# FROM ADVOCACY TO ACTION

**Lessons on girl- and youth-led systems accountability in India, Kenya, and Uganda**

**ICRW** INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

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ICRW Asia's thematic focal areas include access to education and livelihoods, adolescent empowerment, gender-based violence, masculinities, gender inequitable attitudes, HIV prevention, and violence against women and girls. For more information, please visit www.icrw.org/asia.

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# FROM ADVOCACY TO ACTION

## Lessons on girl- and youth-led systems accountability in India, Kenya, and Uganda

Nalini V. Khurana, Arshiya Wadhwa, Anne Patricia Kanyiri, Faith Mairah, and Pranita Achyut

# ACKNOWLEDGEMENTS

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# ABBREVIATIONS

| | |
|---|---|
| AFHC | Adolescent Friendly Health Clinics |
| AGIP | Adolescent Girls Investment Plan |
| ANM | Auxiliary Nurse Midwives |
| ARSH | Adolescent Reproductive and Sexual Health |
| ASHA | Accredited Social Health Activists |
| AWW | Anganwadi worker |
| BoD | Board of Directors |
| CEC | County Executive Committee |
| CFAM | Child-Friendly Accountability Mechanism/Methodology |
| CIDP | County Integrated Development Plan |
| CPC | Child Protection Committee |
| CPO | Child Protection Officer |
| CREAW | Centre for Rights Education and Awareness |
| CSA | Center for Study of Adolescents |
| CSO | Civil Society Organization |
| DACs | District AIDS Committees |
| DSW | Deutsche Stiftung Weltbevölkerung |
| ECFM | Early, Child, and Forced Marriage |
| FGM | Female Genital Mutilation |
| GUSO | Get Up Speak Out |
| GVI | Girl Voices Initiative |
| HRPP | Human Research Protection Program |
| HUMCs | Health Unit Management Committees |
| ICDS | Integrated Child Development Scheme |
| ICRW | International Center for Research on Women |
| KII | Key Informant Interview |
| LGBTQI | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex |
| MIYP | Meaningful inclusive youth participation |
| NAYA | Network for Adolescent and Youth of Africa |
| NGO | Non-governmental organization |
| PFI | Population Foundation of India |
| POCSO | Protection of Children from Sexual Offences Act |
| PRI | Panchayati Raj Institutions |
| QA | Quality Assurance |
| RKSK | Rashtriya Kishor Swasthya Karyakram |
| SACs | Sub-County AIDS Committees |
| SDGs | Sustainable Development Goals |
| SMC | School management committee |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually transmitted infection |
| UNCRC | United Nations Convention on the Rights of the Child |
| VDC | Village development committee |
| VHSNC | Village Health Sanitation and Nutrition Committees |
| VHSND | Village Health Sanitation and Nutrition Day |
| VLCPC | Village-level child protection committee |
| WHO | World Health Organization |
| YAC | Youth Advisory Committee |
| YC | Youth Champion |
| YL | Youth Leader |
| YPAR | Youth Participatory Action Research |
| YWAN | Youth and Women Advocacy Network |
| YWCA | Young Women's Christian Association |

# Introduction

## Background

A significant proportion of the global population is comprised of adolescents and young people, with an estimated 1.2 billion individuals aged between 10 and 24 years old – the largest ever cohort in history. Adolescence - defined by the World Health Organization (WHO) as the phase of life between the ages of 10 to 19 years - is recognized as a unique and critical life stage marked by the transition from childhood to adulthood. Adolescents experience rapid development across various facets of their lives, including physical, emotional, social, and cognitive changes, and are exploring their identities, values, aspirations, and choices. Adolescence as a life stage also overlaps with youth, often defined as the transition period between older adolescence and adulthood, between the ages of 15-24 years.

Adolescents and young people face a range of unique issues that are critical to address for ensuring their well being and healthy transition into adulthood. Access to quality education and training is vital during this period, along with access to responsive health services spanning a range of issues from mental health to sexual and reproductive health. Adolescents also begin to learn key life skills around communication, leadership, critical thinking, relationships, etc. As they begin to develop a stronger sense of identity, beliefs, and ambitions, they require a supportive environment to voice their needs and concerns, to exercise free choice, and to participate in decision-making processes that impact their lives and futures.

Adolescent girls face unique challenges in this regard, as their lives are deeply intertwined with gender norms and inequalities in most contexts shaped by patriarchal norms and practices. Discontinuation of schooling, limited access to nutrition, harmful practices such as early, child, and forced marriage (ECFM) and female genital mutilation (FGM), early pregnancy, care work burdens, and child labor are just a few of the issues that disproportionately impact girls due to their gender, and intersect with various other facets of their identities such as ethnicity/caste, religion, ability, etc. to amplify their vulnerabilities. Girls often experience discrimination, have access to limited opportunities, and face restricted access to resources – impacting their ability to exercise their agency and aspirations and participate in decision-making around their lives. Thus, addressing gender inequalities, promoting girls' empowerment, and ensuring their rights are crucial steps toward creating a more equitable, inclusive world for all adolescents.

## Adolescent girls' and youth participation and accountability

The burgeoning population of adolescents and young people will closely experience the success and/or failures of the Agenda 2030 and the Sustainable Development Goals (SDGs), which represent a call to action to end poverty, protect the planet, and ensure that all people live in peace and prosperity.[1] The active and meaningful engagement of adolescent girls and young people in these efforts is central to achieving sustainable and inclusive societies and for averting the challenges to sustainable development – including impacts on gender inequality, unemployment, migration, climate change etc. The need to create strong partnerships between young people and all stakeholders has been recognized to achieve the 2030 Agenda so that the challenges faced by adolescents and young people are addressed and they are included at all levels of decision-making.

Young people's involvement in creating and delivering local and national development priorities is crucial for three reasons[2]:

[1]Transparency, Accountability & Participation Network. (2019). SDG Accountability Handbook. https://www.sdgaccountability.org/background/
[2]Plan International & Asian Development Bank. (2018). What's the evidence? Youth engagement and the Sustainable Development Goals, ISBN: 978-0-9955552-3-5. https://www.adb.org/sites/default/files/publication/466811/youth-engagement-sdgs.pdf

1. It is young people's right to participate in decisions that affect them. Youth rights are human rights as stated in the United Nations Human Rights Declaration.[3]

2. Decisions informed by young people's experiences and perspectives are likely to have greater impact.

3. Consulting and engaging young people would help them become active citizens with skills, knowledge, self-awareness, motivation, and greater awareness of their rights to contribute at local and national levels.[4]

However, due to their young age and limited power, voice, and vote, adolescents and young people are often left out of decision-making spaces, and their unique needs remain largely unrecognized and unaddressed through specific commitments and actions in policy and practice.[5] From a gender perspective, there is a paucity of robust and reliable gender and sex-disaggregated data that can shed light on the drivers and social determinants of health and education, economic empowerment, well-being, sexual and reproductive health etc. As a result, adolescent girls' specific gendered needs and vulnerabilities may often be sidelined, or entirely unaddressed through existing policy and programmatic commitments.

It is therefore crucial to expand and strengthen efforts to promote adolescent girls-and youth-led accountability – i.e., enabling girls and young people to hold key duty-bearers and decision-makers accountable for the commitments they have made towards sustainable and inclusive development at global, national, and local levels[6] – particularly those commitments and provisions designed specifically to benefit adolescents and young people. At the local level, the effective participation of adolescent girls is critical as accountability mechanisms and processes serve as pathways for strengthening their voice and agency while holding duty-bearers accountable.

In recent years, there have been growing efforts to streamline adolescent girls' engagement with government systems and duty-bearers to hold them accountable, with girls being included as target groups or beneficiaries of initiatives, as collaborators or partners in initiatives, or as initiators and leaders who carve out space for themselves and their participation at various levels of the system.[7] However, the evidence around the relative successes, challenges, and outcomes of these initiatives is limited, and there are continued challenges around ensuring that adolescent girls' participation is meaningful and inclusive and that duty-bearers not only lend a listening ear, but proactively engage with and respond to adolescent girls' and young people's needs and priorities. This research study seeks to raise and respond to key questions around these gaps, centering the notion of accountability as a collaborative process and the importance of the respective roles and contributions of adolescent girls and duty-bearers.

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[3] DFID-CSO YWG, (2010) 'Youth participation in Development: A guide for policy makers'.
[4] Avis, W. (2015). Increasing youth participation in accountability mechanisms (GSDRC Helpdesk Research Report 1267) Birmingham, UK: GSDRC, University of Birmingham. https://gsdrc.org/wp-content/uploads/2016/02/HDQ1267.pdf
[5] World Health Organization. (2017). Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 agenda. https://apps.who.int/iris/bitstream/handle/10665/259699/9789241512992-eng.pdf?sequence=1&isAllowed=y
[6] Restless Development. (n.d.). Youth-led accountability. https://restlessdevelopment.org/youth-led-accountability/
[7] Avis, W. (2015). Increasing youth participation in accountability mechanisms (GSDRC Helpdesk Research Report 1267) Birmingham, UK: GSDRC, University of Birmingham. https://gsdrc.org/wp-content/uploads/2016/02/HDQ1267.pdf
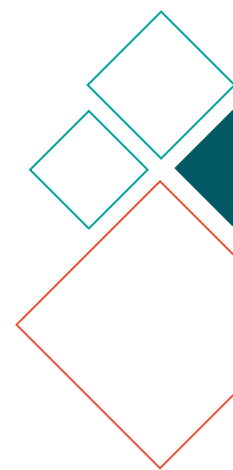
# Objectives and methodology

The research seeks to **identify mechanisms that enable meaningful engagement and participation of adolescent girls and young people in accountability processes** across three countries in which ICRW has an existing presence - **India, Kenya, and Uganda**. Using a mix of secondary and primary research methods, this study examines following questions:

- What processes have adolescent girls and young people used to participate in community-level platforms?

- In what ways have adolescent girls and young people garnered support from critical stakeholders within the community?

- What processes, mechanisms, and tools have adolescent girls and young people used to hold local communities and leaders accountable?

- What are the existing platforms and policy provisions that adolescent girls and young people leverage and use actively to bring accountability?

## Secondary research

A review of literature was conducted to document the broader, global literature on adolescent and youth participation in accountability processes, as well as the country-specific (for India, Kenya, and Uganda) initiatives, platforms, mechanisms, and processes available for young people to demand and seek accountability from duty-bearers. The review covered peer-reviewed papers, program and policy documents, research reports, and other relevant publications. Search platforms such as Google Scholar and organizational websites were used to scan relevant literature. The insights from the literature review were used to select 1-2 case studies per country, with a total of five case studies finalized across the three countries.

The selection of case studies was based on various factors, including (i) a clear focus on adolescent girls or youth-led accountability, advocacy, or participation, (ii) initiatives implemented in the past ten years, (iii) availability of information around the selected initiatives, (iv) scope for generating new learnings around the successes, challenges, and outcomes of the initiatives, and (v) the positive response and cooperation of implementing organizations to facilitate primary research.

## Primary research

The primary research, using qualitative methods, aimed to provide deeper insights into the available initiatives that seek to enhance adolescent girls' and young people's participation in accountability mechanisms. A total of 30 key informant interviews (KIIs) were conducted with relevant stakeholders related to the initiatives identified, such as government officials, civil society members and local leaders. Additionally, 12 group consultations were conducted with adolescent girls (aged 18-19 years) and young people (aged 20-24 years) associated with the identified initiatives in various capacities. The interviews and group consultations were transcribed, translated (where required), and the analysis was conducted using thematic coding as per the key areas emerging from the research using an iterative analytical framework. Additional information regarding the key informant interviews and group consultations can be found in Annexure 1.

## Ethical approvals

The study protocol and associated documents and tools were developed and submitted for review within the ICRW Human Research Protection Program (HRPP) Review and Quality Assurance (QA) process, and research was undertaken upon obtaining the required approvals.

## Limitations

Due to time and resource constraints, the research team was unable to directly engage with minor adolescent girls (aged 10-17 years) through the primary research activities. The voices and experiences of adolescent girls were captured through the group consultations with older adolescent girls (aged 18-19 years) and young people (aged 20-24 years).

While the team sought to conduct all the primary research activities in-person, due to the distant locations of some of the identified case studies and time and resource constraints, some key informant interviews and group consultations were conducted virtually via online platforms such as MS Teams and Zoom.

The research team's reliance on implementing organizations and partners for the identification of relevant research respondents for each initiative may have introduced an element of bias within the research.

# Country-specific findings

# INDIA

## Introduction

India has the world's highest number of 10 to 24 year-olds (356 million), out of which 250 million are adolescents between the age of 10 to 19, and almost half of whom are girls.[8] Recent data reveals that there has been improvement in the status of young people in India, in terms of health, education, and nutrition. Yet, adolescent girls in India are still a large invisible population (comprising 20 percent of the world's adolescent girls[9]) and face the brunt of gender inequitable norms and practices that deprive them of their rights and ability to make essential life choices. While 93 percent of girls aged 6-14 years attend school, only 68 percent of girls aged 15-17 years attend school, with wider urban-rural differentials for the older age group.[10]

[8]Center for Catalyzing Change. (2019). Investing in adolescent girls in India: A critical need. http://www.c3india.org/uploads/news/Policy_Brief_Adolescent_girl_website_final.pdf
[9]Dasra. (2019). Owning her future: Empowering Adolescent Girls in India, Mumbai: Dasra. https://www.dasra.org/assets/uploads/resources/Owning%20Her%20Future%20-%20Empowering%20Adolescent%20Girls%20in%20India.pdf
[10]International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume I. Mumbai: IIPS.

23 percent of 20-24 year-old women were married before the age of 18 years and 7 percent of girls aged 15-19 are already mothers.[11] Clearly, awareness of rights and entitlements and the capacity and opportunity to voice them are central to adolescent girls' development.

Participation of children and adolescents has been a growing area of work, grounded in landmark agreements such as the United Nations Convention on the Rights of the Child (UNCRC)[12] ratified by India in 1992, which established their participation as a right. Over the years, the discourse of adolescent participation has substantially evolved but the notion has not been able to create a positive effect in the collective mindset of social and political institutions.[13] A growing number of non-profit and civil society organizations have been advocating for young people's participation, and identifying and addressing barriers to their meaningful participation. However, there is a missing link to how young people's views are being considered and put into practice. Participation processes include information sharing and engagement in dialogues with relevant stakeholders and duty-bearers, but also pose risks related to tokenistic engagement and non-inclusive participation. Some of the main mechanisms used by initiatives seeking to support adolescent girls and young people to participate in accountability mechanisms are described as follows.

## 1. Participation at community/government platforms

The gram panchayats (village councils) set up by the Government of India have taken initiatives to create children's forums and provide the necessary support for their functioning in the form of child-friendly panchayats. This allows children to participate and share their issues and possible solutions around community challenges.[14] In addition, the chosen body also learns the formal procedures of governance and workings of and with the Panchayats.[15] Similarly, the Department of Education across various states has created Bal Sansad/Bal Sabhas or student cabinets in schools to facilitate children's participation in their schools' development plans and decisions. For example, Nutrition International runs adolescent nutrition programs through Bal Sabhas in Madhya Pradesh. Girls inspire each other to take care of their health - in terms of iron folic acid tablets, periodic hemoglobin testing *etc.*[16] The Women and Child Development Department of Gujarat, along with the "*Beti Bachao Beti Padhao*" program, launched a pilot project of creating Balika Panchayats (girls' village councils) in four panchayats of Kutch district, which envisaged increasing adolescent girls' and women's participation in local governance through a formal setup. It was a targeted approach for young girls to get a space where they can formally step into leadership roles while simultaneously understanding the processes of decentralized democracy.[17]

[11]International Institute for Population Sciences (IIPS) and ICF. (2017). National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

[12]National Human Rights Commission. (2019). The United Nations Convention on the Rights of the Child (UNCRC) & Indian Legislations, Judgements & Schemes. https://nhrc.nic.in/sites/default/files/UNCRC_2020.pdf

[13]Singh, N., Regi, R., & Goswami, S. (2008). Experiences in Engaging with Children in Developmental Processes: Process Documentation of Some Organizations and Networks. HAQ, Centre for Child Rights, United Nations Children's Fund (UNICEF), India. http://haqcrc.org/wp-content/uploads/2016/01/experiences-in-engaging-with-children-in-developmental-processes.pdf

[14]UNICEF. (2019). Social Accountability for Every Woman Every Child: Experiences from Telangana and West Bengal, https://prachicp.com/antaran/assets/social-accountability-brief.pdf

[15]UNICEF. (2019). Social Accountability for Every Woman Every Child: Experiences from Telangana and West Bengal, https://prachicp.com/antaran/assets/social-accountability-brief.pdf

[16]Nutrition International. (2023). Peer to peer: Student governments in India support nutrition for adolescent girls. https://www.nutritionintl.org/news/all-field-stories/peer-to-peer-student-governments-in-india-support-nutrition-for-adolescent-girls/

[17]Tiwari, K. (2022). Balika Panchayat: Creating a platform for adolescent girls. India Fellow. https://indiafellow.org/blog/all-posts/balika-panchayat-creating-a-platform-for-adolescent-girls/

Though it was a pilot project, the election process of a Balika Panchayat resulted in backlash from particular communities towards adolescent girls contesting for elections or even their voting for elections. They exhibited a sense of mistrust in the outcome of girls' participation.[18]



Child Protection Committees (CPCs) formed under the Integrated Child Development Scheme (ICDS) by the Government of India operate at village, block, district, and state levels, and are expected to play a vital role in mapping of children in need of ICDS services, and identifying and addressing child protection issues. As per the guidelines, the Anganwadi worker should organize village level meetings, and the panchayat head should be the chairperson to monitor the implementation of child protection services at the village level. This platform thus presents a critical opportunity for adolescent participation and engagement with duty-bearers to seek accountability.

## 2. Community-monitoring systems

Engaging adolescent girls in community monitoring activities is a key approach adopted by various initiatives to identify barriers and promote transparent and accountable service delivery in a range of sectors. Community score cards and social audits are prime examples of such approaches, which engage adolescent girls and young people to monitor and provide feedback on the functioning and quality of services. The 'Learning Communities' initiative by EMpower created a space for girls to foster their leadership by empowering them to become decision makers and advocates on issues that are critical for them, such as restrictions on their rights, confronting gender-based violence and mobility barriers, etc. The learning community runs on a 12-18 months cycle wherein adolescent girls from member organizations are trained in leadership and project planning skills to tackle issues faced by girls.[19] The 'Youth-led accountability for gender equality' project by Restless Development is another example wherein young people are trained to become youth accountability advocates on four main aspects: (i) gathering and processing data to identify priority issues and collecting evidence to raise demands, (ii) building coalitions and partnerships with organizations having same goals, (iii) leading campaigns, amplifying voices, and advocating for change at local and national levels, and (iv) demanding and securing increased transparency and accountability from decision-makers.[20]

The Society for Health Alternatives (SAHAJ) program titled 'Enhancing Social Accountability Through Adolescent and Youth Leadership' built on the organization's existing body of work around social accountability and sought to build citizenship and mobilize adolescents to assess and monitor the provision of public services, with a lens of inclusion.[21]

[18]Setu Abhiyan. (2021). Balika Panchayat. https://drive.google.com/file/d/1vv5rBGEMDertg7iQA3ZiteTH0m1SOvLr/view
[19]EMpower. (n.d.). Empowering her voice: Adolescent Girls Learning Communities. https://empowerweb.org/assets/uploads/tools-resources/635/empowering_her_voice_learning_communities.pdf
[20]Restless Development. (n.d.). Youth-led accountability for gender equality. https://restlessdevelopment.org/projects/restless-development-india-youth-led-accountability-programme/?country=india
[21]Mecwan, S., Sheth, M., & Khanna, R. (2021). Enhancing social accountability through adolescent and youth leadership: a case study on sexual and reproductive health from Gujarat, India. Gender & Development, 29(1), 151-169. https://www.tandfonline.com/doi/epdf/10.1080/13552074.2021.1886684?needAccess=true&role=button

As shared by SAHAJ staff, this program involved engaging with adolescents and service providers to educate them about adolescent-specific issues, programs, and services, and identify gaps in service delivery and awareness among the providers and duty-bearers. Key strategies included building adolescents leadership skills, promoting collective action, and creating support structures at the family and community levels. Advisory groups were formed, including service providers, parents, and key community members. The adolescent girls played an active role in monitoring service provision by developing a monitoring tool, collecting data, and creating report cards which were further shared with the advisory groups for discussion and action. This helped build collaborative relationships between different stakeholders wherein adolescent girls, parents, key community members, and service providers together work towards a solution.

### 3. Campaigns and advocacy activities

Campaigns and advocacy activities also create spaces for adolescent girls and young people to leverage a platform to raise their concerns and demands. These activities help foster girl-led movements to make stakeholders accountable for responsive policies and programs and focusing on adolescents' priorities. Campaigns like 'Ab Meri Baari' (now it's my turn) by Dasra utilized this approach – as shared by a Dasra representative, 'Ab Meri Baari' sought to create spaces for adolescent girls to speak out and raise their priorities among key decision-makers, to ensure that scheme and service delivery as well as broader policy-making is informed by the voices of adolescent girls. One of the key achievements of the program were girl-led social audits of government services in Jharkhand, which were used to develop a charter of recommendations presented to key stakeholders with an expectation of commitment and accountability.[22]



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[22]Ab Meri Baari Jharkhand campaign: http://www.abmeribaari.in/jharkhand.html

# Case Study 1: Child-Friendly Accountability Mechanism

**Name of initiative/approach:** Child-Friendly Accountability Mechanism/Methodology (CFAM)

**Implemented by:** Children Believe India with partners[23]

**Funder:** Children Believe

**Objective:** Enable children to monitor the performance of child protection systems, and to engage in an informed dialogue with decision-makers for realizing positive changes at the community level around issues that affect their lives.

**Thematic areas:** Child protection and related issues of child marriage, child labor, school drop-out, etc.

**Geography:** Tamil Nadu (Thiruvallur, Virudhunagar, Ramanathapuram and Tuticorin districts) and Andhra Pradesh (Chittoor, Prakasam and Bapatla districts).[24]

**Target groups:** Children of all genders, aged 13-17 years. Focus on targeting excluded and marginalized groups such as Dalit and Tribal children.

**Scale:** 7,224 children (more than 50 percent girls) across 206 villages in Andhra Pradesh and Tamil Nadu.

**Timeline:** Piloted from May 2017– August 2017. Scaled up from April 2018 onwards, currently ongoing.

## Introduction to the initiative

The Child-Friendly Accountability Mechanism (CFAM) is a methodological approach incorporated across various programs and projects implemented by Children Believe India and five partner organizations in Tamil Nadu and Andhra Pradesh. CFAM has been developed by the ChildFund Alliance[25], and aims to improve child protection systems at the local, regional, and national levels. The methodology seeks to "ensure that children are able to monitor and improve local protection systems by building their knowledge, supporting them in identifying protection gaps and facilitating direct action or advocacy with their communities to address these gaps".[26] In India, CFAM has been integrated by Children Believe and partners into their five interlinked pillars of work including education, health, participation, protection, and gender equality. It is being implemented particularly within programs targeting issues such as child marriage, child labor, school drop-out, etc.

## Intervention model

CFAM clubs – collectives of children aged 13-17 years formed at the village level – are the central pillar of the strategy, and act as key forum for children to come together to (I) assess, (ii) analyze, and (iii) act on issues that are of importance to them. The CFAM methodology involves intensive and continuous capacity-building exercises, which equip children with the necessary knowledge, skills, and perspective to engage in accountability-seeking. This includes building

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[23]Partners include: 1. Integrated Rural Community Development Society (IRCDS), 2. Society for People's Education and Economic Change (SPEECH), 3. Rural Organisation for Poverty Eradication Services (ROPES), 4. Social Activities For Rural Development Society (SARDS), 5. Child Rights Advocacy Foundation (CRAF), and previously upto 2022 - 6. People's Action for Development (PAD). The primary research for this study was conducted with Children Believe India, IRCDS, and SPEECH.

[24]The primary research for this study was conducted with partners working in Tamil Nadu.

[25]Child-friendly accountability. ChildFund Alliance. https://childfundalliance.org/our-work/strategic-priorities/child-friendly-accountability/

[26]Towards a safe world for children: Child-Friendly Accountability in the Context of Target 16.2 of the SDGs - Recommended Methodology. 2017. ChildFund Alliance. pg2. https://childfundalliance.org/directory_documents/child-friendly-accountability-methodology-final-web-pdf/

> Girls are more vocal than boys. We often see girls leading better than boys. It's a big opportunity for them because it's about their rights and building their agency. Any platform gives them a larger opportunity to shine.
>
> *- Representative from Children Believe India*

children's understanding around child rights and associated laws and provisions, supporting them to identify key issues and map the relevant stakeholders who are responsible for addressing the issues, and building children's skills to communicate with and seek accountability from the respective duty-bearers.

Findings from the primary research around the implementation of CFAM in Tamil Nadu indicated that although children of all genders participate in the process, adolescent girls are far more active and frequently raise issues that disproportionately impact them within the larger environment of gender inequity and patriarchal social norms. As a representative from Children Believe India shared, *"Girls are more vocal than boys. We often see girls leading better than boys. It's a big opportunity for them because it's about their rights and building their agency. Any platform gives them a larger opportunity to shine."*

## Accountability: Key issues, mechanisms, and stakeholders

Adolescent girls and youth participants of the research indicated that child marriage, child labor, school drop-out, and sexual harassment are key issues raised in CFAM clubs around which children seek stakeholder account-ability. They also monitor and raise issues related to gaps in the provision of services - e.g., inadequate bathroom facilities and

unavailability of sanitary napkins in schools, difficulties in accessing schools due to lack of transport facilities, lack of Integrated Child Development Services (ICDS) centers available near the village, etc. When asked about the various stakeholders and bodies responsible for addressing these issues, adolescent girls named a range of stakeholders from the immediate village, community, district, and national levels. Some referred to the UNCRC as the larger framework at the global level which guides their engagement.

Upon mapping the relevant duty-bearers, CFAM participants develop an action plan and regularly participate at various other system-embedded platforms, including gram sabha, village-level child protection committees (VLCPCs), school management committees (SMCs), and village development committees (VDCs) where community-level decision-makers are present, in order to raise their issues and seek accountability. In addition, children also communicate with duty-bearers – including those at the block and district levels – through phone calls, written complaints, and petitions, and conduct regular follow-ups. As a former Child Protection Officer (CPO) shared, *"There have been a lot of cases where girls come to us with direct petitions. They openly ask us about the status of their petitions – if we are taking any actions or if it is still pending."*

ChildLine is also an important mechanism through which children report their issues and are then linked to child welfare committees and other relevant government bodies that respond to the complaints. The rigorous assessment of issues undertaken by children, and their use of localized data and evidence to advocate with stakeholders, was identified as a critical enabler of the accountability process. As a representative from Children Believe India shared, *"What's important is the homework that children do before they come and speak up there. They take time to draft their advocacy actions. They have an action plan, posters, and written statements - they are very serious about it and come and talk with data. It's very compelling to sit*

and listen to them. When they come with data, there's no way you can escape from it - it's their own data from the community which cannot be ignored."

> Before the [CFAM] training, we didn't know how to meet the officials, but the training gave us confidence, and we are encouraged to go and meet any government official - now we can go meet even the district collector directly.
>
> *- Former participant of CFAM club*

## Outcomes: Successes and challenges

The interviews and group consultations conducted with stakeholders and youth indicate that the CFAM methodology has strengthened youth leadership and participation, and has been crucial for enabling young people to clearly and openly express and articulate their issues - to their parents and the relevant duty-bearers. As shared by a CPO, *"Where CFAM clubs are operational, we don't have to tell children things; they themselves are asking us. They will answer your questions better than me."*

Adolescent girls have been especially proactive and engaged compared to boys, and can identify and raise the various ways in which gender discrimination and inequality impact them. Girls shared that their awareness around social issues, rights and entitlements, and legal provisions has increased through the continuous capacity-building activities. They are increasingly confident to step out and engage with duty-bearers around their concerns as summed-up by a former participant of CFAM clubs, *"Before the [CFAM] training, we didn't know how to meet the officials, but the training gave us confidence, and we are encouraged to go and meet any government official - now we can go meet even the district collector directly."*

Parents and family members of adolescent girls were resistant to their participation during the early stages of the initiative. They were hesitant to allow girls to step out and attend CFAM meetings and participate in other fora, especially in mixed-gender and public spaces where boys and various stakeholders may be present. In the group consultations, girls shared that their parents' support had grown over time and that the positive effects of girls' participation on both their own lives and the community as a whole had motivated them. Girls also reported a more supportive environment at the community level, with greater understanding and acknowledgement of adolescent girls' and young people's issues and concerns. As shared by adolescent girls, over time stakeholders and duty bearers, too, have become responsive: *"In the initial days, they asked why children are coming and giving petitions here, and like that they used to discourage us. Nowadays, when we go there, they welcome us, show concern about our issues, and patiently hear us out when we share our issues and problems. These gestures make us happy."* Girls' proactive engagement with duty-bearers has led to a number of actions taken on issues they have raised - e.g., the construction of bathroom facilities in schools, resumption of

> In the initial days, they [stakeholders] asked why children are coming and giving petitions here, and like that they used to discourage us. Nowadays, when we go there, they welcome us, show concern about our issues, and patiently hear us out when we share our issues and problems. These gestures make us happy.
>
> *- Adolescent girl participants of CFAM clubs*

bus services, prevention of child marriages, etc. Platforms such as VLCPCs, which in many cases were previously inactive or had limited functionality, have increasingly become regularized with space created for adolescents' participation.

While stakeholders and duty-bearers recognized adolescent girls' unique vulnerabilities, especially around child marriage and school drop-out, some of their concerns reflected existing gendered notions and patriarchal restrictions on adolescent girls. Multiple stakeholders expressed fears around girls' use of mobile phones and their exposure to cinema and the internet, which was seen to contribute to undesirable activities such as "love affairs" and cases of elopement - closely linked to girls' exercise of agency and expression of desire that transgresses prevailing gender and social norms.

The initiative's focus on addressing the vulnerabilities of disadvantaged caste groups has also led to incremental changes within caste dynamics at the community level. In a group consultation with girls belonging to minority tribal and Dalit communities, girls shared about some of the visible changes occurring in caste dynamics in their communities: "*Earlier, the upper-caste houses*

> While key community stakeholders and duty-bearers have become more supportive and responsive to adolescents' issues over time, the research indicates that girls and their issues continue to be seen through protectionist lenses that operate largely within the existing gender and social norms rather than seeking to transform them.

*didn't give us drinking water, but now they are giving drinking water in their glass without hesitation. Now we are also allowed to wear chappals and go to upper-caste community areas. Earlier, in the Gram Sabha, tribal people were not allowed to participate freely or express their difficulties, but that is also changing.*"

As described above, the CFAM initiatives have led to several positive changes; at the same time, the research also highlighted challenges that continue to persist at various levels - particularly at systemic and structural levels - that may impede progress on community and system accountability towards adolescents' needs. While enhancing adolescent girls' leadership and ability to raise issues is a key success of the program, the onus lies on girls to identify, report, and ensure action on issues that impact them. As articulated by a girl during the group consultation, "*These are their problems, their issues in society, so girls come forward.*" Further, the larger community's understanding, ownership, and accountability towards adolescent girls' issues require further work. Girls' participation also, thus, becomes issue-based and limited to ensuring action only on immediate (though important) concerns such as lack of transportation facilities, unavailability of bathrooms, etc., with limited broader acknowledgment and action around the underlying gender norms and barriers that contribute to gender discrimination and inequity. Adolescent girls are largely reliant on CSOsto access platforms like CFAM clubs and the capacity-building, information, and support required to enable their participation in accountability processes.

While key community stakeholders and duty-bearers have become more supportive and responsive to adolescents' issues over time, the research indicates that girls and their issues continue to be seen through protectionist lenses that operate largely within the existing gender and social norms rather than seeking to transform them. For example, while there is widespread recognition of the

importance of girls' education and the need to stop child marriages, the legal age of 18 years is treated as the main threshold, with limited acknowledgment or support for girls' agency in deciding if, when, and whom to marry. When discussing parents' resistance to girls' education in favor of early marriage, a CPO shared their approach for counseling adolescent girls on this issue, saying that they "*...make them [girls] tell their parents that they are ready to marry the same person after they reach 18 years, they just have to get a degree first."* Similarly, concerns around "love affairs" and elopement reflect the underlying norms and control over girls' ability to exercise choice and desire in an environment where family honor is paramount, and relationships tend to be carefully regulated around boundaries of caste, religion, community, etc. Thus, the importance placed on girls' education does not always reflect a wider rights-based approach that seeks to enhance their agency to enable and empower them meaningfully.



The limited reach of services and initiatives continue to pose barriers for adolescents, particularly girls, and system-related challenges are often complex, multi-level, and difficult to resolve at the level of individual stakeholders at the community level. Service

The limited reach of services and initiatives continue to pose barriers for adolescents, particularly girls, and system-related challenges are often complex, multi-level, and difficult to resolve at the level of individual stakeholders at the community level.

providers and community stakeholders at the grassroots often lack the decision-making power as well as the human, technical, and financial resources to address the range of concerns and issues that adolescents raise. For example, within a broader context of economic insecurity and limited livelihood opportunities, stakeholders emphasized the need for additional financial resources for initiatives such as sponsorship programs that seek to support the education of adolescents belonging to marginalized groups. Similarly, the lack of trained psychologists at the level of grassroots health service providers was also highlighted as a key challenge for providing the required services to address the mental health needs of adolescents. Limited number of equipped staff was also mentioned as a barrier to identifying and responding to various child protection cases, including cases of child marriage, abuse, etc. The broader legal frameworks can also pose barriers - for example, stakeholders shared that due to the provisions under the Protection of Children from Sexual Offences Act (POCSO) around mandatory reporting, they find it challenging to support minors in addressing such issues beyond reporting the cases to the authorities.

## Case Study 2: Adolescent-Led Monitoring of Adolescent Reproductive and Sexual Health (ARSH) Services

**Name of initiative/approach:** Adolescent-Led Monitoring of ARSH Services in Bihar

**Implemented by:** Population Foundation of India

**Funder(s):** David & Lucile Packard Foundation

**Objective:** The program aims to strengthen youth leadership to improve adolescent sexual and reproductive health services in Bihar.

**Thematic areas of focus:** Adolescent Sexual and Reproductive Health (ARSH).

**Geography:** Bihar - Nawada and Darbhanga districts

**Target groups:** Children and young people aged 10-24 years, with a focus on adolescent girls.

**Scale:** Approx. 3000 youth across the two districts.

**Implementation timeline:** Initiated in 2016, currently ongoing.

### Introduction to the initiative

The Adolescent-Led Monitoring of Adolescent Reproductive and Sexual Health (ARSH) Services initiative aims to promote youth agency within community-led participatory initiatives to enhance the efficiency and accountability of public health systems. Implemented by the Population Foundation of India, the initiative primarily targets adolescent and young girls aged 10-24 years residing in Nawada and Darbhanga districts of Bihar. The initiative also engages with adolescent boys through two groups with approximately 80 boys participating in the initiative. So far, the initiative has reached up to 3000 youth to create awareness and generate demand for ARSH services.

### Intervention model

The initiative aims to empower adolescent girls and young people to participate in community-based institutions, particularly Village Health Nutrition and Sanitation Committees (VHSNCs) to (i) generate awareness on ARSH services for both in-school and out of school youth; (ii) undertake community-based monitoring of services at VHSNCs and Adolescent Friendly Health Clinics (AFHCs); and (iii) share issues and gaps with service providers and key decision makers at the district and state levels to improve the services. Positioned under the Rashtriya Kishor Swasthya Karyakram (RKSK-National Adolescent Health Program), this initiative involves the formation of groups of adolescent girls, organization of monthly meetings, and provision of mentoring and guidance related to their rights and entitlements.

The adolescent group monthly meetings provide space for adolescent girls to raise and discuss their issues and concerns and find ways to resolve them. For example, girls identified issues such as the non-availability of health services like provision of sanitary napkins and iron tablets, and the limited functioning of AFHCs. They raised these concerns to the AFHC staff for further action. The issues that are not resolved through the efforts of adolescent girls are forwarded to PFI staff members, who further raise them with service providers in the community.

For each adolescent group, a youth leader (YL) and associated youth champion (YC) have been identified by PFI staff based on their education, communication skills, and willingness to participate in the process actively. As shared by adolescent girls in a group consultation, "*Girls who can motivate other girls and are capable of making them grow or are capable of achieving success are made the*

*youth champions"*. These YCs are responsible for monitoring the functioning of Village Health Sanitation and Nutrition Days (VHSND), attending VHSNC meetings, and raising their groups' concerns. The YCs also moderate adolescent group meetings to identify issues faced by adolescent girls and are responsible for forwarding them to PFI staff if they do not get resolved through the group's efforts. The YCs have also been actively engaged in inclusion of adolescent girls who face restrictions in joining the group and attending meetings. They often reach out to parents and historically marginalized community groups to persuade them and facilitate the participation of girls in the group meetings.

## Accountability: Key issues, mechanisms, and stakeholders

The participation of adolescent girls in community-based monitoring was largely issue-based. Adolescent girls and young people raise demands and seek accountability on specific issues, such as,absence of a youth clinic in the community, cases of early and forced marriages, school dropouts, teacher absenteeism, and non-availability of sanitary napkins. In addition, the girls were able to leverage platforms to raise and address issues of cleaning the sewage system, unavailability of middle schools, and poor quality of midday meals.

Implementers and service providers were actively involved in addressing the issues and demands of adolescent girls and young people. The issues identified in the adolescent group meetings were forwarded from youth champions to the service providers such as Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA), and Anganwadi worker (AWW) (community-based frontline workers) through monthly VHSNC meetings. Jan Samwad (public dialogue), another platform highlighted by adolescent groups and other stakeholders, helped adolescent girls and young people to raise their demands directly to the government stakeholders. It is a

platform wherein the end users and officials of government line departments interface directly at the block level and provides an opportunity for sharing issues and concerns related to availing various government facilities, schemes, and entitlements. Leveraging this platform, adolescent girls were able to present a charter of demands to the State Health Society, leading to approval of formation of AFHCs in eight blocks of Nawada and Darbhanga districts.

## Outcomes: successes and challenges

The adolescent groups provided a platform for adolescent girls to come together and discuss their issues, gain information about the services and rights to which they are entitled, and seek accountability from duty-bearers, specifically from health service providers. The initiative also allowed adolescent girls to tackle issues of child marriage by intervening and reporting to the authorities to stop child marriages from taking place. The interface between adolescent groups and PFI helped adolescent girls participate in initiatives like Jan Samwad. Another initiative, '*Yuva Gosthi*', invited 5-10 girls from adolescent groups to raise their demands to the District Magistrate, which resulted in the opening of a library at block level.

The adolescent girls working as YCs were highly motivated to work as allies and collaborate with other girls in the community. They also attempted to resolve issues within their adolescent groups. For example, recognizing the non-availability of sanitary napkins, the adolescent girls collaborated with each other to open a bank to make sanitary napkins available for everyone in the group. As shared by girls during a group consultation, *"We conduct meetings with the adolescent girls and tell them you don't have to worry about menstruation because it is natural and everyone goes through that. A lot of girls get scared."* The girls leveraged the platform to work together and voice their needs.

> Adolescent girls' regular and active participation as group members and as YCs enabled them to become more aware, gain confidence, and question restrictions on their mobility, access to mobile phones, and freedom to raise their voice.

Adolescent girls' regular and active participation as group members and as YCs enabled them to become more aware, gain confidence, and question restrictions on their mobility, access to mobile phones, and freedom to raise their voice. Adolescent girls reflected on the changes to their confidence levels in the group consultations, sharing, *"Earlier if any important stakeholder, government officer or anyone used to come, we were not able to talk to them. But now we are capable of talking to them."* The platform also helped them break barriers at the household level. *"We can talk to our brothers now. This is the biggest change that has come in me and the other girls in my group."*

While the program implementers recognized the importance of girls' participation in the accountability mechanisms to monitor services and raise demands, girls' engagement was largely limited to local, grassroots-level service providers and a few at the block level. This created a high reliance on CSO staff to take the issues forward at block and district levels. Given the relative influence and decision-making power of different stakeholders and offices within governmental systems, service providers also reported challenges of raising the issues at higher levels and receiving an adequate response.

In the initial stages, parental support for adolescent girls' participation in the initiative was extremely limited, as shared by adolescent girls, *"Earlier, we used to have a lot of problems having the adolescent group meetings. Everyone used to say 'what will they tell, and what will they do?' The girls were not permitted to go out of the house. Now, the girls come every month and ask when we will have the next meeting."* Girls struggled to seek permission to attend adolescent meetings, which for many was only possible when mothers accompanied them to monitor the information and discussion facilitated in the groups. Over time, parental support has grown, and upon seeing the positive results of girls' engagement, many parents are now encouraging their daughters to participate in the group meetings.

In the key informant interviews, members of village council also reflected patriarchal

attitudes around the voice and freedom of girls and discouraged their access to mobile phones due to fear of 'misuse' – usually referring to cases of 'love affairs' between boys and girls and fears around their 'elopement' as opposed to traditionally arranged marriages. As girls shared during the group consultations, *"People from our area say a lot about us for keeping a mobile phone. They say we will misuse it."* One of the key informants, a former panchayat level decision-maker, suggested that moral classes need to be organized for girls, given the exposure they receive through mobile phone usage, access to information, and interacting with other community members, especially men and boys. Though the program envisaged a strong focus on ASRH, the focus has largely remained on menstrual hygiene and early marriage issues. As a PFI project staff shared, *"A frontline worker once stated, what is the need to tell youth about family planning? We will tell them when they will get married."*

> Earlier if any important stakeholder, government officer or anyone used to come, we were not able to talk to them. But now we are capable of talking to them.
>
> *- Adolescent girl participants from the program*

Caste dynamics also emerged in the group consultations with adolescent girls, who often reflected particular notions and perceptions about specific communities. As shared by a girl participant, *"The backward class and Dalits do not pay attention to education. They do not take*

> Earlier, we used to have a lot of problems having the adolescent group meetings. Everyone used to say 'what will they tell, and what will they do?' The girls were not permitted to go out of the house. Now, the girls come every month and ask when we will have the next meeting.
>
> *- Adolescent girl participants from the program*

*care of hygiene during menstruation. If we conduct adolescent meetings, then also very few people come. There is less awareness in them."* Even when girls could recognize specific issues, they could notdelve deeper to understand the underlying drivers and barriers, or recognize that such perceptions could further alienate girls who are already marginalized.

Based on the interaction with adolescent girls, it was learnt that the active participation of adolescent girls in the accountability platforms was largely dependent on the support received from CSO staff. Though girls exhibited enthusiasm and were able to actively participate within their groups, taking the issues and demands forward to the concerned stakeholders was still a challenge faced by the adolescent girls. They relied on CSO staff to advocate for them and get their issues resolved – raising implications for the longer-term sustainability of the initiative and need for the institutionalization of adolescent girls and young people's participation in accountability mechanisms.

# KENYA

## Introduction

Kenya has a youthful population, comprising 33 percent of adolescents and young people between the age of 10-24 years,[27] while adolescents (aged 10-19 years) account for nearly one-quarter (23.7 percent) of the overall population.[28] Since it adopted the United Nations' Convention on the Rights of the Child in 1990 and the African Charter on the Rights and Welfare of the Child in 2001, Kenya has made progress on the rights of children and adolescents.[29] However, this demographic group faces numerous challenges, with gender inequities and related barriers disproportionately impacting adolescent girls. They are more likely to be out of school, get married early, face gender-based violence, and lack access to reproductive health services. Fewer girls (68 percent) in Kenya enrolled in secondary school than boys (78 percent), and girls had a lower completion rate (39 percent)

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[27]Kenya National Bureau of Statistics. (2019.) 2019 Kenya Population and Housing Census Results. Retrieved from https://www.knbs.or.ke/2019-kenya-population-and-housing-census-results/

[28]Kamer, L. (n.d.). Share of adolescent population in Kenya 2010-2020. https://www.statista.com/statistics/1266462/share-of-adolescentpopulation-in-kenya/

[29]Save the Children.(n.d) Child Rights Governance https://kenya.savethechildren.net/what-we-do/child-rights-governance#:~:text=Kenya%20has%20made%20significant%20progress, of%20the%20Child%20in%202001

of upper secondary schooling in comparison to adolescent boys (46 percent).[30] In comparison to boys, adolescent girls have a higher prevalence of sexually transmitted infections (STIs) and disproportionately bear the burden of new adolescent HIV infections. There is a substantial unmet need for contraception among adolescent girls in the country, and adolescent girls account for 14 percent of all childbirths in the country, with two-thirds of adolescent pregnancies being undesired. These issues are further exacerbated by harmful practices such as early, child, and forced marriage (ECFM) and female genital mutilation (FGM).[31] Women and girls in Kenya are also underrepresented in formal decision-making processes, with only 23 percent of parliamentary seats being held by women.[32]

In 2013, significant powers were devolved to forty-seven county-level governments. This was intended to enhance local participation and service delivery to the most marginalized populations. With devolution, county governments have become highly strategic entities and are responsible for planning and delivering a range of functions, including health, water, sanitation, urban services, early childhood development, and other local infrastructure. Article 104 of the 2012 County Governments Act 66[33] obliges counties to develop integrated plans, designate planning units at all county administrative levels, and promote public participation and engagement by non-state actors in the planning process. With the large population of adolescents and

young people, devolution provides a critical opportunity for them to engage directly with their policymakers and participate in public governance processes. It is young people who hold the biggest potential to drive Kenya's Vision 2030 agenda.[34] At the same time, adolescent girls' and young people's engagement with duty-bearers and participation in decision-making is critical for them to voice their needs and seek a response from community and government systems. A scan of initiatives across the country indicates that adolescents and young people have used several mechanisms and pathways, described below, to be able to participate in decision-making and hold leaders accountable.

### 1. Youth-led participatory budgeting

Participatory budgeting supports the participation of young people in all phases of the budgeting cycle: formulation, decision making, and monitoring of budget execution. This is intended to increase young people's voices in the budgeting process, increase transparency, and improve the targeting of public spending.[35] The Government of Kenya has made efforts to promote youth engagement through public participation, where the youth can raise their issues in regard to the budget allocation. CSOs play a key role in supporting adolescents and young people to engage in the budget development processes, primarily through capacity- and awareness-building and advocacy to support their participation in decision-making. While this concept is still in a nascent stage,

[30]Thirugnanasampanthar, S. S., Embleton, L., Ruggiero, E. D., Braitstein, P., Oduor, C., & Wado, Y. D. (2023). Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-023-01577-0
[31]UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya. https://www.unicef.org/kenya/media/136/file/SITAN-report-2017-pdf.pdf
[32]IPU Parline. (n.d). https://data.ipu.org/node/88/data-on-women?chamber_id=13438
[33]Kenya Law, County Governments Act. (2012) http://kenyalaw.org:8181/exist/rest//db/kenyalex/Kenya/Legislation/English/Acts%20and%20Regulations/C/County%20Governments%20Act%20-%20No.%2017%20of%202012/docs/CountyGovernmentsAct17of2012.pdf
[34]Center for the Study of Adolescents (2018). Budget Making Cycle: A Window for Youth Participation https://www.csakenya.org/2018/02/08/budget-making-cycle-window-youth-participation/
[35]Population Council. (2014) Social accountability: What are the lessons for improving family planning, reproductive health programs? https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1942&context=departments_sbsr-rh

programs that have used the approach have cited an increase of youth participation in decision making.[36] This strategy has been utilized by the Youth-led Participatory Budgeting initiative, which has been included as a case study as a part of this research. Additionally, Adolescents and Youth of Africa (NAYA), trained young people in advocacy and leadership, as well as media and communication skills to enable them to formulate clear messages and participate in the county budgeting processes. Evidence suggests that through their continued engagement and advocacy across social media, the youth advocates could contributed to increase in family planning budget allocation both at the national and county levels.[37]

## 2. Community scorecards

Community scorecard is a participatory tool that seeks to engage beneficiaries/users and other stakeholders to assess and rate service providers' and duty-bearers' services and performance. It aims at identifying failures and gaps in service delivery and provides feedback to the provider in order to improve the quality, efficiency, accessibility, relevance and accountability in the delivery of public services.

The process thus brings together the users and the providers or duty bearers to identify gaps and jointly develop solutions.[38] Various organizations have used this mechanism, including the Get Up Speak Out (GUSO) project (included as a case study), to engage adolescents and young people in assessing the provision of youth-friendly SRH services. After scoring the services, the young people and the community members came together for a dialogue around the successes and challenges and developed a joint action plan.[39]

## 3. Girl-led advocacy

Girl-led advocacy is a key strategy CSOs use as a part of their programs around the empowerment of girls. This involved building the capacity and skills of girls to identify key issues they face and raise their voices among the respective stakeholders and duty-bearers to influence change. The Girl Voices Initiative (GVI), funded by Rise Up and implemented by Center for Study of Adolescents (CSA), used this approach, and built the capacity of adolescent girls through the Rise Up advocacy guide[40] on various skills like leadership, decision-making, advocacy around developing strategies to champion their rights.  Through this initiative, girls were able to own and amplify their voices to fight for their' rights by seeking support from their teachers and community stakeholders to help them in their cause.[41] The trained girls championed for the county government to commit to ending the harmful traditional practices in Kajiado county through implementing the FGM Act by increasing the number of health centers offering adolescent and youth-friendly information and services, and the budgetary allocation.

[36]Right Here Right Now https://rutgers.international/resources/right-here-right-now-theory-of-change/
[37]Abala.F.L. (2020). The role of young people in ensuring social accountability: A case of Kisumu County https://nayakenya.org/wp-content/uploads/2020/06/Abstract_The-role-of-young-people-in-ensuring-social-accountability-A-case-of-Kisumu-County.pdf
[38]County Governance Toolkit. (2018). Social accountability. https://countytoolkit.devolution.go.ke/social-accountability
[39]International Planned Parenthood Federation. (n.d.) GUSO celebrating 5 years https://www.ippf.org/resource/guso-celebrating-5-years
[40]Rise Up. (n.d) Guide to /girl Centered Advocacy  https://riseuptogether.org/advocacy-guide/
[41]Rise Up. (2022). Kenyan Girl Leaders Fight For Their Rights https://riseuptogether.org/kenyan-girl-leaders-fight-for-their-rights/

# Case Study 1: Youth-Led Participatory Budgeting

**Name of initiative/approach:** Youth-Led Participatory Budgeting

**Implemented by:** Youth and Women Advocacy Network (YWAN) in collaboration with Young Women Christian Association (YWCA)

**Funder:** Deutsche Stiftung Weltbevölkerung (DSW), The Centre for Rights Education and Awareness (CREAW)

**Objective:** To mentor, support and increase the capacity of youth advocates to influence youth policies and resource priorities in the areas of gender equality and SRHR at the grassroots and county level, with a special focus on girls and young women.

**Thematic areas of focus:** Sexual and Reproductive Health and Rights (SRHR).

**Geography:** Meru County, Kenya

**Target groups:** Youth and women; with a focus on girls and young women of ages 18-24 years, and those belonging to marginalized populations.

**Scale:** Approximately 4600 young people in six sub-counties in Meru.

**Timeline:** Initiated in 2018, ongoing.

## Introduction to the initiative

YWAN is a community-based organization that aims to empower women and youth, especially girls and young women ages 18–24 years, in six sub-counties of Meru County. Through an inclusion and advocacy lens, YWAN aims to mentor, support, and increase the capacity of youth and young women to influence policy and resource-allocation around SRH. In addition to working in SRH, they have prioritized mental health issues at the grassroots and county levels. This intervention enables young women and youth to use mechanisms such as participatory budgeting and community scorecards to engage with duty-bearers and hold them accountable. The young people engaged in the program participate in outreach in and out of school, conducting youth forums on SRH, and facilitating community dialogues around SRH through approaches such as street theater and sports.

## Intervention model

The youth-led participatory budgeting approach engages young people, especially young women, in all phases of the budget formulation cycle. Young people were trained with knowledge and skills around budgets and the budget-making cycle, identifying relevant stakeholders, writing memos, developing advocacy messages on SRH, and media advocacy to enable their meaningful participation. The trained young people were supported to become advocates around SRH, and participate in the budgetary allocation activities in the county. They were also involved in developing the County Integrated Development Plan (CIDP), a core five-year plan that sets the county's priorities and guides the county government's spending until the next elections. Through written memos and public participation at various key platforms, the young people ensured that their issues were captured and included in the CIDP.

Young people also used community scorecards to map and monitor youth-friendly service delivery in government health facilities in all nine sub-counties in Meru. County officials were engaged with the support of CREAW and YWAN, and young people came together with the identified stakeholders such as the County Medical Director of Services, the County Executive Committee (CEC) Health, and the health providers to develop a community scorecard to assess the provision of youth-

> Young people raised the lack of youth-friendly service delivery at health facilities at the stakeholder meetings, and the evidence gathered through the community scorecard was used to generate discussion and advocate for improved service-delivery.

friendly health services. The findings from the community scorecard exercise enabled the youth advocates to identify the key gaps and issues around service delivery, and to advocate for the availability of contraceptives, youth-friendly service providers, and services in the government health facilities.

Across both approaches, young people come together to identify and prioritize their issues and jointly determine the respective decision-makers and duty-bearers to be engaged with for putting across their demands or following up on existing commitments. Adolescent girls and young women participate in the relevant stakeholder and community meetings, provide their perspectives and concerns around the issues identified by stakeholders, and also raise specific issues that affect them. As shared by a YWCA representative, *"We have representation of young people, where they come in and give ideas and opinions on how we can address these issues that are being faced in the community. They get to be at the forefront, or, I can say at the center of it all. In terms of this thing we are doing, it's for them, and it affects a large population of young people... it is important that they be part of the process, just allowing their voices to be heard, and to be taken into consideration".*

## Accountability: Key issues, mechanisms, and stakeholders

Through the stakeholder interviews and youth group consultations conducted as a part of this research study, several key issues faced by adolescent girls and young people were identified - including poverty and high rates of unemployment due to lack of opportunities,

peer pressure, cases of substance abuse, teenage pregnancies and inadequate youth-friendly centers with provision of contraceptives. While there are various available community platforms, the participation of adolescent girls and young people at these platforms has not been mandated historically. Young people have largely been involved in issue-based discussions led and facilitated by CSOs at the community level. Through the initiative, the participation of young people was facilitated in the existing platforms and structures at the community and county level. These platforms are usually moderated by the relevant stakeholders (e.g., community leaders and county officials), and the CSOs play a key role in ensuring the inclusion and active participation of young people in the discussions, along with encouraging the duty-bearers to be receptive to their needs.

The key platforms identified by the young people for their participation are technical and sector working groups where they advocate to influence decisions of the in-line state departments; and community forums and dialogues where they raise SRH issues directly with community leaders. Young people raised the lack of youth-friendly service delivery at health facilities at the stakeholder meetings, and the evidence gathered through the community scorecard was used to generate discussion and advocate for improved service-delivery. During the CIDP and budget-making process, young people participated through public participation mechanisms. They presented a memo to the county assembly to develop a budget line on family planning

catering to adolescents and young people's ASRH needs. Young people have also formed youth groups as a strategy for collectivizing and improving their reach to key leaders and stakeholders, rather than approaching them individually. Through the groups, youth engage leaders and raise their issues using innovative and creative means, including art and film, sports and games, and social media.

## Outcomes: successes and challenges

Through their participation in youth-led participatory budgeting and monitoring through community scorecards, young people in Meru have gradually taken an active role in the development of their county and in participating in decision-making around the issues that affect them. Their engagement in accountability processes is helping them to build and improve relationships with duty-bearers and different stakeholders in the community. Through interactions at community platforms, young people and community leaders get to discuss issues, understand each other's points of view, and learn to trust and support one another in contributing to healthier communities. Community members are increasingly recognizing young people as resource persons, peer educators, and mentors. For example, in Meru, the community from Mjini has developed trust in the young people and their efforts, and have linked them with opportunities through the various organizations in the community. They have also trusted young people and allowed them to hold sessions in madrassas, spaces where it has conventionally been difficult to enter and engage in discussions around these issues. Interviews with stakeholders revealed that by actively participating in the budget processes, young people influenced the increase in the family planning budget allocation by Ksh. 2 million (20,000 USD). The experiences and learnings from participating at key platforms and engaging with stakeholders to develop solutions have also led many young women to

Through interactions at community platforms, young people and community leaders get to discuss issues, understand each other's points of view, and learn to trust and support one another in contributing to healthier communities. Community members are increasingly recognizing young people as resource persons, peer educators, and mentors.

start their own initiatives to help champion youth issues in the community.

At the same time, persisting challenges need to be addressed, particularly around exclusion and inequity. Most young people residing in rural areas, who are not a part of the initiative or are not affiliated with any CSO, lack the information and skills they need to hold duty-bearers accountable. Their participation in such mechanisms is thus limited and is exacerbated by barriers such as low literacy and exposure to accountability processes and tools as shared by a young person, *"Unless you are affiliated with a certain organization that is focusing on a specific issue that has a public participation component, only then you will know that there are spaces for public participation… if you are not related to a certain organization, then you will probably never know that these spaces exist."* Additionally, young people belonging to vulnerable or marginalized groups, such as young people with disabilities, are often left out of such initiatives and processes as they face challenges in accessing available platforms and often lack the confidence to

> *Unless you are affiliated with a certain organization that is focusing on a specific issue that has a public participation component, only then you will know that there are spaces for public participation... if you are not related to a certain organization, then you will probably never know that these spaces exist.*
>
> *- Participants from the program*



speak out due to societal discrimination and neglect of their specific needs and concerns.

Inequitable and patriarchal gender norms and attitudes among families, community members, and stakeholders also pose a significant challenge for the engagement of young women in accountability processes. Adolescent girls and young women are expected to be quiet and not to voice their needs - particularly related to issues like SRH which are considered sensitive and taboo - and thus are not taken seriously and dismissed when raising their issues, sometimes even facing additional harassment and sexual advances. This further discourages their public engagement and participation, especially when older men largely occupy positions of leadership. As a key informant from YWAN shared, *"Many times you go to a meeting and you find that most of the participants are men. And when you say your point, it is dismissed. So actually, you have to fight for that space. You fight for that space so that your voice can be heard. So, it's not as easy as we would expect it to be, keeping in mind that we are in a patriarchal society."*

In the group consultations, young people also shared their challenges in reaching certain duty-bearers as they (young people) are perceived to cause chaos, particularly when raising questions regarding providing services and fulfilling commitments. As one of the

group consultation participants shared, *"When it comes to accountability, we cannot question what's being done by the government. So, when you go and question, you are being told like you know whatever question you have, you are just bringing in some rumors and chaos."*

Additionally, the one or two slots that are reserved for young people's participation in technical and sector working groups often get assigned to CSOs. Unless the assigned CSOs engage young people to participate in the groups, young people get locked out of the decision-making spaces. While CSOs have played critical role in facilitating youth-led accountability mechanisms, efforts are required to convince governments to embrace the role of young people and their right to raise their voices and seek a response from the system, and to challenge the prevailing gender norms that pose additional barriers and challenges for adolescent girls to participate in accountability mechanisms.

> *Many times you go to a meeting and you find that most of the participants are men. And when you say your point, it is dismissed. So actually, you have to fight for that space. You fight for that space so that your voice can be heard. So, it's not as easy as we would expect it to be, keeping in mind that we are in a patriarchal society.*
>
> *- Representative from YWAN*

# Case Study 2: She Leads: Girl-Led Advocacy

**Name of the initiative:** She Leads

**Implemented by:** Polycom Development, African Gender and Media Initiative (GEM), the Network for Adolescent and Youth of Africa (NAYA), the Kenya Alliance for Advancement of Children (KAAC), Pamoja

**Funder:** Plan International Netherlands, Terre des Hommes Netherlands, Defence for Children – ECPAT Netherlands, and The African Women's Development and Communication Network (FEMNET)

**Objective:** To increase sustained influence of girls and young women on decision-making, and the transformation of gender norms in formal and informal institutions.

**Thematic areas of focus:** Girls' and women's rights.

**Geography:** Nairobi and Homabay County, as well as Kajiado, Mombasa, Kwale, and Kisumu Counties.

**Target groups:** Girls and young women aged 11-24 years.

**Scale:** Approx 7500 girls and young women.

**Timeline:** 2021-2025, ongoing.

## Introduction to the Initiative

The She Leads project seeks to create a sustained influence of girls and young women in their diversity in decision-making spaces at the national and county levels through advocacy and social accountability. The project operates at various levels – global, country, and county. It works in three domains - (i) the social-cultural domain, looking at the community and the negative cultural practices that limit girls from accessing leadership opportunities, (ii) the institutional domain, which looks at what organizations and institutions are doing and how they are engaging with the girls and young women, and (ii) and civil society domain, looks at the duty bearers and how they are able to respond, as well as how the girls can hold them accountable. All these domains are measured against a set of indicators agreed upon with the partners.

## Intervention model

The project uses a girl-centered advocacy approach and seeks to empower girls to identify their own thematic areas of focus.

It, therefore, builds the capacity of girls and young women to identify issues and design their own strategies to advocate for the change they want to see. To achieve this, the implementing organizations have built the capacities of the girls and young women on advocacy processes and methods, identification of allies, platforms to leverage, stakeholders to work with, and the details around the respective processes in which they seek to participate, e.g., the CIDP and county budgeting processes. This capacity building exercise is critical to instill confidence in girls to be able to interface with the respective duty-bearers and advocate for the changes needed.

Girls and young women who have been trained through the project offer mentoring sessions to other girls and conduct outreach activities in the community, including sensitization of duty-bearers and stakeholders on the various issues that they face. Through the support of the CSO, they participate in decision-making spaces and meetings and raise their issues. The adolescent girls also raise their demands through their schools' ambassadors, who then reach out to the

school administration and jointly develop solutions.

Through the state departments, the government provides for the representation and involvement of young people in the technical working groups, which help in framing policies and bills. Additionally, a young woman sits on the country steering committee, the country network, and the Pan-African level. The adolescent girls and young women also hold a Girls' Summit every year, bringing together government officials, implementing partners, and other stakeholders to generate discussion and share feedback around the implementation of the project, and the emerging outcomes and gaps. Adolescent girls and young women participate in this event's planning, organizing, and running.

## Accountability: Key issues, mechanisms, and stakeholders

Through the stakeholder interviews and group consultations, a range of issues experienced by adolescent girls were identified, including school dropout, sexual harassment, and gender-based violence, menstrual poverty, ECFM, substance abuse, inadequate youth-friendly centers, and the broader patriarchal norms that impact their lives. As a girl participant of a group consultation shared, *"Another issue we're facing is the maintenance of some negative cultural norms. For example, in some households, it is a taboo to talk about sex education and stuff related to sex. If girls are not taught how to have safe sex, then we have cases of teenage pregnancies. And the stigma around it leads a lot of girls to drop out of school if they get pregnant, and they don't go back to school."*

The young women identified social media as one of the platforms they use to raise their issues and demands. However, availability of smartphones to use social media was limited for adolescent girls as compared to young women. The CSOs support and amplify the voices of young women on social media to motivate them to express themselves. Through



Twitter marathons, adolescent girls and young women have highlighted issues of sexual harassment in their area by engaging other young people, like-minded CSOs, leaders, and duty-bearers. Also, through the local radio station 'Pamoja FM', they have reached a larger community audience.

Adolescent girls and young women advocate and influence relevant policies and bills through stakeholders' meetings and technical working groups. The young people also function as a bridge between the community and the duty bearers, where they generate awareness among community members and provide them information about their rights through chief barazas (meetings called by the chief targeting community stakeholders) and community forums (where community members come together with leaders and stakeholders). In Kibra, young women and girls have sensitized the community members on sexual harassment, unsafe spaces, and role of young men in perpetuating violence. The discussions generated awareness among men and community leaders, and they were held accountable to ensure safety and security.

## Outcomes: successes and challenges

Through their engagement in the She Leads initiative, young women are more aware of their rights and the importance of participating in decision-making platforms and influencing policies to respond to their needs. As shared by a young woman, *"We do advocacy even during the CIDP, we were part of it during the public participation and even in the meetings we*

> Gender-related norms and inequalities were cited as a major barrier for adolescent girls and young women, who are expected not to express their opinions publicly and not to question their elders and leaders.

*were there to ensure that some of the issues that we go through are written in that document. Because it's the plan for the county for the next five years - so, if we do not influence such a policy or do not find ourselves in such a position, then we have lost it for the next five years."*

Gender-related norms and inequalities were cited as a major barrier for adolescent girls and young women, who are expected not to express their opinions publicly and not to question their elders and leaders. Though the program, young women have increasingly been challenging such notions and have been empowered to speak up about issues they are facing in the community, including relatively sensitive and taboo subjects such as sexual harassment and violence as summed-up by a young woman, *"Another issue that we've been raising is for us to have a policy that really protects us from sexual harassment in public, because right now, the policies that we have only protect you against sexual harassment at the workplace. Let's say you are at a bus station, and someone grabs you or touches you inappropriately - there is no way you can document that evidence and take it to the police station and get justice. So, we are really trying to make sure we pitch and have that policy that protects us against sexual harassment in public."*

Girls have also made strides in building collaborative relationships with community members. In Kibra for example, a relationship of trust was built between the young girls associated with CSOs and the community members, as community members recognized their association with registered groups and

believed that they had access to correct information. The group consultations with young women also indicated that through the community forums, adolescent girls and young women held an elected women representative accountable for allocating affirmative action funds, especially simplifying the application process to enable more young women to easily apply and access the funds. In the stakeholders' meetings, adolescent girls and young women reviewed the East African Community bill. They identified some clauses that were missing for the inclusion of persons with disability, and for inclusion of sexual reproductive health. Due to this, the bill process was paused for revision and making the necessary inclusions.

> She Leads project has really played a big role in identifying advocacy spaces to ensure every young person can participate, even if it is sending one or two young different women at a time to increase their chances of speaking out their ideas.
>
> *- Young women participants from the program*

At the same time, the inclusion of young women in key stakeholder meetings still requires sustained efforts, as they often do not get the information and invitations for these meetings as these are mainly routed through formal organizations. This limits their participation in processes, and they miss out on opportunities in key engagements**.** However, for those associated with organizations, they have the opportunity to access these spaces, as shared by young women in the group consultations, *"She Leads project has really played a big role in identifying advocacy spaces to ensure every young person can participate, even if it is sending one or two young different women at a time to increase their chances of speaking out their ideas."*

# UGANDA

## Introduction

Uganda has one of the world's youngest populations, with over 78 percent of its population below the age of thirty. Specifically, young people aged 10-24 years constitute about 35 percent of the country's population. At the same time, they face several critical issues related to health, child marriage, education, employment, etc. Young people aged 10-24 years account for over 50 percent of all new HIV infections in the country, with a higher prevalence in women (7.6 percent) than men (4.6 percent). The sexual debut age of an adolescent girl (10-24 years) is currently 16.8 years, and she has a 25 percent risk of getting pregnant before her 19th birthday. Child marriage presents an even higher risk, with 46 percent of girls being married off before their 18th birthday and 12 percent before their 15th birthday. Of Ugandans aged 13-17 years, one in four girls (25 percent) and one in ten boys (11 percent) reported experiencing sexual violence.[42]  Furthermore, due to the prevalence of patriarchal norms and gender-based inequalities rationalized by traditional, cultural, and religious norms, harmful practices continue to take place including ECFM and FGM.

[42]Uganda Bureau of Statistics - UBOS and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda: UBOS and ICF. Available at http://dhsprogram.com/pubs/pdf/FR333/FR333.pdf

The participation of young people, including adolescent girls and young women in decision-making is mainly supported by CSOs and their network of donors and partners. Some strategies used include the representation of young people in organizations' governance and management structures, the demand for funding of youth-led organizations, and youth leadership structures in youth-focused programs. Similarly, the donors' call for the government to support the meaningful participation of beneficiaries in all activities and processes that impact them, through the notion of *"nothing for us without us,"* has also introduced opportunities for increased participation of beneficiaries in decision-making. For instance, adolescent girls' voices were heard in the formulation of 'In-school menstrual health management guidelines' and other policy frameworks.  However, it is largely CSOs that have led the charge in providing platforms for adolescent girls and youth to voice their issues and claim their rights, although challenges related to reach and inclusion remain. Due to budget, time, and other constraints of the operating model of CSOs, only the selected adolescent girls and young women engaged in CSO initiatives receive the knowledge, skills, and support to claim their rights and mentor other girls to claim their rights. The following section presents some key mechanisms through which adolescent girls and young women have engaged in accountability processes.

## 1.  Girl-led community dialogues with stakeholders

CSOs play a critical role in providing civic education to adolescent girls and youth to engage with the duty bearers.[43] Many programs empower selected adolescent girls and youth with information on their rights, such as the right to education, medical care, and other rights. The essence is that these girls will mentor and empower other girls with similar information, thus building a movement of adolescent girls and youth who are aware of their rights. CSOs, then, provide adolescent girls and youth with platforms to share the identified issues with duty-bearers and seek their response. For instance, adolescent girls and youth participate in community dialogues where they share their challenges and those of their peers with the stakeholders, including duty bearers. Duty bearers, in turn, learn about their obligations towards adolescent girls and youth and the need to protect their rights. Some of the issues around which adolescent girls and youth have initiated community dialogue include access to stigma-free STI treatment at the health facility, access to contraceptives, post-abortion care, actions to prevent child marriages, teenage pregnancies, and so on. In some settings, such as humanitarian settings, adolescent girls and youth have also been using toll-free lines and feedback boxes to provide feedback to duty bearers.

## 2.  Community scorecards

Community scorecards are another tool adolescent girls and youth utilize to hold duty-bearers accountable, particularly for issues such as insufficient service delivery at health facilities. For instance, in the districts of Jinja, Iganga, Mayuge, and Bugiri where the Get-Up Speak-Out (GUSO) program was implemented, adolescent girls and youth, through youth-led monitoring and youth-led social accountability, were able to influence service delivery at health facilities.[44] The program provided a platform where the adolescent girls and youth shared the findings from the community scorecard and assessment exercise, and sought commitment from duty bearers, which was further followed up. Duty bearers also use

[43]Boydell, V., Neema, S., Wright, K., & Hardee, K. (2018). Closing the gap between people and programs: lessons from implementation of social accountability for family planning and reproductive health in Uganda. African Journal of Reproductive Health, 22(1), 73–84.

[44]Kakal, T., Nalwadda, C., van Reeuwijk, M., van Veen, M., Kusters, L., Chatterjee, O., Owekmeno, C., & Kok, M. (2022). Young people's choice and voice concerning sex and relationships: effects of the multicomponent Get Up Speak Out! Programme in Iganga, Uganda. BMC Public Health, 22(1), 1603.

scorecards to address the issues of adolescent girls and youth. For instance, the rights of adolescent mothers in the Kibuku district were improved when healthcare workers separated adolescent girls and youth scorecards from those of the general mothers in the district.[45] The scorecard shed light on the specific issues and concerns of adolescent mothers, which were different from those of other mothers, and led to targeted responsive plan to address the issues of adolescent mothers.

### 3. Youth Participatory Action Research

Involving young people in research is an important approach for enhancing youth participation and engagement in advocacy and decision-making. Despite challenges arising due to the complexity of the ethical processes and procedures required for engaging minors in research, several initiatives have sought to involve them in research concept writing, data collection, data analysis, report writing, and dissemination of findings. Steps such as problem analysis and conceptualization are critical for evidence-based approaches rather than relying on assumptions. Adolescents also engage in data collection, and during data analysis and report writing, they support the interpretation of certain terminologies that may be best known to them and also validate the interpretation of the data. Engaging adolescents in disseminating data is also seen as an important step, as they not only share their stories and elaborate the findings, but can also engage with and validate the

feasibility of solutions or commitments made by duty bearers and other stakeholders. For instance, adolescent girls and youth were respondents to research on violence against children, where they provided first-hand data on the subject and their suggestions on what should be done to achieve the fight against these human rights violations.[46]

Research by the AfriChild Research Center has utilized the YPAR approach as a springboard to reflect on methodological best practices for violence against children research that involve children themselves as part of a movement to ensure their participation in the research process. The results indicated that even with the complexity of the methodology, there is potential for children to be involved in research that concerns them.

Scholars need to create spaces for designing participatory initiatives that prioritize knowledge produced by and for the improvement of children's lives globally. This would challenge traditional, extractive research practices that carve out spaces for child participation in research.[47] Similarly, research studies have involved children who are orphaned and living with HIV in Uganda in their research using photography and photovoice,[48] while another empowered children as ethnographers to assess the needs of orphans.[49] These research informed policy formulation and interventions that addressed the needs of the children in the respective communities.

[45]Apolot, R. R., Tetui, M., Nyachwo, E. B., Waldman, L., Morgan, R., Aanyu, C., Mutebi, A., Kiwanuka, S. N., & Ekirapa, E. (2020). Maternal Health challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District–Uganda. International Journal for Equity in Health, 19(1), 1–12.

[46]Ritterbusch, A. E., Boothby, N., Mugumya, F., Wanican, J., Bangirana, C., Nyende, N., Ampumuza, D., Apota, J., Mbabazi, C., & Nabukenya, C. (2020). Pushing the limits of child participation in research: Reflections from a youth-driven participatory action research (ypar) initiative in Uganda. International Journal of Qualitative Methods, 19, 1609406920958962.

[47]Ritterbusch, A. E., Boothby, N., Mugumya, F., Wanican, J., Bangirana, C., Nyende, N., Ampumuza, D., Apota, J., Mbabazi, C., & Nabukenya, C. (2020). Pushing the limits of child participation in research: Reflections from a youth-driven participatory action research (ypar) initiative in Uganda. International Journal of Qualitative Methods, 19, 1609406920958962.

[48]Ozer, E.J. and Piatt, A.A. (2017). 'Adolescent Participation in Research: Innovation, rationale and next steps', Innocenti Research Briefs 2017-07, Methods: Conducting Research with Adolescents in Low- and Middle-Income Countries, no. 5, UNICEF Office of Research – Innocenti, Florence, 2017.

[49]Cheney, Kristen. (2011). Children as ethnographers: Reflections on the importance of participatory research in assessing orphans' needs. Childhood-a Global Journal of Child Research - CHILDHOOD. 18. 166-179. 10.1177/0907568210390054.

# Case Study: Get Up Speak Out (GUSO)

**Name of initiative/approach:** Get Up Speak Out (GUSO)

**Implemented by:** Sexual Reproductive Health and Rights (SRHR) Alliance Uganda

**Funder:** Dutch Ministry of Foreign Affairs (MoFA)

**Objective:** GUSO aimed at improving young people's SRHR through the provision of SRHR information and education, increasing the uptake of quality and youth-friendly SRHR services and creating an enabling and supportive environment.

**Thematic areas:** Adolescent and youth SRHR, harmful social and gender norms.

**Geography:** Busoga Sub-region (Jinja, Bugiri, Mayuge, and Iganga)

**Target groups:** Adolescents and young people between 10-24 years, particularly those living with HIV, with disabilities, and those from rural areas.

**Scale:** 1300 young people were empowered to reach out to fellow young people in the region with SRHR information and services; 2.5 million young people were reached with SRHR information and education.

**Timeline:** 2016 - 2020

## Introduction to the initiative

The Get Up Speak Out (GUSO) program primarily targeted young people aged 10–24 years in and out of school with SRHR information and services and created an enabling environment for advocacy in the selected districts of Jinja, Iganga, Bugiri, and Mayuge. The GUSO Program has been directly contributing towards five outcome areas, namely: 1) a strengthened and sustainable alliance; 2) empowered young people to voice their rights; 3) access to quality SRHR information and education through diverse channels; 4) increased use of youth-friendly SRHR services; and 5) an improved social-cultural, political, and legal environment for gender-sensitive, youth-friendly SRHR.

## Intervention model

The intervention used several approaches to enable young people to speak up on the issues that affected them. The multi-sectoral approach reached stakeholders and duty bearers from different sectors such as education and health, community leaders, parents, teachers, religious leaders, and cultural leaders. The whole-school approach empowered all staff, teaching and non-

teaching, to understand and support young people's SRHR issues. Different stakeholders in the community were reached through gender transformative approaches to demystify patriarchal norms and practices that were limiting the participation of young people, especially adolescent girls, and exposed them to SRHR violations such as teenage pregnancies and child marriages. The principle of Meaningful Inclusive Youth Participation (MIYP) was adopted, such that young people were enabled to participate not only as beneficiaries but also as collaborators in the program and initiators of solutions to their issues through youth-adult partnerships. Young people participating in the program were provided with platforms to engage with duty-bearers at different levels. Youth-led monitoring was supported, where young people led the monitoring of implementation and documentation of the project results. Young people were also involved in the governance structures of their respective organizations and played a key role in decision-making.

Young people were capacitated to take part in the program's leadership in their organizations and play a role in program coordination

through a platform called the Youth Advisory Committee (YAC). Selected young people (YAC members) among the implementing partners were trained to reach out to other selected young people in the community, both in and out of school, as peer educators. These peer educators were equally tasked with building the capacity of other young people in their community. They also used various platforms todiscuss issues in the community, mostly at health facilities and in schools with the duty-bearers. Young people also participated in the formal structures of Sub-County AIDS Committees (SACs), District AIDS Committees (DACS), and Health Unit Management Committees (HUMCs) to represent the voices of young people in their communities.

## Accountability: Key issues, mechanisms, and stakeholders

The research conducted through key informant interviews and group consultations with youth revealed that limited access to SRHR information, commodities, and services was a critical issue faced by young people. Young people reported that they couldn't access information on menstrual hygiene management, STIs and HIV, contraceptives, and others. This made them susceptible to morbidities and other conditions such as teenage pregnancies. Young people also shared that the health facilities in their areas were far away from them and were not well equipped.

Negative norms in the communities translated into SRHR violations, especially for adolescent girls. Young people raised the issue of high prevalence of teenage pregnancies, early marriages, gender-based violence, and unsafe practices such as female genital mutilation. Gender and cultural norms also contributed to girls' low self-esteem. Many girls thought that boys and men had authority over them, translating into compliance with patriarchal norms and expectations. It also impacted their confidence to express their concerns/problems to healthcare workers or any other

stakeholders. As shared in a group consultation, *"Young people in my community are shy. They know where the services are, but they are shy to go and access them go to the health facility and access contraceptives yet they are sexually active."*

Young people engaged duty bearers right from the village level to the district and national levels. They also participated in governance structures of organizations, including at the SRHR Alliance Uganda and each of its members, and took up positions on the board of directors (BoD). As shared by a program coordinator, *"But even just for us as a practice, we see young people being involved in governance; they are part of the school BoDs, and they are part of NGO BoDs. For us as an institution... now we have a Young Person who is a member of the board..."* There was a deliberate creation of youth structures in the organization that aimed at having young people represented in every function of the organization, including program development, implementation, monitoring and evaluation, and reporting. Young people were at the forefront of the implementation of all stages of the GUSO program. As shared by a Program Coordinator, *"Young People Advisory Committee... I think it was the first of its kind in most of the programs implemented in Uganda. And this was a recognized structure within the SRHR Alliance. There was participation by the young people, who felt that they had to get up and speak up for their rights. So, this was a program where young people were at the forefront right from the design up to its end... and the YAC President did participate in the leadership of the SRHR Alliance BoD..."*

Young people used specific tools to practice social accountability in their communities. Tools such as the community scorecard were used to ensure that evidence on the quality of services provided to young people and other members of the community was collected, to allow deliberations on how to improve them, and also to sustain what was going on well. Through the program, young people organized

community dialogues, where they discussed their pressing issues with their duty bearers. During these engagements, empowered young people acted as role models for their peers to also claim their rights. Young people also engaged with the media in their communities to discuss issues that affected them. Sometimes duty bearers were invited to engage them with support from the program, e.g. in a radio broadcast or social media engagement. They also engaged religious leaders to discuss what role they could play in supporting adolescent health. In the Busoga region, religious leaders engaged with young people on a platform called the Interfaith Dialogue, themed 'What Religious and Cultural Leaders can do about Adolescent Health.'

There was also deliberate engagement with district officials on pertinent issues that affect the young people in the community as shared by a peer educator, *"We had several meetings with the DHO and the Health Department about how they can provide a safe environment for the young people who go to seek medication"*. Beyond the meetings, some young people were given portfolios on different sub-county and district committees to represent their interests, and the different administration levels listened to and attended to their concerns and also provided feedback on the feasibility of their requests.

Young people used specific tools to practice social accountability in their communities. Tools such as the community scorecard were used to ensure that evidence on the quality of services provided to young people and other members of the community was collected, to allow deliberations on how to improve them, and also to sustain what was going on well.

## Outcomes: successes and challenges

The research stipulates multiple success stories and impacts among adolescent girls and young people, parents and family members, district leaders, and cultural leaders that were a result of the implementation of the GUSO program in the Busoga Sub-region.

Adolescent girls and young people participated in the formulation of local legislation on issues that were pressing for them. A group of young girls in Mayuge District took it upon themselves to draft an ordinance to end child labor to advocate for their fellow young girls who were being mistreated. The ordinance was to encourage young girls to stay in school as shared by a participant in the group consultation, *"One thing that really happened for the young people of Mayuge specifically was the ordinance on child labor. I haven't worked in Mayuge after GUSO, but I think there is a reduction in that because, during GUSO or before, there were a lot of cases of child labor girls being employed in sugar cane plantations... They are raped. They're sexually violated. So, with that ordinance, I think something changed..."*

Young people used the advocacy skills gained from the program to engage in active politics to raise the voice of young people's needs. Many young people who were educators transitioned into a movement of youth leaders that advocated for the representation of young people at all levels of the administration and in other community structures, including cultural and religious. Furthermore, they created storytelling and experience-sharing platforms where they told their stories to other young people and duty-bearers. They also used social media. These spaces and approaches boosted the self-esteem of young people.

The CSOs that were implementing the program provided advocacy spaces for young people. For instance, young people advocated for incinerators to dispose of sanitary material in school feedback meetings. They discussed issues of mental health in school. In other

spaces, they demanded youth corners for fellow young people to access SRHR information. Most of these tasks were achieved during the program, and organizations have sustained these platforms in their other programs. Young people were also given spaces in newspaper and newsletter columns to tell their stories and write about issues affecting them. Such pieces provided information for other young people. But ultimately, they targeted duty bearers to inform them on particular issues for their action. These columns are still provided in newspapers and magazines. Over time, parents and duty bearers' attitudes towards adolescent and youth SRHR changed, and they became more supportive and responsive to these issues.

Even though there have been a lot of positive strides towards meaningful participation of adolescent girls and young people in accountability, persistent barriers are still hindering the practice and sustainability of these program initiatives, such as inequitable gender norms and various practices. For example, gendered unpaid care responsibilities at home limited girls' time availability and impacted their self-esteem. Even after parents' consent, girls had to finish routine chores at home before engaging in program activities. The low self-esteem of girls also posed a challenge for them to express themselves in public and participate in interactive spaces. Additionally, gender and cultural norms that assign leadership abilities for boys prevented adolescent girls from actively participating in leadership positions. Unsupportive parents also deterred young people, especially girls, from attending program activities. These parents had the preconception that the program, which was a sexual reproductive health program, was promoting sexual activity among young people. This misconception is still a challenge in some of these communities. As shared by a key informant, *"As long as you say this program focuses on sexual reproductive*

*health, it already comes with a pre bias. So, some are speaking to you with minds already biased. So, you almost have to first unset their bias, and then give them the information you have, instead of directly giving someone information. I think that's part of the challenge."*

The discouraging and dismissive attitudes of healthcare workers towards young people also created barriers in demanding accountability. Equally, the adults are scared and make it insecure for young people to participate in various spaces and also access services from health facilities. Young people distanced themselves from accessing services simply because healthcare workers reported them to their parents. Many leaders and stakeholders were also uncomfortable with young people's active engagement and participation, particularly when questions and demands were raised and accountability was sought. The ban on sexuality education at the point of implementation of the program mainly affected the platforms created in schools, and program activities kept being interrupted several times due to the restrictive environment. Although the program showed progress, the government remained silent when it came to legalizing sexuality education, which has remained a concern over time.

> Young people distanced themselves from accessing services simply because healthcare workers reported them to their parents. Many leaders and stakeholders were also uncomfortable with young people's active engagement and participation, particularly when questions and demands were raised and accountability was sought.

# Learnings and Recommendations

**1.** **Adolescent girls and young people across India, Kenya, and Uganda use a range of mechanisms to participate in key community and system-level platforms, raise their voices, and engage with duty-bearers to seek accountability.**
Key approaches that have supported adolescents' engagement, often in combination with each other, include:

❖ **Participation at key platforms to raise issues and influence policies and practices**. In some cases, the participation of adolescent girls and young people may already be built into the existing structure and mandate of various platforms, while in other cases, they engage with key stakeholders to create spaces for their participation. Examples of key platforms leveraged by adolescent girls and young people to engage with stakeholders and seek accountability include gram panchayats, child protection committees, and village health sanitation and nutrition committees in India; technical and sector working groups and budget allocation platforms in Kenya; and advisory groups and various sectoral committees in Uganda.

❖ **Participatory research/assessment and monitoring of services.** The research highlights the key role of adolescents' engagement and leadership in undertaking research and assessment activities to (i) identify issues critical to them,  (ii) map the relevant stakeholders and duty-bearers responsible for decision-making and addressing the identified issues, and (iii) monitoring progress of action and response on the issues, including adherence to the respective commitments and access/quality/reach of services. Participatory research and monitoring mechanisms used by adolescent girls and young people include community scorecards, social audits, checklists, etc. These act as critical tools to gather and present evidence related to prevailing issues and gaps in service delivery and support young people to substantiate their demands and track duty-bearers' response.

❖ **Issue-based advocacy and outreach to key decision-makers.** Adolescent girl- and youth-led advocacy around identified issues take a range of forms, including school, community, and social media campaigns; written petitions and memos to key stakeholders; and the creation of new spaces such as event celebrations, radio shows, conferences, and summits bringing together young people and stakeholders for dialogue and advocacy around a specific issue. Through these mechanisms, adolescent girls and young people have presented evidence, raised specific demands, and sought commitments from duty-bearers to act on and respond to their issues. For example, through the participatory 'Ab Meri Baari' (*now it's my turn)* campaign in India, adolescents presented a charter of recommendations to key stakeholders and sought their commitment and action. Similarly, the girl-led summits organized as a part of the She Leads project in Kenya brought together key government and civil society stakeholders and provided a platform for adolescent girls to raise issues and provide feedback.

**2.** **Gender is an essential lens to not only understand and address the concerns and priorities of adolescent girls and young people, but also to enable and enhance their participation in accountability processes and mechanisms. This also involves acknowledging and addressing intersections of gender with various facets of identity that can lead to exclusion and marginalization.** Thus, a gender transformative and social inclusion lens attentive to gender norms and power dynamics is essential for enhancing adolescent

girls' and young people's engagement in accountability mechanisms.

❖ **Gender and its intersections with other facets of identity (e.g., ethnicity/caste, religion, ability, etc.) impact how adolescents experience inequalities and their ability to access and engage with stakeholders to raise issues and seek accountability.** Girls belonging to vulnerable and excluded groups are particularly at risk of being left behind, with intentional efforts required to ensure their inclusion and equitable participation. At the same time, gender norms and power dynamics often also determine the ways in which adolescent girls' and young people's issues are seen and addressed by duty-bearers – whether the issues are heard or acknowledged at all, perceptions around the appropriate response to be taken, the amount of resources to be allocated to address the issues, etc. This is particularly evident for issues such as adolescent sexual and reproductive health (ARSH).

❖ **It is essential to situate adolescent girls' participation within their socio-ecological environment and promote gender norm change across multiple levels and their interactions.** This includes not only at the level of adolescent girls but also their families and communities, stakeholders and duty-bearers, institutions like schools and health centers, and broader policies, norms, and structures that govern their lives. Initiatives that seek to transform knowledge, attitudes, and practices around gender, power, and patriarchy from the individual to the structural level, along with other contextually relevant intersections and inequalities, are a key part of this process.

❖ **Enhancing understanding and action around gender and other social inequalities also provides an opportunity to widen the scope of**

**adolescent girls' engagement from a rights-based perspective.** The research indicates that adolescent girls' engagement in accountability processes largely focuses on micro-level, immediate and issue-based concerns and demands. While these are essential to their tangible needs and realities, it is critical to identify opportunities to build girls' understanding around the gender and social norms that impact their lives and strengthen their ability to advocate for adolescent girls as a broader gendered group from a rights-based and empowerment perspective.

**3.** **Capacity-building of adolescent girls and young people is a critical first step (and an ongoing exercise) necessary for equipping them with the knowledge, perspectives, and skills required to meaningfully participate in accountability mechanisms.** As the research indicates, capacity-building exercises and trainings are primarily facilitated by CSOs and technical experts that design and support initiatives around girl- and youth-led accountability. Key components include increasing adolescent girls and young people's knowledge and awareness regarding their rights and entitlements and educating them about the available protections, provisions, and services at various levels specifically designed for their benefit. Linked to this, it is also crucial to empower them to map, recognize, and engage with the relevant duty-bearers responsible for ensuring their rights and access to quality and responsive services.

To achieve this, it is necessary to provide adolescents and young people – particularly girls – with the essential life skills in areas including communication, articulation, and negotiation; leadership; relationship-building; and data collection, assessment, and analysis. At the same time, capacity-building exercises must also enhance their understanding and attitudes around gender and other factors that impact their lives from a broader rights-based and transformative lens. It is important that capacity-building exercises adopt participatory approaches and create space for adolescents to voice their questions and express their capacity-building needs.

**4.   Parallelly, the capacity-building of duty-bearers can also play a critical role in enhancing their knowledge and perspectives around adolescent girls' and young people's issues, and equip them with resources, tools, and skills to acknowledge and address them effectively.** For most initiatives reviewed as a part of the research, capacity-building of stakeholders was largely limited to functional purposes – e.g., ensuring the initiative's smooth implementation, preventing backlash, etc. It is essential to equip duty-bearers with the ability to identify and understand adolescent girls' and young people's concerns through a rights-based, gender equity and social inclusion lens. Such capacity-building must also tackle the stigma surrounding conventionally sensitive topics such as sex, sexual and reproductive health, and gender-based violence. This is particularly important to enable adolescent girls and young people to feel heard and supported rather than dismissed or ignored. Approaches that focus solely on 'protection' are often rooted in patriarchal and restrictive gender norms and must be replaced with empowering and rights-based approaches that prioritize the development of adolescent girls' agency, choices, voices, and critical thinking.



**5.   A broader system-strengthening approach focusing on streamlining processes, resources, and decision-making is necessary to address the needs of adolescent girls and young people effectively and sustainably.** This approach encompasses various aspects, including ensuring the availability of technical expertise, human resources, infrastructure, financial resources, and appropriate budget allocations to respond to issues comprehensively. The research indicates that decision-making power within community and system institutions is often limited for stakeholders in direct contact with girls – often at the grassroots, last-mile level – as they depend on higher levels of governance and decision-making processes to support their work. For example, structural challenges and gaps in the flow of information and resources can lead to gaps in service delivery and make it more difficult for adolescent girls and young people to seek action and response. Therefore, adopting systems change perspective becomes imperative to not only ensure that community and government systems are able to fulfill their commitments towards adolescent girls and young people but also to create an enabling context that fosters their meaningful participation in accountability mechanisms.

**6.** **CSOs across different contexts play a key role in supporting and strengthening accountability relationships between adolescent girls and young people, and community and system stakeholders. However, reliance on CSOs has implications for the longer-term sustainability of these initiatives and their ability to create systemic change.** CSOs play a critical role in supporting adolescent girls and young people to raise their issues and seek accountability – e.g., through convening youth clubs and collectives; providing capacity-building; mediating engagements with stakeholders – often including parents; and supporting in follow-up. As some of the case studies indicate – in cases where the efforts of adolescent girls and young people are unsuccessful in garnering a response from the system, it is often CSO staff that step in, and through their existing relationships and rapport seek to troubleshoot and resolve the issues. CSOs also play a valuable role in supporting community and government systems to reach adolescents and young people more effectively – e.g., providing technical expertise and capacity-building, identifying and responding to cases, expanding access and reach of services, community mobilization, etc. However, CSOs also grapple with a range of issues, including resource constraints and uncertain funding environments, limited mandate and reach, community backlash, etc., and dependency on



often short-term project cycles results in uncertainty around the longevity and sustainability of initiatives. This indicates a need for more significant, more flexible resourcing for CSOs working on supporting adolescents and systems to strengthen relationships of accountability and the need for leveraging existing community and government platforms, mechanisms, and opportunities to institutionalize meaningful youth participation in the longer term.

**7.** **Lastly, it is critical to ensure that accountability is seen and operationalized as a collaborative process between multiple actors. While adolescent girls and young people are key participants in the process, they must be supported to realize and exercise their rights and entitlements rather than being left to shoulder the responsibility and burden of ensuring the effective fulfillment of system commitments and provision of services.** Adolescent girls' and young people's engagement in accountability mechanisms can be a critical empowerment process for them, allowing them to gain new knowledge and skills, voice their concerns and aspirations, and engage with duty-bearers towards addressing their needs. However, it is important to underscore the responsibility of community and government stakeholders, as well as other key duty-bearers and stakeholders in the ecosystem of adolescent girls and young people, to fulfill their commitments and ensure that the youth are being heard and their needs are being addressed. Thus, initiatives seeking to strengthen relationships and processes of accountability must center a collaborative, empowerment-based vision and work with adolescent girls and young people as well as duty-bearers, decision-makers, and influencers to ensure the full and unconditional realization of young people's rights.

# Annexures

## Table 1: List of KIIs and group consultations

|  | Total KIIs (case study + others) | Total group consultations |
|---|---|---|
| **India** | 15 | 4 |
| **Kenya** | 8 | 4 |
| **Uganda** | 7 | 4 |

## Table 2: List of KIIs and group consultations by case study

| S. No. | Country | Case study initiative name | Number of KIIs | Number of group consultations and gender composition | KII list |
|---|---|---|---|---|---|
| 1 | India | Child-Friendly Accountability Mechanism/Methodology (CFAM) | 5 | 2 (1 all-girls, 1 mixed gender) | 1. Representative, Children Believe India<br>2. Ward member<br>3. ChildLine District Coordinator<br>4. Former Child Protection Officer<br>5. Child Protection Officer |
| 2 | India | Adolescent-Led Monitoring of ARSH Services in Bihar | 5 | 2 (both all-girls) | 1. Representative, PFI<br>2. Representative, PFI<br>3. Former panchayat-level decision-maker<br>4. Medical Officer-in-Charge<br>5. Community health officer, along with ASHA, AWW, ANM. |
| 3 | Kenya | Youth-Led Participatory Budgeting | 4 | 2 (both mixed gender) | 1. Representative from CREAW Kenya<br>2. Representative from YWCA<br>3. Representative from YWAN<br>4. Youth leader/youth champion/community GBV correspondent |
| 4 | Kenya | She Leads | 4 | 2 (both all girls) | 1. Subcounty GBV officer<br>2. Representative from Polycom<br>3. Representative from She Leads<br>4. Community lead on SGBV and paralegal |
| 5 | Uganda | Get Up Speak Out (GUSO) | 4 | 2 (both mixed gender) | 1. Representative from Straight Talk Foundation<br>2. Representative from SRHR Alliance Uganda<br>3. Representative on youth<br>4. Former representative of Reach A Hand Uganda |
| 6 | Uganda | Pushing the Limits of Child Participation in Research: Reflections from a Youth-Driven Participatory Action Research (YPAR) Initiative in Uganda[50] | 3 | 2 (1 all-girls and 1 all-boys) | 1. Representative, AfriChild Center Makerere<br>2. Representative, AfriChild Center Makerere<br>3. Representative, AfriChild Center Makerere |

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[50]This initiative was examined as a part of the research, but due to insufficient information and lack of clarity around the outcomes related to accountability, it has not been included as one of the case studies.