next child, and discuss family planning use. Newly married/parenting couples were also more likely to seek and use family planning.

Changes in attitudes towards intimate partner violence, conflict management, and sexual harassment: Changing acceptance of men's use of violence to control their wives takes time, however improved attitudes and less violence was seen among adolescents involved with GREAT. There was a significant decrease in newly married/parenting women and men who report reacting violently to their partner when they were angry. In addition, fewer older adolescents reported touching/being touched on the buttocks or breast without permission in the last three months.

Changes in adult attitudes towards and interactions with adolescents: Results showed that GREAT contributes to an environment which supports youth development. For example, the adults exposed to GREAT were significantly more likely to provide young people positive advice on gender, couple relationships, avoiding pregnancy, and partner violence.

Who Implements GREAT?

Implementing the GREAT approach involves people from many levels and sectors of society, as shown in the table below. For the sake of simplicity, in this section we present the major actors in two categories.

The first is **actors who belong to your organization** (which is probably an NGO, but may be a government department or community group).

The second is **actors in the community**. (Some of these actors may also be government officials, traditional or social leaders, but in GREAT their primary affiliation is the community.)

GREAT Actors and Their Roles

Affiliate	Title	Description
Your Organization	Project Manager(s)	Individual(s) in charge of overseeing GREAT implementation, staffing, tracking. Coordinate stakeholders and manage financial and physical resources to advance implementation, make mid-course adjustments, and disseminate findings/results.
Community Members	Field Staff	The staff who interface with and guide community members—including Community Action Groups, VHTs, and leaders of community groups/school-based clubs--to use GREAT components.
	Community Action Group	Made up of local leaders and influential individuals and volunteers or community resource persons (as selected by communities), each nine-member Community Action Group (with support of Field Staff) works with its community at parish level to identify problems and draw up action plans to solve them. They collaborate with community groups, school-based clubs, and with VHTs to ensure their activities are included in Community Action Plans and guide groups and school-based clubs to use the toolkit
	Community Mobilization Teams	These are community representatives at sub-county level including the sub-county leadership who guide or advise the Community Action Groups to implement GREAT in their sub-counties. Their buy-in and participation right from the start is important because they play a critical role when it comes to integrating GREAT into existing sub-county and parish development plans.
	VHTs	Uganda’s Ministry of Health mandates that each village have one male and one female volunteer health worker. With targeted support from GREAT, VHTs improve their ability to offer youth-friendly information on sexual and reproductive health, and referrals to nearby services.
Community Members	Existing community groups and school-based clubs	<p>Many types of groups can use GREAT materials: school groups organized by teachers, drama groups, sports groups, village savings groups, religious groups, and others.</p> <p>Using the GREAT toolkit, they engage their local community in fun activities.</p> <p>By engaging community members in this way, community groups and school-based clubs are guiding them on a journey of inward reflection about how their behavior and use of power affects others around them. The work of Community groups and school-based clubs is supported/coordinated by community members and adolescents. By taking part in GREAT, group members gain new skills, enjoy being part of the wider GREAT community, and enjoy increased status in their community.</p>

GREAT activities are owned and implemented by communities, but **government stakeholders** at several levels also help ensure GREAT success. For example, you will want to consult district-level officials before activities begin. Sub-county and Parish chiefs (among others) can help you choose communities in which to work and facilitate your access to those communities. Parish councilors and leaders can help you and communities form Community Action Groups and feed GREAT activities into sub county plans.

Tracking your Progress

WHAT

After reading through the Introduction and Chapter I of this How-To-Guide, are you excited to start implementing GREAT? Before beginning activities, it is important to design a plan to track your GREAT progress. This section will describe the process for integrating key tracking considerations to support implementation of your GREAT activities.

WHY

M&E provides the information needed to make evidence-based decisions for program management and improvement, policy formulation, and advocacy. It facilitates an iterative approach that supports successful implementation of interventions and promotes an environment of evidence-based learning. Ultimately, M&E provides a means to guide decision-making and evaluate achievements while balancing the needs of project staff and donors with those of communities to exert ownership over their information and influence program priorities.

WHO

Your staff, led by your GREAT project manager, in collaboration with the community groups selected for your activities.

WHEN

Integrate GREAT indicators prior to the 12-month active phase and continue tracking throughout the implementation period.

HOW

Tracking of the Community Action Groups, radio, VHTs, and platform activities requires simple tools that are participatory and visual. You can integrate the GREAT indicators into your existing M&E system or refer to the Sample tracking forms included in this document. GREAT component specific tools can be found in each component's respective chapter, while general forms can be found in this chapter. We present additional considerations for each component below. Simple reporting tools are completed by the Community Action Groups, radio stations, VHTs, and platform leaders and submitted monthly. Quarterly meetings help Community Action Groups, VHTs and platform leaders to reflect on their experiences, challenges, and lessons learned.

Key Considerations for Integrating GREAT indicators into your M&E system:

GREAT component	Indicators (disaggregated by age cohort and sex, where applicable)	Considerations
Community Action Cycle	<i># of parishes that have completed all 6 phases of Community Action Cycle</i>	Benchmarks may be helpful in tracking how quickly it takes Community Action Groups to get through the 6 phases
	<i># of individuals engaging/ working/implementing the Community Action Cycle</i>	
	<i># of community structures implementing the Community Action Cycle</i>	
Radio	# of episodes aired on the agreed days and time	Radio listenership may be difficult to measure
VHTs	<i># of VHTs oriented in providing Youth Friendly services</i>	Refer to Ministry of Health tracking forms to avoid duplicating reporting templates.
	# of adolescents (10-19 year olds) reached by VHTs	
Toolkit	<i># of individuals reached through platforms</i>	School-based clubs may require very simple forms to facilitate reporting by very young adolescents.
	<i># of platforms oriented and implementing GREAT (i.e. using the toolkit)</i>	

Before beginning to use the tools included in this document, it is important to dispel a few myths about M&E among your staff and with the GREAT community groups:

Myths about Tracking

Before beginning to use the tools included in this document, it is important to dispel a few myths about M&E among your staff and with the GREAT community groups:

1. Myth: Only experts can participate in GREAT M&E activities.

Truth: Anyone can participate in GREAT M&E activities. If you can read and understand simple arithmetic, you can help track GREAT's progress with your organization.

2. Myth: You need to wait until the end of your project to start M&E activities.

Truth: You should participate in tracking your organization's progress as soon as you start implementing GREAT. By tracking your activities regularly, you'll have a clearer picture of what works, what doesn't, and what needs to be improved.

3. Myth: User organizations cannot use tracking forms without direct supervision from the GREAT resource team (IRH, Save the Children, Pathfinder, Straight Talk Foundation and/or Concerned Parents Association).

Truth: User organizations can use tracking forms without direct supervision from the GREAT resource team. Although the resource team may orient user organizations on how to use the tracking forms before they implement GREAT activities, user organization staff are capable of completing forms on their own once they understand and are comfortable with the forms.



Section B:
Tracking Forms

1. Data Audit Form

INSTRUCTIONS: This form must be completed by the RMEC/IRH or a trained, designated representative from the MEWG. Please complete this form once every quarter for each of the UOs to assess the quality of data compiled by them during the quarter. Be careful to observe instructions to the form in italics. Collate all the forms in a quarterly data audit report to inform the Partners' and GREAT quarterly report (if completed by anyone other than the RMEC, please submit this form to the RMEC). The last day of submission is the 3th calendar day of the month following the quarter.

No.	Category/Questions	Findings (0=No; 1 = Yes)	Comments	Recommendations for Improvement (if needed)
VALIDITY				
1.	Are the forms filled out completely i.e. without missing information?			
2.	Are observation sections sufficiently filled in? i.e. is there enough detail to guide project decision-making?			
3.	Are the people collecting data qualified and properly supervised?			
4.	Are project locations properly identified in the tracking form?			
RELIABILITY				
5.	Is the data collector consistently using correct data collection procedure?			
6.	Is the data collector turning in data forms on time?			
7.	Is the data collected properly stored and readily available for use or verification by project staff?			
PRECISION				
8.	Did the data collector correctly summarize the original data? E.g. is the Extension Worker correctly tallying the platform leaders' and/or community leaders' figures?			

No.	Category/Questions	Findings (0=No; 1 = Yes)	Comments	Recommendations for Improvement (if needed)
9.	Do reported sums add up correctly?			
INTEGRITY				
10.	Are there proper measures in place to prevent unauthorized changes to the data?			

TOTAL POINTS:	_____/10
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INTEGRITY	
Based on the assessment relative to the five standards, what is the overall conclusion regarding the quality of the data?	Comment on the overall quality of the data from this source
If the data is not accurate, what impact will it have on our understanding of what is going on and on our ability to improve them?	Comment on the potential impact of the limitations on program activities
Are there comments from the field or observation made from completing the tools that require modification of the tools? If so what?	Comment on modifications required for existing tools

2. Quarterly Tracking Form

INSTRUCTIONS: Summarize information (sum) into this form every three months. Submit the completed form to the local government office and copy to Concerned Parents Association/Straight Talk Foundation by the 5th of the first month of the next quarter. This form should be filled for each district. Fill one line for each Sub county you are working in. Fill in the name of the Sub county and the figures for each column across the table. Sum up the figures for each column and place the total in the last row of the table, marked "TOTAL".

Name of User Organization: _____ District: _____

Reporting period: DD / MM / YYYY to DD / MM / YYYY Date of submission: DD / MM / YYYY

No.	Community Action Cycle			Service linkages through VHTs				Toolkit				
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
	Name of Sub county	Number of parishes that have completed all 6 phases of Community Action Cycle	Number of males engaging in the Community Action Cycle	Number of females engaging in the Community Action Cycle	Number of female VHTs oriented in providing Youth Friendly Services	Number of male VHTs oriented in providing Youth Friendly Services	Number of females 10-19 year olds reached by VHTs	Number of males 10-19 year olds reached by VHTs	Number of community/school-based groups using the Oteka Radio Drama discussion guide to discuss the drama	Number of girls/women reached through community/school-based groups	Number of boys/men reached through community/school-based groups	Number of community/school-based groups oriented and implementing GREAT
1.												
2.												
3.												
4.												
5.												
6.												
7.												
	TOTAL:											

Name of person reporting: _____ Signature: _____

3. Extension Worker Summary Tracking Form

INSTRUCTIONS: The UO Summary Tracking Form summarizes the information recorded in the Community Action Group, Group, VHT & Radio Reports. It is completed by the Extension Worker for each sub county at the end of each quarter. The Extension Worker should complete this form using information from the VHT monthly summary form, Group leader tracking forms, Community Action Group, activity forms, Oteka weekly log forms and UO quarterly report form that will be collected from the UOs. These forms should be submitted to the respective Project Officers (of SCI and PI) no later than the 5th calendar day of the first month of the next quarter.

SECTION 1 : REPORT BY (Provide details in the space provided)

Name:

Position:

Signature:

Date:

Sub county:

SECTION 2: SUMMARY OF GROUP ACTIVITIES

Summary of group activity by age group and sex (Fill out this section with information from UO quarterly report and Group leader tracking forms)

Group tracking indicators for the quarter	Age Group	# Groups		# of participants in the groups				Comments	
		School	Community	School		Community			
				Male	Female	Male	Female		
Total # groups enrolled ¹¹ in the GREAT project by the end of the previous quarter (by age group)	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								

¹¹ Enrolled Groups are those that have: had representatives trained on the use of toolkit, received the toolkit and are expected to have started using the toolkit.

Use of GREAT products by type of product, age group & sex (Fill out this table with information from the Group Leader Reporting Form)

Total # of groups that used at least one scalable product during the previous quarter (by product)	Age Group	# Groups		# of Participants in the Groups that Used this Product								
		School	Community	School			Community					
				Male	Female	Total	Male	Female	Total			
Oteka Radio Drama discussion guide	VYA (10-14 years)											
	OA (15-19 years)											
	NM/NP (15-19 years)											
	Adults (20+ years)											
	VYA (10-14 years)											
	OA (15-19 years)											
Community board game	NM/NP (15-19 years)											
	Adults (20+ years)											
	VYA (10-14 years)											
Activity cards	OA (15-19 years)											
	NM/NP (15-19 years)											
	Adults (20+ years)											
	VYA (10-14 years)											
Boys' Flipbook	OA (15-19 years)											
	NM/NP (15-19 years)											
	Adults (20+ years)											
	VYA (10-14 years)											
Girls' Flipbook	OA (15-19 years)											
	NM/NP (15-19 years)											
	Adults (20+ years)											
	VYA (10-14 years)											
GRAND TOTAL:												

SECTION 3: Summary of Community Action Group Activities

(Information for Section 3 comes from the Community Action Group Activity Reporting Form)

Fill out with information from the Community Action Group Activity Reporting Form

S.No.	Indicator			Number	
1.	# of males engaging/working as Community Action Group s/ implementing the Community Action Cycle:				
2.	# of females engaging/working as Community Action Group s/ implementing the Community Action Cycle:				
3.	# of parishes that have completed all six phases of the Community Action Cycle:				
	What activities has the Community Action Group undertaken in the community? (Describe briefly)	Month	Location	Estimated No. of Participants	
				Male	Female
1.					
2.					
3.					
4.					

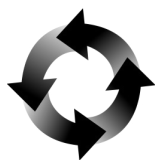
SECTION 4: Summary of VHT Activity
 (Information Comes from the Integrated Daily/Monthly Form for VHTs)

S.No.		Newly Married/ Parenting		Older Adolescents		Very Young Adolescents		Total
		Male	Female	Male	Female	Male	Female	
1.	# people reached by VHTs through individual level							
2.	# people reached by VHTs through group level							
5.	Total # clients referred to Health Facility							
Topics discussed with clients								
6.	Family planning							
7.	Puberty							
8.	Domestic violence							
9.	Early marriage							
10.	Gender roles							
11.	Alcohol							
12.	Safety							
13.	Other							

**SECTION 5: Summary of Oteka Radio Drama Broadcast
Radio Drama (Information comes from UO Oteka Radio Drama Weekly Reporting Form)**

S.No.	Name of Radio	Number of episodes aired at the right time and day this quarter	Number of episodes repeated this quarter	Number of questions/ comments on the theme of sexual and reproductive health from listeners during this quarter	Number of questions/ comments on the theme of gender-based violence from listeners during this quarter	Number of questions/ comments on the theme of gender equity from listeners during this quarter
1.						
2.						
3.						
4.						
5.						
TOTAL:						

GREAT Components



COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.



RADIO DRAMA

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VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.



COMMUNITY GROUPS & CLUBS USING TOOLKITS

The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The *GREAT Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.



