Generating debate and visualising change: assessing the uptake of three visualisation tools in change processes geared to improving young people's SRHR

PROJECT REPORT

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1   INTRODUCTION

Sustainably improving young people's sexual and reproductive health and rights (SRHR) requires a range of interlinked structural issues are addressed, and young people's own knowledge and skills are improved. Departing from this premise, the proposed study seeks to examining how practitioners have taken up a series of tools that are designed to monitor quality, generate debate on, and identify areas for improvement in SRHR-related education and health care services provided to young people. Specifically, the study follows up on an earlier Share-Net small grants project that culminated in three sets of visualisation tools designed to assess the girl-friendliness of schools, the quality of comprehensive sexuality education provided and the youth-friendliness of health care services.

Criteria related to girl-friendly schools – such as those related to safety in schools and functioning referral systems to health services – link to structural factors that CSE seeks to address. When considering actual uptake of health services by young people, it is critical to reflect on questions regarding youth-friendliness of the services provided. It was in light of the important interlinkages between these different areas that the UvA developed three sets of visualisation tools to assess, respectively: i) measures taken to improve girl-friendliness of schools (GFS), ii) the quality of comprehensive sexuality education (CSE), and iii) youth-friendliness of health services (YFHS). The tools were also developed in response to findings generated during monitoring and evaluation, and impact evaluation studies conducted for the Her Choice programme on child marriage.

Each tool offers: a) guidelines on how the tool can be used; b) a checklist that can be used to assess the degree to which initiatives meet core aspects of CSE, YFHS and GFS; core aspects grouped in so-called dimensions, and c) a spider chart visualising the total score for each dimension; d) an example of discussion questions which can serve to facilitate dialogue between different stakeholders concerning the score of key criteria and possible action to improve on the scores. The format of the tools was based on the Girl QUAT tool developed by International Child Development Initiatives (ICDI).

The tools were introduced to all Her Choice local partner organisations during three Linking and Learning (L&L) meetings between end 2018 and mid-2019. The tools and the guidelines were discussed and participants practiced using the tools during role plays. The response to the tools during these meetings was largely positive, partners indicating that they expected the tools to be very useful to their work. All Her Choice partners received Word versions of the tools. Since these meetings, we have received some feedback regarding the actual use of the tools from a number of partners (e.g. in Burkina Faso, Ethiopia, Mali and Pakistan). Beyond this largely anecdotal input, we had not been able to assess how the tools were used and how doing so has shaped partners' interventions with regard to CSE, GFS and YFHS.

With this study we aimed to document partner's experiences with the tools and, based on these experiences, develop second editions of the tools.

1.1   Study objectives

The objectives of our study were three-fold, namely to:
- Document how the three visualisation tools that were developed within the framework of a previous Share-Net Small Grants project have been used by local partners in Her Choice programme countries in South Asia and Sub-Saharan Africa,
- Examine how these three tools have contributed to improving, respectively: i) the girl-friendliness of schools, ii) the quality of comprehensive sexuality education in in-service teacher training and support,

and iii) youth-friendliness of health services and consequently leading to an environment for improved SRHR of young people, and

- Identify how the tools and accompanying guidelines can be improved in order to strengthen their uptake, and enhance their utility in change processes geared to creating enabling environments to achieve young people's SRHR.

Thus the project comprised two phases, during the first phase we documented partners' experiences with the tools, and during the second phase we revised the three tools, based on these experiences and partners' recommendations. We first present the study methodology (Section 2) and the study findings (Section 3), then explain how we have revised the tools based on partners' experiences (Section 4). We end with conclusion, including a section on how we presented the draft tools and reflection on the potential benefits of using the tools.

2   STUDY METHODOLOGY

2.1   Data collection methods, sampling, and data analysis

To meet the objectives presented above, two data collection methods were used to gather partners' experiences with the tools, a self-administered questionnaire and in-depth interviews. First, a questionnaire with mainly closed-ended questions was sent by email to all 32 Her Choice partners in the 10 project countries in July 2020. The questions focused on gaining clarity as to which tools were used, with which participants/stakeholders, how often, for what purposes, whether tools were adapted to local contexts, and what respondents/users' level of satisfaction was with the tools.

Following analysis of the data gathered through the questionnaire, ten Her Choice partners were selected for in-depth interviews (IDI), and interviewed in August using Zoom/Skype/Whatsapp video call. The criteria used to select participants for interviews were:
- Geographic and alliance member representation (Her Choice alliance members are SKN, The Hunger Project Nederland, ICDI);
- Experience with the tools, including experience in using the tool(s) for different purposes, with different participants and stakeholders,
- Experience with making adaptations to the tools.

IDI guides were developed, to explore in greater depth the themes that had been addressed in the closed-ended questionnaire. The interviews focused on developing understanding of the following issues:
1. How have the tools been used? Which stakeholders participated in the tool-sessions and how, whether the tools were used in the participatory manner for which they are designed?
2. How did stakeholders respond to the tools and to the dialogue generated during the participatory exercises, and to the visual outcomes of the exercise?
3. What were partners' plans made following the visualisation exercise for change in e.g. programme activities, in contents of the CSE manual, the kinds of measures to make schools more girl-friendly, and health centres more youth-friendly?
4. How have the tools contributed to improving, respectively: i) the girl-friendliness of schools, ii) the quality of Comprehensive Sexuality Education, and iii) youth-friendliness of health services?
5. What have the tools contributed to the school enrolment of girls, SRHR of young people; and what have been challenges?

The interview guides were tailored to the partner's responses in the original closed-ended questionnaire. The interviews generally lasted between one-and-a half and two hours. Interviews were recorded after gaining participants' permission.

The responses to the email questionnaire were entered in an excel sheet. The audio-recorded interviews were summarised by research assistants and developed into reports (which followed the structure of the interview questions). These reports were shared with the interviewed partners for their review and input. In some cases, interview participants were approached to clarify questions that arose when developing the transcripts and reports. Once all input had been gathered and the interview reports were finalised, these interviews were analysed using a priori codes (relating to the original research questions).

2.2   Study limitations and ethical considerations

The study is based on a small sample of interview participants (10), and a larger sample of questionnaire respondents (24). While the sample of interviewees constitutes about a third of all Her Choice partners, it thus remains a relatively small sample. Despite the relatively small size, a number of common themes and areas of concern arose during the interviews, for example, regarding sensitivity of language used in the criteria, ownership and adaptability of the tools. For purposes of this study and the initial questions posed regarding uptake of the tools, a sufficient level of data saturation was thus achieved.

With regard to ethical considerations, we verified both during interviews and when sending the draft interview reports whether interview participants consented to our use of the data gathered. No names of study participants are mentioned in this report, and both the raw data gathered and interview reports are stored on password protected computers belonging to the researchers. The tools and the report will be made freely available via various channels and particular effort is made to ensure that all Her Choice partners, at a minimum, receive copies of the revised tools and the report.

During interviews, we sought to understand how tools had been received by both facilitators and participants involved in the visualisation exercises. In so doing, we asked about interview participants' opinions regarding the possible Eurocentricity of tools such as the three in question, and the criteria and wording used in these particular tools. When asking about these issues, the vast majority of participants indicated that they had not experienced the tools as 'Western.' However, we were able to gather useful data on the ways in which partners had adapted the tools, and thereby gain insight into where the original tools were felt to lack relevance to local contexts or criteria were perceived as being inappropriately formulated. Thus, while we indirectly gathered insight on how the original tools were altered to better suit local contexts, needs and values, the question remains whether tools such as these impose Western norms regarding, in this case, what constitutes 'comprehensive' sexuality education, a girl-friendly school or a youth-friendly health service. Additionally, in the course of the study, questions arose whether tools such as these are underpinned by linear development logics of capacity building and improvement. In short, the study raised new questions that were beyond the scope of the study and the call, but which tie into broader discussions regarding the coloniality of development.

3 FINDINGS: PARTNERS' EXPERIENCES WITH THE TOOLS

This section presents overarching themes emerging in relation to the three main research questions the Visualisation Tools project set out to examine. These overarching themes were derived from analysis of the interviews conducted with the ten Her Choice local partners and the answers to the questionnaire.

3.1 Use of the tools and tool sessions

Sixteen of the 24 partners who completed the questionnaire reported they had used the tools: 16 the GFS tool, 10 the YFHS tool, and five the CSE tool. Of those taking part in the interviews, all ten indicated they had used the GFS tool, nine the YFHS tool and four the CSE tool. As the most culturally sensitive tool regarding question criteria, the CSE was more challenging for partners to use. The CSE tool was also sent to some partners after they had already planned YFHS and GFS sessions, and so they did not have the capacity to also run CSE sessions.

All 16 partners had used the same tool more than once: either in different schools or health centres, and/or various times in the same school or health centre. The lowest use was reported by ESD in Ethiopia, who used the GFS tool one time in two different schools, the highest by TAGNE in Mali who used the GFS tool 15 times each in 16 different schools.

Reasons why eight partners did not use the tools were the following: Three partners feared it would be too expensive to organise sessions; one partner said the tools were too complicated; one reported that the staff member who had been trained on the tool left and one other that staff did not have time. One partner (in Nepal) said they had wanted to start using in 2020, but then the Covid-19 pandemic put their activities on hold.

3.1.1 Facilitators for the tool sessions

Nine out of ten partners in the IDIs reported the session facilitators were staff members of their organisation. This facilitator choice was efficient and effective as often Her Choice Partner staff had been trained in SRHR education and topics relevant to the GFS, YFHS and CSE tools. This training and understanding of the terminology reportedly increased the facilitators' ability to facilitate in-depth discussions on often difficult or awkward topics and guide participants. Furthermore, partners reported that the advantage of internal facilitators was they could utilise existing positive community relationships as the partners are often well-established within the communities in question and familiar with the places for the sessions. Mobilisation of participants and rapport building was thus easier when involving internal facilitators.

Several partners reported the need for more training of facilitators in using and understanding the tools, especially when facilitators were external to the partner organisation. Well trained facilitators includes making sure they are comfortable and confident in discussing and guiding discussion on tool topics, including sensitive subjects such as contraception, sexual relations, abortion, menstruation and LGBTI+ issues.

One organisation (FSCE Bahir Dar, Ethiopia) did not use internal facilitators but contacted eight school principals who were FSCE partners. The strong relationships the organisation had with these principals and schools resulted in clear communication about the tools' aims and session expectations for both participants and facilitators.

3.1.2 Session participants

Sessions were conducted with single-actor or multiple-actor participant groups. Among the 16 partners in the email survey four reported to have conducted the sessions with single-actor groups only, the other 12 with multiple-actor groups or sometimes multiple- and sometimes single-actor groups. The single-actor groups

consisted of female students, or members of the girls' clubs in schools, or teachers, or health staff. The participants in multiple-actor groups varied. Some organisations involved a wide range of different actors, such as young women and men, teachers, principals, parents, community leaders and district officers, others considered multiple-actor group to be a group of teachers and principals or a group of in-charge of health centre and health staff. Five partners did not involve young women (and men) in the sessions. Only three partners involved out of school young women and men in the sessions.

During the interviews, partners elaborated on the session participants.

Single-actor groups:
Tool sessions conducted with single actor groups were predominantly the CSE and YFHS tools due to the more sensitive nature of the topics discussed such as contraception, sexual relations and abortion. These topics are deemed inappropriate to discuss in a mixed-gender setting, especially for women. Using single-gendered groups thus means that women felt comfortable openly discussing these topics and aided them to not be shy to discuss the question criteria.

Multiple-actor groups
Several partners used the GFS tool with multiple actors including participants of different gender. Actors within these multiple-actor groups usually included: school going girls and boys, teachers, Parent-Teacher Association (PTA) members, school principals, health care staff, parents, community leaders and local government representatives. Partners experienced multi-actor sessions as positive as these offered a rare opportunity for different members of society to express their opinions to one another, and engaged a broad range of different people in efforts to improve services and education for young people.

> Importantly, as stated by TAGNE (Mali), involving multiple actors from the community within the tool sessions and allowing their opinions to be expressed in the discussion encourages those participants to then be more accepting of the changes that schools and health centres make to combat the issues raised in the sessions. High community involvement can help facilitate community acceptance of change which may not occur as positively without allowing multiple actor involvement.

Size of groups
In the survey, five partners reported a group size up to 10, three partners a group size between 11 and 15 participants, one between 16 and 20, two between 21 and 25 and one a group of more than 26 participants. The four remaining partners reported that group size varied considerably, with single-actor groups usually of smaller size than the multiple-actor groups.

The interviews showed that the most commonly used group size was between 10-25. The partners reported that this medium sized group allowed for active debate between a wider range of participants. It was noted that this group size worked well for the GFS tool as girls would debate with each other, and showed increased confidence when other girls also shared their opinions. Importantly, larger groups means that there can be a higher representation of different community actors which facilitates healthy debate and wider range of community voices.

> THP Benin noted that the session process is 'difficult with too many voices.' The organisation conducted the same session more than once with smaller groups of participants, allowing for more in-depth and manageable discussions.
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> Maïa (Burkina Faso) reported that when conducting CSE sessions they chose to use smaller group sizes, under ten participants, due to the cultural sensitivity of the topics. Smaller group sizes meant girls felt safer to express their opinions, in part because they were less concerned about possible

community backlash or judgement. According to Maia, smaller groups helped participants to 'feel less shy.'

A few partners reported using group sizes larger than 25. One of these partners was THP Ghana which conducted a GFS tool session with 80 participants. These participants included young women and men, teachers, school management, parents and local community leaders. The large group was split into smaller subgroups, each discussing and scoring the criteria, to then present their findings back to the whole group. These presentations were predominantly done by young women, which gave them a rare platform to speak in public on issues that were important to them.

3.1.3   Single or repeated sessions in one location

Almost all partners in the interviews stated that they had planned to conduct multiple tool sessions in the same location in order to monitor progress made. For example, THP Ghana wanted to conduct repeated GFS sessions every three-six months after the initial session to 'allow time [for the school] to make changes and to monitor improvements made from first session.'

Whilst repeated sessions had not yet been possible (mostly due to Covid-19 and the relatively short time since having started using the tools), partners stated that the information gathered through single sessions were 'adequate and interesting.' However, several partners stated 'that it was not sufficient to use the tool once in each place.' Also, many partners reported that the initial tool session teaches both participants and facilitators how to use the novel tool and spider chart. A second session would enable the discussion to be the main component of the session rather than the explanation of how to use the tool.

3.1.4   Introducing the tools to session participants

Partners reported that presenting the tools to participants as a 'useful way for communities to be involved in improving their daughters' lives' or a mechanism which 'allows the community to be part of change' was very important to the success of the sessions. Making the community feel that the tools were there to benefit them resulted in more active and insightful participation. Several partners stated that it was important for them to present the sessions as community-centred exercises rather than a monitoring and evaluation exercise.

It should be noted here that countries may have certain government policies and curriculum regarding SRHR education and health service provision, that restrict the sexuality education content and the target groups. It goes without saying that partners should be mindful of these restrictions. For example, Bedari (Pakistan) reported that several participants, including health care workers and teachers had been anxious over the sensitive nature of the CSE and YFHS tool and feared they would personally face repercussions if members of the community realised what they were teaching or discussing with their daughters/sons. The teachers and health care workers felt nervous that they were being monitored or reported on, which could have caused 'trouble' for their jobs or respected place within the community. Bedari stated that session's facilitators should express clearly that if people did not want to participate or be publicly tied to discussions on the tools or outcomes, they were free to refrain from taking part. As will be discussed in more detail in section 3.2.2, organisations also adapted terminology used in the tools with a view to make the tools more socio-culturally appropriate.

3.1.5   Purposes for which the tools were used

All 16 partners in the survey reported they had used the tools for *assessment* of girls-friendliness of schools, of youth-friendliness of health services or of comprehensiveness of sexuality education respectively. In addition to assessment, twelve of the 16 partners had used the tools to identify priority areas for improving girls-friendliness of schools, youth-friendliness of health services or comprehensiveness of sexuality education. Nine partners said to have used the tools to generate dialogue between stakeholders.

All 10 partners involved in the interviews stated that the tools aligned well with their own organisational aims and program priorities. Especially the GFS tool was reported frequently as 'very useful for our own program' (Dalit, Bangladesh). The GFS tool was easier to introduce because most community actors regarded this topic as important. The following sub-sections present in more detail which were the common purposes of using the tools, as reported in the IDIs.

Facilitating discussion and dialogue

The majority of partners stated that the main strength of the tool was their utility in structuring discussions between various stakeholders and participants with different opinions. The tools offer a manageable framework to facilitate community dialogue and allowed for involvement of different sets of actors. The opportunity for young women, teachers, parents, community leaders and health workers to discuss SRHR-related topics was said to be rare, and normally, if discussions took place these tended to be dominated by more authoritative community figures. The design of the tools and the way partners used them, mitigated this tendency, providing a means to safely gather input from, and facilitate debate between different actors.

> *Example - GFS tool:* AJBF (Burkina Faso) reported that a benefit of multi-actor discussions was the ability for accountability between actors especially those in positions of authority. For example, using the tool to discuss topics such as corporal punishment in schools gave opportunity to the participating pupils and parents to challenge the teachers who denied that corporal punishment was used, as both groups were able to testify to it. The tools structured format allows participants to respectfully confront opposing opinions and reports which 'allows for a degree of honesty and creates a situation where discussion on difficult topics can take place.'

> Dalit (Bangladesh) facilitators reported that the discussions were 'enjoyable', 'informative' and 'good' and stated that the tools facilitated 'manageable' yet 'in-depth' discussions with a wide cross-section of community involved, for an honest conversation about important SRHR related topics.

Partners indicated that it was important to take note of disagreements given the insight these could provide into areas of disagreement within communities more broadly with respect to SRHR-related services and education for young people, and might also affect efforts to bring about change. Noting when and where disagreement occurred was regarded as important as identifying areas of agreement.

The tools were reported to support the creation of safe and respectful spaces for these disagreements to occur, but also required that facilitators were able to moderate discussions, to de-escalate where necessary and to support young women in particular in speaking out. Importantly, several partners reported that 'navigating' different opinions during the discussions was sometimes difficult. These data reveal the importance of having good facilitators to moderate discussions, as well as the utility of the tools in structuring and setting limits for discussions.

Identifying priorities

The majority of partners reported that one of the main aims for conducting the sessions was to allow different stakeholders to (jointly) identify priority areas for improvement, and considered that the tools were 'most helpful' in 'identifying areas of improvement.' Oftentimes, these partners stated this was a key strength of the tools in addition to facilitating of discussions, as mentioned earlier.

Eight out of ten partners stated the GFS tool was most useful for identifying priority areas and four of those partners specifically highlighted the importance of allowing school girls to identify those priorities. The tools were described as giving girls, and other participants who were usually excluded from voicing their opinions publicly the chance to respectfully present their issues of ideas for change.

3.1.6 Tool session Cost

The majority of partners reported '*little cost*' and '*small expense spent*' to conduct tool sessions. The main costs included transport to schools/health centres and printing of tool hard copies. Materials for drawing and conducting sessions, e.g. pens, sticky notes and markers were also mentioned. However, in general the partner's already had access to these resources or they cost little, resulting in '*little expense'* to run sessions.

Some partners, such as APEFD (Mali) reported that participants requested food provisions and reimbursement for their transport costs to the sessions. Three partners reported that the sessions were '*expensive to run*' as they were organised as independent activities to the partners usual programs. For example, ESD North Shoa (Ethiopia) stated that the main expense of '*facilitators travel expenses*' and the cost of their time meant the tools were expensive to run. Conducting two GFS sessions have cost ESD 3000 US dollars.

3.2 Partner's evaluation and adaptations of the tools

Fifteen of the 16 partners in the survey were very positive about using the tools; these 15 would (highly) likely recommend the tools to other organisations. Only one organisation in Burkina Faso, who had used the tool one time each in 16 different schools was not very enthusiastic and said to be neutral about the tools and that it was unlikely they would recommend to others (this organisation was not part of the interviews).

Four partners explicitly stated that they were going to incorporate the application of the tools in their ongoing programs, and several other partners expressed an interest in doing the same. Some partners were considering using the structure of the tool and the spider chart visualisation when designing monitoring and evaluation tools for other topics, for example, with regard to maternal health care.

3.2.1 Visualisation in a spider chart

During the IDIs, partners frequently described the spider chart layout as a 'novel' and 'engaging' method of presenting data by both the facilitators and the participants. The visual representation of data in the spider chart was positively received by several partners, such as Dalit who stated 'participants were surprised at the spider chart method and enjoyed a new form of communicating.' The interactive nature of the chart meant that participants, especially younger participants remained engaged with the sessions as active participants.

Partners such as Dalit (Bangladesh) and ESD Shoa (Ethiopia) stated that the spider chart was a 'useful and effective tool' and 'clear way to present and understand data.' These partners wanted to use the spider chart again within further visualisation tool sessions, and furthermore use the chart as a tool in other program activities and evaluations.

However, several partners reported that the spider chart was complex to draw and difficult to initially explain to participants. Following explanation, the charts were usually positively received. However, some partners reported that the explanation and drawing of the chart occupied a large part of the sessions, resulting in less discussion time. They therefore advised facilitators to plan a longer timeslot for drawing and explaining the chart.

As an alternative, THP Ghana and Maïa (Burkina Faso) suggested that the spider chart could be exchanged for a simple bar graph or accumulative added scores.

3.2.2 Cultural sensitivity and adapting the tools to local contexts

Most partners in the survey reported they had translated the scoring statements in local languages. Ten of the 16 partners in the survey said they used the tools as they were, whereas six partners reported to have made some adaptations before the sessions: four made some changes in the contents, four in the terminology used, and one in the layout (THP Benin used a digital form to make an automated spider chart, as will be elaborated below).

The majority of partners in the interviews noticed a Western bias within the tools, but this bias was *not 'negatively received'* and noted as relatively subtle. Areas in which bias was noted included the criteria and the cultural sensitivity of questions.

Several partners spoke of their hesitance to make changes. For example, AJBF (Burkina Faso) asked if they were allowed to make changes during the follow up interview and stated they were 'nervous to change' the tools.

All 10 partners translated the tools into local languages, a process which involved making sure that appropriate terms were used. Despite some uncertainty regarding authorship, all partners reported that they had made adaptations to some of the question phrasing or content for cultural relevance, clarity or sensitivity. Partners noted that these adaptations subtly improved the tools applicability and ability to facilitate the necessary discussions/scoring. For example, questions which openly discussed sexual relations, pleasure or LGBT+ sexuality were often adapted to *'be more culturally sensitive'* (ESD, Ethiopia). Several partners had chosen to remove questions on LGBT+ criteria due to the strong religious nature of many of the partner's communities and participants to avoid causing discomfort or offense. Dalit (Bangladesh) noted that finding a method of examining that criterion is important as the issues exist, but the ability to talk about them in some communities does not. Another example of how partners adapted the tools to overcome culturally sensitivity was how Bedari (Pakistan) adapted questions on sexual pleasure: Facilitators respectfully asked couples when they were planning to have a child, and if postponed if they were still sexually active to derive understanding of sexual pleasure. The adaptations made by Bedari are indicative of the relative ease with which the tools can be fine-tuned to particular circumstances and contexts.

As mentioned, one frequent challenge in using the tools was the explanation and drawing of the spider chart. This challenge was overcome by THP Benin who converted the physical tool into an Excel spreadsheet which contained all the questions and calculated total scores as scores were recorded in the sheets, finally resulting in an Excel generated spider chart. This innovative adaptation of the tool meant data could be easily saved and stored for future use/reference, and shows that the tools allow for creative adaptations.

3.2.3 Dialogue and Discussion:

Partners spoke of the discussions being 'good', 'informative' and 'enjoyable.' They noted that community members who usually could not express their opinions in public spaces or in the presence of the opposite sex reported to facilitators that they appreciated the opportunity created to express their views. This appreciation was especially expressed by young women in relation to the GFS tools.

THP Ghana reported that girls would often bring up topics, relating to the tools questions that they wanted to discuss in more detail, demonstrating how the tool's criteria can act as a springboard for participants to safely discuss other related SRHR-related and education access issues they could not openly discuss elsewhere.

The data indicate that both facilitators and session participants considered most of the criteria in the tools as 'key', 'insightful' and 'very useful' for relevant discussions, identifying priority areas and issues. As noted before, the interactive nature of the discussions *and* the chart meant that participants, especially younger participants remained engaged with the sessions.

A reflection on the positive reactions of participants, especially those of young women, was expressed by Maïa (Mali) who reported that schoolgirls who attended the GFS sessions expressed desire to and were subsequently 'trained to become facilitators themselves to use the visualisation tools with girls and classmates outside of the session.' Each participant drew their own chart in order to learn, and share. This example reflects how easily the tools can be adapted, but also shows that the design and description of the tool allows for a myriad of creative methods to be used by the partners.

One father taking part in one of Bedari's (Pakistan) sessions complained that his daughter was discussing topics which were 'inappropriate' for her gender and age, reflecting that whilst overall the community valued and appreciated the discussions generated, more conservative members of society might express disdain for the topics discussed and the freedom it gave women to express their opinions. Because the tools do explore culturally sensitive topics, partners tried to mitigate negative community feelings through presenting the tools in an appropriate manner and adjusting tool criteria.

3.3   Tool's sessions contributions to improvements

Many partners in the IDIs reported that the sessions they facilitated contributed to some improvements in girl-friendliness of the schools, youth-friendliness of health services and comprehensiveness of sexuality education, because participants in the sessions better understood what was implied.

It was noted by partners that the tools did not explicitly state that the local partners were not responsible for implementing the necessary changes as identified during the tool sessions. Partners reported they felt responsible yet did not have the budget to sustain these changes.

FSCE (Ethiopia) balanced their desire to facilitate change with their limited financial resources by supporting participants to draft their own 'action plans' following the GFS sessions held. These 'action plans' included potential solutions and necessary changes needed based upon the identified priorities and key issues of the GFS sessions. This idea reflects that FSCE recognised that they were not responsible for implementing necessary changes, but could aid the schools/community in initiating the changes needed. The 'action plans' offer a tangible way for students, teachers and other participants to collect and represent their ideas and is an effective and efficient outcome of the tool sessions and springboard for the changes required regarding issues raised.

The majority of partners did not have specific plans for following the results emerging from the visualisation tool exercises. However, several partners stated that the tool sessions aided their organisation in realising which areas needed further funding, especially with the GFS and sanitary pad or clean water access. Some of these partners stated they would aid schools and health centres in fulfilling and funding some of the changes necessary. However, partners mainly sought to be part of the change was through facilitating the sessions to uncover issues. Additionally, the tools supported organisations' work in advocating for change. To mobilise and raise commitment of relevant actors to bring about necessary changes.

For most partners, the improvements planned following the identification of priority areas during visualisation sessions were hindered by to the Covid-19 Pandemic. However, some improvements were made, including for example:

3.3.1   Improved girl-friendliness of schools
The GFS tool improvements were largely planned and implemented by schools and teachers involved with guidance from the partners, rather than being financed or prepared by the partners themselves. The partners'

contribution to improvements were mostly the spring boarding and identification of priority issues through the sessions they led.

The main improvements that resulted from the visualisation 'exercises' related to improving girls' access to sanitary pads and hygienic toilet spaces. In the following box are some examples:

Box: Examples of improvement in girl-friendliness of schools through GFS tool sessions

Dalit (Bangladesh) reported that through conducting the GFS tool with parents, teachers, school management and girls they became aware that many girls felt unwelcome in school spaces due to the lack of 'clean or accessible girl bathrooms' or 'no safe bathroom facilities for girls.' This lack of hygienic bathroom facility for girls also included 'no space to dispose of sanitary pads' and 'no hygiene corners for girls to safely change in.' The teachers active in this session decided to try improving these issues by contacting local government to request for funding to build new toilets for girls. Whilst this funding was rejected, teacher's showered determination to improve their GFS and approached their donors (ICDI, NL) for funding which they will use to provide pads and build toilet facilities.

The Pakistan partner Bedari stated that through a GFS tool session the girls were able to communicate to their teachers how important maintaining a 'safe hygiene level of toilets during menstruation' and a 'clean space for girls to change' was for their feelings of safety and school attendance. Regarding improvements, the implementation of toilets is beyond teacher authority. However, they were now aware of how important it is to lobby local government and school management for funding for clean and hygienic girls toilets. Some teachers had also committed to using their own finances to fund sanitary provisions for their female pupils due to the tools discussions and the hope to improve GFS.

A positive example of hosting multiple-actor debates and how it can improve the acceptance of solutions was expressed by AJBF (Burkina Faso) who had representatives from different schools present during the same GFS session. These staff heard girls stating they had no access to sanitary provisions and so could not come to school. To solve this issue school staff ensured that there are now dignity kits in schools. Additionally, several schools are sharing their stock of dignity kits as teachers became aware that other schools had need when they had sufficient stocks.

3.3.2 Improved youth-friendliness of health services, consequently leading to an improved SRHR of young people

Several partners stated that planned improvements for YFHS related to the tool session finding of discrimination in health service provision between certain groups of different caste, wealth or married status (non-discrimination being one of the criteria in the dimension 'staff characteristics'). For example, Dalit (Bangladesh) reported that through using the YFHS tool it was revealed that there was discrimination against Dalit women attempting to access health and pregnancy care from community health centres. Through gathering this information Dalit stated they can start to plan for ways to overcome this obstacle and raise the issues with the health centres which are supposed to be non-discriminatory. Similarly, Bedari (Pakistan) reported that using the YFHS tool uncovered the disparity between unmarried and married women's access to SRHR educational and health care access provided by health centre staff – with unmarried women not having access. Bedari stated 'this is an issue that Bedari will follow up and seek to learn more about.'

Several partners, such as AJBF (Burkina Faso) and TAGNE (Mali) reported that health centres did not themselves identify many priority areas to improve upon.

3.3.3 Improved quality of comprehensive sexuality education in in-service teacher training and support

The number of improvements reported regarding CSE training was significantly less due to the fact that only three partners in the IDIs had used the CSE tool. Maïa (Burkina Faso), as well as ESD North Shoa (Ethiopia) stated it was too soon after the sessions to assess the schools improvements regarding teacher-training, but the improvement letters have been written by the schools and the commitment to train teachers in GFS and SRHR matters have been made.

4   REVISION OF THE TOOLS

This section elaborates on how the tools have been revised in order to strengthen their uptake, and enhance their utility in change processes geared to creating enabling environments to achieve young people's SRHR. The section starts in 4.1. with recommendations for re-design and adaptation of the tools derived from the reports, experiences and feedback from the 10 partners in the IDIs who used them. Section 4.2 presents a summary of the actual revisions made by the authors.

4.1   Partners' recommendations

- Make clear that users have the authority to make changes to the criteria of the different dimensions (of girl-friendly schools, youth-friendly health services and comprehensive sexuality education) to suit local conditions, sensitivity and cultural relevance
- Advice organisations to use facilitators who are confident in the tools design, use and topics addressed in the criteria
- Encourage the use of facilitators who already have good relationship with communities (schools, health centres) they organise the sessions with
- Reserve ample time for sessions – at least one-two hours
- Translate the criteria into local languages *before* the session starts
- Incorporate the tool sessions within already planned programme visits (where logistically possible) to reduce time and cost expenses
- Provide a few practical examples
- Create a digital version of the tool
- Include a digital spider chart which can be easily enlarged

4.2   Revised tools

Based on the partners' recommendations as presented in 4.1 and taking into account the questions and problems partners had when using the tools and reason why some did not use (all) the tools, the tools have been revised. They are available in English and French in Word and PDF versions. The main changes to the first edition are the following:

More elaborate introduction and examples
Each tool starts with an introduction including: i) background on why it is important to have girl-friendly schools, youth-friendly health services and comprehensive sexuality education respectively; ii) potential users of the tools; iii) for what purposes the tools can be used; iv) processes that led to the revised edition.

In textboxes, examples are given of how some of the partners in the IDIs used the tools and made adaptations, and suggestions on how the tools can be adapted. The revised tools explicitly state that partners have the

necessary authority to make appropriate changes, and explain how changes can be made – keeping the spider-chart design. In the revised tools it is also made explicit that the onus of change does not lie on the partners, but they voluntarily can be part of the process. The creation of 'action plans' is recommended within the tool as an option that allows partners to be involved in the change process, but does not put the onus of implementing those changes on the partners.

Section added: how to conduct sessions
The section provides practical advice for facilitators who will conduct sessions using the tools. It gives 'tips and tricks' based on the experiences of the Her Choice partners who have previously used the tool: a first subsection addresses how to prepare for the session and a second how to conduct the session.

Made easily adaptable to local contexts
The word version of the tool is easily adaptable to local contexts. The provided spider chart is linked to an Excel sheet. This layout allows for adaptation of content and number of criteria to country, regional, and local contexts.

Made visually more attractive
A designer was hired to make the tools visually more attractive, including an eye-catching cover, using colours, examples placed in boxes, and icons to indicate dimensions. It should be noted that partners in IDIs advised against using photographs.

5 CONCLUSION

5.1 Presentation of revised tools to potential users

The study and the draft revised tools were presented during the (on-line) Her Choice end of programme symposium (1-3 December 2020). The audience consisted of Her Choice partner organisations and external symposium participants, including NGOs working on SRHR, SRHR researchers and a senior policy officer from the Ministry of Foreign Affairs (Health and Aids Division, Department of Social Development).

The AISSR team and two local Her Choice partners (Dalit, Bangladesh and THP, Benin) gave a presentation on the visualisation tools during the symposium. AISSR started by explaining why the tools had originally been

developed, clarified the reasons for and set up of the study and the main findings. Dalit presented on their experience with the tools, explaining that it often had to mediate between different community groups, some of whom might be in some form of conflict. Through creating open dialogue with the help of the visualisation tools, they were able to mitigate conflicts that arose between groups. Dalit's presentation focused on using the GFS visualisation tool to facilitate dialogue between teachers, male and female students. For their presentation they used a PPT and showed a video. The THP Benin director explained step by step how his organisation had adjusted the tool in a digital format. He explained that the adaptation allowed for the generation of more accurate data, avoid mistakes when performing calculations, save time during the data collection, and enabling instantaneous visualisation of the results and generating participant feedback . The THP Benin adaptation is referenced in the GFS and YFHS tools.

The presentation concluded with the AISSR team presenting the draft revised tools. Participants in the session overall considered the tools promising and useful and were eager to receive the final revised tools. The senior MoFA policy officer indicated she would like to share the tools with Dutch embassies and advocate for their use with SRHR organisations in different countries.

5.2   Reflection on use and usefulness of the tools

Many partners involved in the Her Choice programme (2016-2020) have shown their appreciation of the tools, the practical utility and specifically, the different ways in which these can be used to support programmatic goals relating to girls' education, youth access of health services and the quality of sexuality education. As noted earlier, several partners spoke of the potential of the idea and format of the tools and the spider charts to be adapted to other goals, for example, women's access to reproductive health services. Whether used to support monitoring and evaluation efforts and/or stimulating dialogue, we believe that the fine tuning of the tools – made possible through this small grants research project – has considerably increased the user friendliness of the tools and their adaptability to different purposes and contexts.

After disseminating the finalised tools, it will be worthwhile to 'check in' with former Her Choice partners again after a certain period of time to assess whether and how the tools have been used. Doing so will allow us to gauge the utility of these kinds of tools for organisations involved in improving service provision in the realms of, in this case, young people, SRHR and education. In addition, tracking the downloads of the tools from online platforms (such as Share-net website) will offer some indication as to interest in the tools. In conclusion, the tools were developed with a view to provide a user-friendly translation of knowledge for practice, and were improved by drawing on experiences in applying the tools. We look forward to further conversations with Share-net and its members on what additional lessons might be drawn from potential longer-term monitoring of the uptake of 'knowledge translations' tools such as these.

Post script: Impact of Covid-19

The majority of partners reported that the Covid-19 pandemic and the subsequent restrictions such as closures of schools, health centres and public transport resulted in severe limitations on partner's ability to conduct tool sessions and to collect data. The most heavily affected area regarding tool conduction were the repeated sessions.

Two partners mentioned that the Covid-19 pandemic had highlighted the importance of good budgeting and planning, as transport costs to make partner visits to communities had increased, as had the pressure on partners to help compensate for loss of educational and health services (e.g. sanitary pad distribution).

Importantly, throughout the interviews it became clear that for a school to be considered 'girl-friendly' girls should have access to sanitary pads and clean underwear (interviews revealing that girls often lack access to these products at home). The tools prompted several teachers to start supplying sanitary pads to girls which is positive, yet due to Covid-19-related school closure girls now lack access again. The Covid-19 pandemic has highlighted the severe vulnerability of (SRHR-related) education and health provision to youth. Partners reported that SRH provisions had severely decreased during the closure of facilities. Concern that girls had been adversely affected by this lockdown were shared, as access to sanitary resources and education were heavily affected and the economic downturn caused by lockdowns will potentially affect their future education and health access.

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