Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE): Implementation Learning Tools

Tools & Examples

Contents

Tools

Step-wise Discussion Guide

Step 1: Timeline Exercise

1. What happened over the last six months in terms of external events, project decisions, accomplishments and roadblocks? Briefly describe these and why / how they were relevant to the project.

Step 2: Reflect

1. What are some of the implementation / operational successes you have observed or experienced as part of implementation thus far?
2. What are the implementation / operational challenges that you have observed or experienced as part of implementation thus far?
3. What changes (if any) have these activities brought to your community? **[Facilitator's Note: probe specifically around changes to advance gender equality, changes in social norms, what is expected of girls / women and boys / men, and how they interact with each other]**
    a. Positive changes?
    b. Negative changes?

Step 3: Analyze

1. Looking at the positive changes, **how** did the changes that you identified occur? What activities, processes, or mechanisms contribute most to these changes?
2. Are there changes that you would have expected from the project that are not happening or have not yet happened?
3. Why do you think these changes are not happening? What barriers to continued or additional behavior or norms change persist?

Step 4: Plan

This step is designed to plan for any changes identified as necessary in Step 3. Using the guiding questions below to discuss the details of the proposed changes.

1. What are 2-3 things that the IMAGINE project could do to address these persistent barriers?
2. For the 2-3 priorities describe:
    a. **Who** would need to be involved to make this change happen? (ex: field facilitators, CARE staff, government health workers, community leaders, couples, girls' collective participants, government officials etc.)
    b. **When** would this change need to take place?
    c. **Where** would this change need to take place?
    d. What additional **resources** are needed to make this change feasible?

Step 5: Adjustments to the Theory of Change

[**Facilitator's Note: This step is likely best done with a more limited set of participants, including CARE IMAGINE staff and implementing partner staff / supervisors, following the completion of the Implementation Learning Workshop**.]

[Facilitator's Note: Make necessary changes, but do not feel compelled to make changes if none are identified. It is acceptable to make no changes.]

1. **Problem Statement** *(the major problem the initiative is addressing)*
    a. Since last working on the Theory of Change, what more have we learned about the nature or extent of the problem we are addressing?
    b. Have there been significant changes in context that require adjusting how we now frame or define the problem?
2. **Key Dynamics** *(the political, economic, social, institutional, and historical factors that result in current scenario)*
    a. Have these key social, economic (vocational) or institutional (health system) dynamics changed? How? **[Facilitator's Note: probe specifically around changes to advance gender equality, changes in social norms, what is expected of girls / women and boys / men, and how they interact with each other]**
    b. Who are the current key actors? Are those that were identified previously (adolescent girls, husbands, Mothers-in-laws, health workers) still relevant? How have their relationships, interests, or incentives changed?
3. **Activities/ Strategies** *(description of the activities / strategies the project will undertake in order to bring about the outputs / intermediate outcomes)*
    a. Given changes in the context, our understanding of the problem, and our discussions during the Implementation Learning Workshop, do we need to change or drop any of our current activities or add any new ones?
4. **Outputs / Intermediate Outcomes** (*the major changes that need to occur in order to bring about the primary outcome)*
    a. Given the current primary outcome, do the outputs or intermediate outcomes need to change? Remember these need to be "technically sound and possible" given the proposed activities / strategies.

Step 1: Timeline of Major Events, Decisions and Accomplishments

STEP 1: TIMELINE OF MAJOR EVENTS, DECISIONS, AND ACCOMPLISHMENTS			
Complete this timeline at the start of each quarterly meeting adding rows as needed.			
Date	**Major Events, Decisions and Accomplishments**	**Event Type[1]**	**Relevance / Explanation**
[1] **External Event** (significant political events and other occurrences affecting the implementation of the project), **Project Decisions** (a significant strategy decision or adjustment), **Project Accomplishment** (a significant milestone fulfillment of an intermediate outcome), and **Project Roadblock** (a delay or failure, a change in partner, or a political barrier)			

Step 2: Reflect

	STEP 2: REFLECT			
Component	**Successes in Implementation / Operational Successes**	**Challenges in Implementation / Operational Challenges**	**Positive Developments / Changes in attitudes, behaviors, norms, or environment**	**Negative Changes / Developments in attitudes, behaviors, norms or environment**

Step 3 & 4: Analyze and Plan

	STEP 3: ANALYZE			STEP 4: PLAN	
Component	**For positive changes, how do you think these changes occurred? What led to these changes?**	**Looking at the ToC are there changes we expected but that aren't happening?**	**What is currently acting as barriers to continued or additional change**	**Proposed Action Point to Address** 1. Based on the current situation, do we need to change any of the current strategies or activities? How? 2. Based on the current situation, do we need to consider adding any new strategies or activities? Which ones?	**Strategy (What, who, when, where) and resources needed**

Step 5: Adjustments to Theory of Change

STEP 5: ADJUSTMENTS TO THEORY OF CHANGE			
[Facilitator's Note: Make necessary changes, but do not feel compelled to make changes if none are identified. It is acceptable to make no changes.]			
Use track changes to make necessary changes to each component of the ToC	**Degree of Change***	**Justification / Explanation**	**Implications (if any)**
Problem Statement: Adolescents lack the skills, capacity and support, (from their families, communities and health system) they need to be able to delay first birth and pursue alterative futures to early motherhood			
Key Dynamics: **Health Workers** lack the skills and capacity to tailor services to adolescent's specific needs, and often hold values, beliefs and norms that act as barriers to the equitable provision of FP services to adolescents **Adolescent girls** have a limited awareness of the alternatives to early motherhood available to them, lack access to financial capital and control over resources, and are often neglected by existing vocational training opportunities and positive economic secular trends **Newlyweds** face significant pressure from their families and **communities** to have a child soon after marriage, with the **husband** as the primary decision maker in unions often characterized by a lack of gender equity **Adolescent girls** lack the capacity to **envision** and **pursue** alternative life trajectories other than early motherhood **Adolescent girls** lack the knowledge, skills, capacity, and links to formal health sector needed to make the healthy timing of pregnancy a reality.			
Interventions / Strategies: Engage in **reflective dialogue** practice and counseling skills building activities with health workers; Offer transformative **vocational opportunities** in IT, mobile technology, and handicraft sectors; Provide in-home **couples counseling services** to newlywed couples and mothers-in-laws; Engage the wider public in visible, positive, **events**; And deliver a comprehensive curriculum to **girls' collective solidarity groups**.			
Intermediate Outcomes: Health care workers will adopt supportive behaviors toward married adolescents who wish to delay first birth; Improved engagement in alternative opportunities among married adolescents Increased support to delay first birth among young men / husbands; Increased support to delay first birth among mothers-in-laws; Increased support to delay first birth among young men / husbands and mothers-in-laws; Married adolescent girls will be able to envision and perceive value in alternatives to early first birth; Married adolescent girls will have enhanced agency and assets relevant to delaying first birth and pursuing alternative futures; Increased use of and satisfaction with sexual and reproductive health services among married adolescents.			
Primary Outcome: The timing of first birth will be delayed by 6 months or more above the average among married, 15-19 year olds in intervention areas			
***using the categories below, please rate the degree of change made to each section of the ToC** 0 None / Minor: no change in wording or only slight changes in phrasing 1 Significant: Adding or subtracting one or two items in a section of the ToC or revising multiple items. Less than a complete rewrite, but more than revision of one item. 2 Wholesale: a major shift requiring a complete or near-complete rewriting of this section in the ToC			

Examples

STEP 1: TIMELINE OF MAJOR EVENTS, DECISIONS, AND ACCOMPLISHMENTS			
Complete this timeline at the start of each quarterly meeting adding rows as needed.			
Date	**Major Events, Decisions and Accomplishments**	**Event Type[1]**	**Relevance / Explanation**
January	Formed a formal partnership with the District MoH representative to engage CHWs in program	Achievement	As District MoH makes HR allocations and directives this is crucial first step to engage CHWs effectively and has raised program visibility
January	Local clinic in Punchgachji district closed due to staff shortages	Roadblock	The government was unable to staff the clinic so it is closed until staff can be deployed. Will disrupt access to ASRH services
February	SAA + FPC meetings launched	Achievement	Addressing bias and myths and misconceptions with providers will make them better service providers for adolescents
March	Not to reimburse / pay CHWs for engagement	Project Decision	Decision was made due to CARE policy, and desire to form mutual partnership and agreement with MoH that ensures sustainability
April	Local elections occur in Rangpur	External Event	Some turn over in UP chairmen means we need to schedule new introductory meetings

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	STEP 2: REFLECT			
Component	**Successes in Implementation / Operational Successes**	**Challenges in Implementation / Operational Challenges**	**Positive Developments / Changes in attitudes, behaviors, norms**	**Negative Changes / Developments in attitudes, behaviors, norms**
Girls' Collective	• GC groups formed, meeting minimum attendance requirements for all groups • Attendance is consistently >85% • Smiley-face assessments indicate that, in general, participants are pleased with the sessions • Field Facilitators feel the workload is managed, and have developed regular cadence of GC sessions	• Some GC participants are still in school so balancing their schedules with out-of-school youth took adjustments • Linking married girls from CC to GC has not always been successful • CHW engagement in key sessions is limited (<10% of all sessions)	• After the visioning exercise, many girls said that they shared their visioning board with their family members and discussed their goals • At the start of the project neighbors and MIL would insult girls for participating in the Girls Collectives but now this is happening much less, and some MILs are encouraging her to go and saying she will take over some tasks • Previously girls had many myths about what family planning methods were ok for them to use. Now they correct others when they hear these myths in the community	• Having couples counseling but also having unmarried and married girls combined in GC groups has made some unmarried girls critique and stigmatize married girls – saying they shouldn't participate in GC only in CC

	STEP 3: ANALYZE			STEP 4: PLAN	
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Girls' Collective	• Having a CHW come to address myths and misconceptions was crucial – girls listened to her as an authority figure • Girls had never done a visioning exercise before, they found this very fun and because it was more like 'art' they felt it was ok to share with family and friends • Engaging MIL and doing community-wide events has made community members more accepting and less suspicious of the program	• There isn't any evidence that girls are using health services or are more comfortable to do so • Girls are still quite limited in what they are envisioning as alternatives – the vision boards did not often include continuing education or engaging in economic activities or training	• Girls still seem shy to visit health services, and unmarried girls don't see a reason why they would go to the health facility. It is an unknown world still.	• Organizing a group visit to the health facility so that girls know where it is, but aren't faced with the stigma of going themselves • Having female business women / professionals attend the GC groups	• Organize transport to the health facility and schedule a day with the health workers • Identify business women; provide a gift and travel reimbursement for them to attend the group

STEP 5: ADJUSTMENTS TO THEORY OF CHANGE

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Intermediate Outcomes: Health care workers will adopt supportive behaviors toward married adolescents who wish to delay first birth; Improved engagement in alternative opportunities among married adolescents Increased support to delay first birth among young men / husbands; Increased support to delay first birth among mothers-in-laws; Increased support to delay first birth among young men / husbands and mothers-in-laws; Married adolescent girls will be able to envision and perceive value in alternatives to early first birth; Married adolescent girls will have enhanced agency and assets relevant to delaying first birth and pursuing alternative futures; Increased use of and satisfaction with sexual and reproductive health services among married adolescents.			
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