



Programme Summary

GREAT, Uganda

Programme at a glance

The Gender Roles, Equality and Transformation (GREAT) programme (2010-2017) aimed to promote gender-equitable attitudes and behaviours among adolescents and their communities with the goal of improving sexual and reproductive health (SRH) outcomes and reducing gender-based violence (GBV)* in post-conflict northern Uganda. The intervention firstly developed and tested approaches to encourage shifts in attitudes, behaviours and norms, and subsequently scaled up the interventions to additional areas. An evaluation of GREAT showed that it led to improvements in gender-equitable attitudes, including reduced acceptability of men’s violence against women (VAW), and drops in the proportions of newly married/ parenting adolescents boys and girls who reported reacting violently to their partner. **The programme offers a gender transformative approach for adolescents in different life-stages, which was designed for scalability, and offers a set of resources that can be adapted for various contexts.**

* GREAT’s violence-preventative objectives were framed in terms of GBV as it was recognised that boys were also subject to violence, for example, as child soldiers during the civil war. However, this summary will focus on interventions and outcomes related to violence against women and girls (VAWG).

Background

When the GREAT programme was launched, northern Uganda was recovering from decades of civil war, which had caused internal displacement and disrupted governance structures and public services.¹ Data also showed that there were high levels of sexual and gender-based violence (SGBV) against women and girls,² and widespread gender-inequitable norms and attitudes. Adolescent girls bore the brunt of the consequences of war – experiencing high rates of violence, early and unintended pregnancies and child marriage - with far reaching consequences for their education, health, social and economic outcomes.

GREAT was developed to support adolescents to follow healthier, safer paths in this challenging context. The programme was developed by the Institute of Reproductive Health (IRH) at Georgetown University, Save the Children and Pathfinder International, and worked with local implementing partners Straight Talk Foundation and the Concerned Parents Association. At the time of writing, GREAT continues to be implemented by organisations in Uganda following its comprehensive [How-to-Guide](#). The model has also been adapted and implemented in countries across the world, including in Rwanda, Mozambique and Benin.

Programme context

According to the 2016 Demographic Health Survey (DHS), girls and young women in Uganda marry, have sex for the first time, and become parents at a younger age than their male peers.³ 10% of girls in Uganda are married by 15, and 40% are married by their 18th birthday.⁴ 14% of girls and 17% of boys (aged 20-24) had sex before turning 15, and 55% of girls and 50% of boys before age 18.⁵ The DHS found that 25% of women aged 15-19 had begun childbearing.⁶ Adolescent girls in Uganda face high rates of violence: 41% of girls aged 15-19 in the DHS reported experiencing physical violence since age 15, and 10% had ever experienced sexual violence (from any perpetrator).⁷



PROGRAMME SUMMARY

Programme description

GREAT developed and tested scalable interventions to promote new positive social norms and address harmful norms, aiming to improve SRH outcomes and reduce GBV. The programme started in Lira and Amuru districts in northern Uganda, and was later scaled-up within the same districts as well as to four additional districts: Agago, Dokolo, Oyan and Pader. In the pilot phase, GREAT was implemented in four sub-counties, and in the scale-up phase in 33 sub-counties, reaching over 100,000 people.

GREAT consisted of four interventions:

- **The Community Action Cycle (CAC)**, a method to strengthen the capacity of community leaders to drive change in their communities.
- **A Serial Radio Drama** to catalyse discussion and reflection around gender norms in the community and among adolescents.
- **Village Health Team (VHT) Service Linkages**, aiming to improve access to and quality of youth friendly SRH services.

- **The GREAT toolkit**, a set of guidelines, manuals and tools to be used to promote reflection and dialogue.

The interventions were tailored to the needs, priorities and developmental stages of adolescents in different age groups and life stages:

- **Very Young Adolescents (VYA)**: boys and girls 10-14 years old, attending school.
- **Older Adolescents (OA)**: boys and girls 15-19 years old, unmarried and without children.
- **Newly Married or Newly Parenting Adolescents (NM/NP)**: boys and girls 15-19 years old, married/cohabitating, with or without children.

GREAT defined 'target behaviours' for each group it worked with, which was a set of gender-equitable values, attitudes, and behaviours that the programme aimed to promote. The programme had themes and desired outcomes for each target group in the areas of 1) SRH, 2) Gender-Equitable Norms and Attitudes, and 3) Gender-based Violence.

Group	Gender-based violence themes and desired outcomes
Very Young Adolescents (10-14)	Decreased bullying and teasing; Intention to seek help in violent situations; Boys and girls respect each other
Older Adolescents (15-19)	Decreased coerced sex
Newly Married Adolescents (15-19)	Increased willingness to seek help/ respond to intimate partner violence; Improved communication to resolve conflict
Newly Parenting Adolescents (15-19)	Increased use of non-violent discipline

Theory of Change

GREAT's approach rests on two theoretical perspectives:

- Understanding that gender roles, identities and norms are established early in life and set children on a path which shapes their future.
- Understanding that gender norms influence health-related behaviours both directly and indirectly, especially during the transitional period of adolescence.

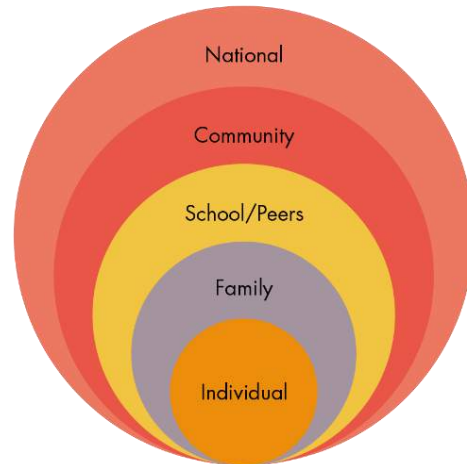
Recognising this, GREAT developed **six guiding principles** to set children and adolescents on a path towards healthy lives, respectful and gender-equitable relationships, and informed SRH choices.

PROGRAMME SUMMARY

GREAT six guiding principles:

1. Using a positive youth development lens focused on leveraging assets, fostering agency and engaging youth as change agents.
2. Shifting gender attitudes, behaviours, and norms by addressing misinformation, promoting critical reflection, and changing expectations for appropriate behaviour.
3. Adopting a relational approach that engages both girls and boys, sometimes apart, sometimes mixed.
4. Adopting a **life-course approach**, focusing on opportunities in adolescents' life transitions when new roles and norms are established.
5. Developing interventions at all levels of the **ecological framework** to ensure that new ideas and information diffuse through different levels and create an enabling environment for individual change.
6. Designing interventions for scale that provide light-touch, low-cost activities that can be integrated into ongoing programmes.

ECOLOGICAL
FRAMEWORK



LIFE-COURSE APPROACH



Core components

GREAT started in 2010, with formative research and initial intervention design during 2011-2012, followed by piloting and two years of implementation. The scale-up phase began after the endline survey in 2014. Each phase had a number of core components.

PHASE 1: PREPARATION

Formative research: Ethnographic research was carried out to understand how gender norms shaped adolescents' lives in the local context, including how norms are learned, internalised, and transmitted. The research employed participatory and adolescent-friendly methods such as mapping, photographing, and storytelling, as well as in-depth interviews.

Forming local partnerships: The first phase was also dedicated to forming partnerships with key stakeholders in the local context, including with local government departments and officials.

PHASE 2: DESIGN OF INTERVENTIONS

Four interventions were designed to be implemented as a package – starting with the CAC followed by the launch of the radio drama and the VHT component. GREAT worked with adolescents through **pre-existing groups and platforms**, including community groups and school-based clubs. The programme worked with at least three groups per community, with approximately 15 adolescents per group.

The Community Action Cycle (CAC): This intervention engages community leaders (clan leaders, religious leaders and elected village leaders) and their communities in a process of

The CAC's six steps:

1. Prepare to mobilise
2. Organise the community for action
3. Explore community gender norms and set priorities for change
4. Plan for gender norm change together
5. Act together
6. Evaluate together

PROGRAMME SUMMARY

collective dialogue and action. The purpose is to engage the community to contribute to changes in social norms and behaviours.

The first phase of the CAC includes a six-day training where the community leaders are trained to lead dialogues with the wider community. This is followed by a step-by-step process where the community analyses their current situation, identifies desired changes, and how to drive and sustain these changes – [outlined in this guide](#).

A Serial Radio Drama: The *Oteka Radio Drama* is a 50-episode serial radio drama that aired on local radio stations, twice a week, across the implementation sites. The radio drama addresses issues such as relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The drama was accompanied by step-by-step [discussion guide](#) which was used by all the adolescent groups (school-based and community-based). The OA groups were facilitated by peers while the discussions in the groups of VYA were led by a teacher. All facilitators were oriented/trained on using the discussion guide.

Village Health Team (VHT) Service Linkages: GREAT worked with existing health service providers as well as with VHT's (community-based health services, made up by one female and one male volunteer health care worker), to improve their knowledge and skills in providing youth-friendly services. It also aimed to reduce stigma around seeking services, and improve referrals of adolescents to services. The process of strengthening VHT's and health service providers is described in the [how-to guide](#).

The GREAT toolkit contains:

1. About the Toolkit
2. [Flipbooks for Girls](#)
3. [Flipbooks for Boys](#)
4. [Activity Cards: Very Young Adolescents](#)
5. [Activity Cards: Older Adolescents](#)
6. [Activity Cards: Married/Parenting Adolescents](#)
7. [Radio Discussion Guide](#)
8. [Community Game](#)
9. Episode 1 Script

The GREAT toolkit: The GREAT intervention package included the [GREAT Scalable Toolkit](#), a resource containing a set of guidelines, manuals and tools. These were designed to be used by and led by adolescents themselves in their existing groups. It uses participatory approaches and interactive exercises developed specifically for adolescents to discuss and reflect upon their own gender norms and SRH topics. For example, the **Activity Cards** include games, debates, drama and dance. The cards can be used by groups with only boys or only girls, or in mixed groups.

PHASE 3: PILOTING AND ASSESSING THE INTERVENTIONS

The third phase included piloting the interventions in Lira and Amuru districts. The interventions were implemented for two years, accompanied by a robust research and evaluation component to understand the impact and effectiveness of the interventions. Local implementing partners led the implementation, working closely with local community-based organisations (CBOs) and local government departments.

PHASE 4: SCALING-UP AND EVALUATION

GREAT was designed to be scaled-up by CBOs at a low cost; only requiring modest additional resources and inputs. The last year of the programme trialled scaling-up the package of interventions within Lira and Amuru, as well as to 33 sub-counties in four additional districts. The scale-up process used the [WHO ExpandNet Framework](#), which sets out criteria that an intervention should meet to be deemed suitable for scale-up. Feedback from adolescents was integrated into the scaled-up package.

A comprehensive [How-To-Guide](#) was developed as part of the scaling-up phase. It describes the GREAT model and provides step-by-step guidance for organisations planning to implement one or several GREAT interventions in Uganda or other countries. The scaled-up version is designed for 18 months, with 3 months for preparation, 12 months for implementation, and 3 months for phasing out. Learning around how the programme was taken from pilot to scale is captured in this [Lessons Learned Brief](#).

PROGRAMME SUMMARY

Monitoring and evaluation

The GREAT [How-To-Guide](#) includes guidance for setting up a monitoring framework (Chapter I) and provides forms and tools that implementing organisations can use to track activities and progress. After each activity, the activity leader fills out a form to capture which GREAT intervention and material was used, and the characteristics of the group. Each intervention has its own monitoring templates including tracking forms, weekly and monthly reporting forms, and pre-post intervention assessments.

An evaluation was conducted, using a quasi-experimental evaluation design, where researchers collected quantitative survey data from 4,500 randomly selected adolescents at baseline and again after the interventions had ended. They also conducted focus group discussions and four rounds of in-depth interviews with 60 participants. Data was collected in intervention communities as well as in a control group.

The evaluation of the GREAT pilot found a range of positive impacts on adolescents' SRH outcomes and gender-equitable attitudes, and less acceptance and use of violence. For instance:

Very young adolescents (VYA)

- There was an increase in brothers helping sisters with chores.
- There was no statistically significant change in perpetration or experience of unwanted touching.

Older adolescents (OA)

- Gender-inequitable attitudes and inequitable household roles decreased.
- **OA boys reporting perpetrating unwanted touching reduced:** 4% of OA boys exposed to GREAT reported perpetration, compared to an estimated 12% among those that had not been exposed.
- However, there was no significant effect on OA girls' reports of experiencing unwanted touching.

Newly married/ newly parenting (NM/NPs)

- Among male and female NM/NPs living with their partner, there was **a significant decline in violent reactions to a partner:** 5% of those exposed to GREAT reported violent reactions, compared to an estimated 21% among non-exposed NM/NPs.
- Adolescents in the older life stages reported **positive SRH outcomes**, including reducing inequitable SRH attitudes, increasing contraceptive self-efficacy and increased current use of family planning.

Lessons for programming

The programme provides important learnings around designing a scalable social norms and behaviour change intervention for adolescents, as well as what to think about when planning to use the GREAT [How-to-Guide](#).

Training and organisational reflection:

Organisations planning to use the toolkit need to allocate time for learning about the material as well as to complete the GREAT Core Training (see Chapter II in the How-to-Guide). A key aspect of the training is to allow organisations and staff to reflect upon their own gender attitudes and gender equality, aligning them with GREAT's values before they start the interventions.

Tailor to the specific context: The GREAT programme included extensive formative research to understand the local context and gender norms. This was a crucial step to understand what would motivate adolescents and community members to change attitudes and behaviours, and ensure the interventions were aligned with local customs and values.

The importance of extensive community-based experience: It is crucial that organisations that intend to use the [How-to-Guide](#) has experience of working closely in and with communities. Collaboration with local government structures is also crucial as it increases the potential for

PROGRAMME SUMMARY

scalability and sustainability. The How-to-Guide includes recommended steps for engaging district stakeholders in the process from the very start.

The power of positive branding: The radio drama contributed to a positive and powerful branding of the intervention. With the radio drama, 'Oteka' (meaning GREAT) became a widely adopted term that became associated with non-violent and gender-equitable attitudes and behaviours. The radio drama together with GREAT's logo, theme song and activity cards were seen to stick with adolescents, creating enthusiasm for the intervention and a vision of how to be GREAT/ 'Oteka'.

Need to better understand how to achieve community-wide change: The evaluation of GREAT explored how much exposure to the interventions would be needed to bring about change in social norms, gender attitudes and behaviours on an individual and community level. The evaluation found that adolescents who had been exposed to GREAT through using the Toolkit or listening to the radio drama reported changes in attitudes and behaviours. However, the evaluation only found a few statistically significant signs of wider community change.

More evidence is needed around how the level of exposure and intensity of interventions affect community level change, to further the understanding of how interventions designed for scale, requiring modest resources, can increase breadth and depth to achieve changes at the community level.

The challenge of assessing contributions to change: The design and implementation of GREAT assumed that the four interventions would be complementary and create synergies, rather than focused on the independent contributions of the interventions – recognising that gender norms, violence and SRH are interlinked aspects of adolescents' lives and therefore require integrated approaches. The evaluation suggested that the radio drama was the main single driver of change, as it had the widest coverage in communities and adolescents with high exposure to the drama showed changes in behaviours and attitudes – however its impact could not be untangled from that of other interventions. For instance, evaluation findings suggest that the CAC intervention had a relatively low coverage, however, implementors strongly felt that it was essential for the project and worked in tandem with the other interventions.

Source documents

- [GREAT Project How-To-Guide](#), Institute for Reproductive Health, 2016
- [GREAT Project Results Brief](#), Institute for Reproductive Health, 2015
- [GREAT Project Endline Report](#), Institute for Reproductive Health, 2016
- [Qualitative Assessment Report](#), Dagadu, N., Sedig, A., Institute for Reproductive Health, 2015

Links to further resources

For an overview of GREAT and links to the Toolkit, materials, and reports, go to:

- [GREAT Project](#), Pathfinder International
- [GREAT Project](#), Institute for Reproductive Health
- [GREAT Project Spotlight](#), Compass

Endnotes

- ¹ Lundgren, R., Dagadu, N. and Slesinski, C. (n.d.) [Gender Roles, Equality and Transformation \(GREAT\) Project](#), Compass
- ² Advisory Consortium on Conflict Sensitivity (2013) [Northern Uganda Conflict Analysis](#)
- ³ Uganda Bureau of Statistics (UBOS) and ICF (2018) [Uganda Demographic and Health Survey 2016](#)
- ⁴ Girls not Brides (2020) [Uganda](#)
- ⁵ Uganda Bureau of Statistics (UBOS) and ICF (2018) [Uganda Demographic and Health Survey 2016](#)
- ⁶ Ibid.
- ⁷ Ibid.

This document is part of the RESPECT Framework Implementation Guide, commissioned by UN Women and developed by Social Development Direct, which can be found [here](#).

Suggested citation: UN Women and Social Development Direct (2020) GREAT, RESPECT Preventing Violence against Women Programme Summary.