



FACILITATORS GUIDE

MODULE 1

CORE TRAINING MODULE



NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS



NORWEGIAN CHURCH AID
actalliance



INTRODUCTION TO ENGAGE CAPACITY BUILDING STRATEGY

To support the implementation of the community-level strategies, ongoing support should be provided to staff and partners to develop the skills, knowledge, confidence, and transformative attitudes to implement high quality GBV services and community outreach activities. This support will be responsive to the identified needs and contexts, but is likely to include a combination of resources, training, coaching and peer support, in order to best prevent and respond to CEFM in humanitarian settings.

The capacity component consists of two main activities:

- 1** an initial training for facilitators using the following tool, including the facilitators guide, participant's workbooks and powerpoint slides
- 2** the ongoing provision of coaching, supervision and peer support.

ENGAGE TRAINING PACKAGE

Before implementing the activities in this toolkit, it is essential that facilitators and caseworkers participate in an initial training, which provides an in-depth overview of the activities and tools to support implementation, monitoring and evaluation. The 4 modules are anticipated to take 4 weeks in total, so it is important that time and resources are allocated appropriately. The modules, expected time frame and target audience are as follows:

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
1	Core Training Module	4.5	All staff, including programme managers, community outreach workers, life skills facilitators and caseworkers
<p>This module introduces the ENGAGE toolkit, provides an opportunity for staff to reflect on their own attitudes and beliefs, and covers essential information related to CEFM (such as driving factors and consequences). The sessions also introduce and explain adolescent, sexual and reproductive health (ASRH), the ENGAGE Theory of Change and monitoring and evaluation of the program.</p>			
2	Facilitation Skills and Considerations*	4.5	All staff, as above
<p>This module focuses on the Do No Harm principle, followed by staff self care. The remaining sessions focus on building skills required to facilitate the ENGAGE program, such as participatory processes, communication skills and creating a safe and respectful space. These sessions are optional, and only required if staff need support with learning or improving existing facilitation skills. Specific topics can be selected rather than the entire module.</p>			

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
3	Implementation of Service Delivery Components	4.5	All facilitators of the life skills and focused care tools, caseworkers and supervisors
<p>This module focuses on service delivery component of the ENGAGE program. This begins with case management for at risk girls and girls who are already married, followed by a theoretical overview of the service delivery component (life skills and focused care sessions). The remaining sessions focus on practical application of the tools, where participants practice allocated sessions in front of their peers and receive critical feedback for improving facilitation of service delivery activities.</p>			
4	Implementation of Community Outreach Components	6.5	Facilitators of community outreach components, programme managers
<p>This module focuses on the community outreach component of the ENGAGE program. This includes an overview of the community outreach tools, including male and female caregiver's sessions, religious leader's workshops, teacher's workshops and the community dialogue and social norms change program. After each theoretical overview, staff will practice allocated sessions from that tool in front of their peers and receive critical feedback for improving facilitation of community outreach activities.</p>			

***OPTIONAL**

A training agenda and a pre/post test with answers are included as annexes in the ENGAGE implementation guide. These can be adapted to suit the training plan, depending which sessions have been selected, and if this will be facilitated in a one 4 week block, or split up into modules over a longer period.

A participant's workbook is also included as part of this toolkit, which includes key takeaway messages, plus the annexes and handouts in sequential order. It is strongly advised that the workbook is printed for each participant, as this resource will encourage group members to engage in discussions rather than copying PowerPoint slides, plus will be a useful resource to refer back to. The workbook also reduces the training preparation by pulling together all the handouts required for participants.

It is recommended that the ENGAGE program does not begin until all modules of training are complete. This is because the Adolescent Girls Life Skills program (Module 3: Service Delivery) and Male and Female Caregivers Sessions (Module 4: Community Outreach) are designed to complement each other, hence it is important that they are facilitated in the field at the same time.

It is also recommended that a 5 day refresher training takes place approximately half way through the 12 month program, as outlined in the ENGAGE Timeline. This should focus on areas that have been identified to need further capacity building, through the use of the ongoing coaching, supervision and peer support tools. The selected sessions (both theoretical and practical) will aim to improve the skills, confidence and performance of facilitators, leading to better quality implementation of activities and ultimately, more positive outcomes for individuals and communities.

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MODULE 1: CORE TRAINING MODULE

TARGET AUDIENCE: All staff, including programme managers, community outreach workers, life skills facilitators and caseworkers.

SESSION	TOPIC	TIMING	PAGE #
1. INTRODUCTION TO THE TRAINING AND ENGAGE TOOLKIT (2 HOURS)	1.1 Welcome and introductions	60 minutes	2
	1.2 Introducing the toolkit	30 minutes	4
	1.3 Setting ground rules and expectations	30 minutes	7
2. STAFF REFLECTION AND TRANSFORMATION (2 HOURS)	2.1 CEFM attitudes and beliefs	2 hours	10
3. CHILD, EARLY AND FORCED MARRIAGE BASICS (3 HOURS AND 45 MINS)	3.1 What is CEFM?	60 minutes	16
	3.2 Why focus on adolescent girls	30 minutes	18
	3.3 Root causes of CEFM and CEFM in humanitarian settings	60 minutes	20
	3.4 Consequences of CEFM	45 minutes	24
	3.5 CEFM in my context	30 minutes	27
4. ASRH BASICS (2 HOURS)	4.1 Adolescent Sexual & Reproductive Health	90 minutes	30
	4.2 ASRH attitudes and beliefs	30 minutes	33

SESSION	TOPIC	TIMING	PAGE #
5. UNDERSTANDING SOCIAL AND LEGAL NORMS (2 HOURS)	5.1 Social norms key concepts and definitions	60 minutes	38
	5.2 How are social norms maintained and how do they change?	60 minutes	40
6. OVERVIEW OF THE PROGRAMME AND THEORY OF CHANGE (2 HOURS)	6.1 What is a Theory of Change?	60 minutes	44
	6.2 Theory of Change for the NCA CEFM programme	60 minutes	47
7. HOW TO CONTEXTUALISE THE PROGRAMME (2.5 HOURS)	7.1 Introduction to adaptation	60 minutes	52
	7.2 Impact of crisis situations	45 minutes	54
	7.3 Developmental considerations	45 minutes	56
8. IMPLEMENTATION MONITORING AND EVALUATION (1 HOUR)	8.1 Administering the M&E tools	60 minutes	60
9. SOCIAL NORMS MONITORING (5 HOURS AND 15 MINS)	9.1 Introducing the social norms monitoring tools	15 minutes	66
	9.2 Administering the story-based group discussions (for community outreach activities)	2.5 hours	67
	9.3 Administering the rapid social norms survey (for community outreach activities)	2.5 hours	72



SESSION 1

INTRODUCTION TO THE TRAINING

🕒 2 HOURS



LEARNING OBJECTIVES:

- Participants get to know each other and understand the objectives of the modular training approach
- Participants are provided with a basic overview of the toolkit and activities
- Participants will share expectations and agree on ground rules



TOPICS

- 1.1 Welcome and introductions
- 1.2 Introducing the toolkit
- 1.3 Setting ground rules and expectations



MATERIALS AND PREPARATION

- Flipchart paper and markers
- Print copies of training agenda (sample found in the implementation guide)
- Annex 1: Module 1 Pre-test

TOPIC 1.1

WELCOME AND INTRODUCTIONS

🕒 60 MINUTES



MATERIALS AND PREPARATION

Print copies of adapted training agenda (sample found in implementation guide), annex 1: Module 1 Pre-test

Instructions:



Say a few words of welcome to all of the participants and introduce yourself.



Show slide 3 and explain the learning objectives of the session to the participants.



Show slide 4 and ask participants to stand up.



Tell participants that they have 5 minutes to meet 5 people and note the answers to the following questions:

WHAT IS YOUR NAME?

WHAT IS ONE FUN FACT ABOUT YOURSELF?

WHAT IS YOUR EXPERIENCE RELATED TO WORKING IN PREVENTING AND/OR RESPONDING TO CEFM?



After 5 minutes, announce that time is up. **Explain** that each person is to introduce one person that they met, and share their name and fun fact, until everyone has been introduced.



Show slide 5 and explain the overall organization of the training and timeframe:

MODULE 1

CORE TRAINING MODULES INCLUDING:

- Introduction to the Training and the Toolkit
- Staff Reflection and Transformation
- Child, Early and Forced Marriage Basics
- Adolescent, Sexual and Reproductive Health
- Understanding Social Norms
- Theory of Change
- How to Contextualise the ENGAGE Programme
- Monitoring and Evaluation

MODULE 2

FACILITATION SKILLS AND CONSIDERATIONS INCLUDING:

- Do No Harm
- Staff and Self-care
- Facilitation Skills

MODULE 3

IMPLEMENTATION OF THE SERVICE DELIVERY COMPONENTS, INCLUDING:

- Case Management
- Life Skills for Adolescent Girls and Boys
- Focused Care Sessions

MODULE 4

IMPLEMENTATION OF THE COMMUNITY OUTREACH COMPONENTS INCLUDING:

- Caregiver's Sessions
- Religious Leader's Workshops
- Teacher's Workshops
- Community Dialogues and Social Norms Change Programme



Tell participants that depending on their job description, they will follow different training paths. Staff focused on service delivery and community outreach will participate in the first two modules together, and then complete either module 3 or 4, depending on their role. The training will take 4 weeks in total however may be spread out over a period of time.



Distribute the training agenda and ask participants to review it and give an opportunity to ask any questions.



Refer participants to their [Participants workbook Module 1: Pre-test](#) and **say** that they have approximately 30 minutes to complete the test. After 30 minutes, ask participants to tear the test out and hand it to you.

TOPIC 1.2

INTRODUCING THE TOOLKIT

🕒 30 MINUTES



MATERIALS AND PREPARATION

Annex 2: ENGAGE Program Structure

Instructions:



Show slide 6. Say that the **ENGAGE** toolkit is on the prevention, mitigation and response to child, early and forced marriages (CEFM) in humanitarian settings, focusing on settings impacted by conflict and displacement. The toolkit is twofold, a) changing norms through community outreach (prevention) and b) service delivery (response).



Show slide 7. Introduce **ENGAGE** to the participants by saying that there are 3 parts which consists of:

PART 1

IMPLEMENTATION GUIDE

A comprehensive manual used to guide managers and facilitators in the implementation of the program

PART 2

CURRICULA

Service delivery and community outreach tools to be used by community outreach workers and facilitators

PART 3

TRAINING MATERIALS

Facilitators guides, PowerPoint slides and participant's workbooks used to conduct the essential training before staff begin the program



Refer to [☐ Participants workbook annex 2: ENGAGE Program Structure](#) and briefly read through it with the participants.



Say that the curricula are divided into two different components: Community Outreach and Service Delivery Tools. The sessions are designed in a way which they can be adapted to the context and flexible while retaining the fidelity of the tool.



Show slide 8 and explain that the main goal of the community outreach activities included in the toolkit is to **PREVENT** CEFM from happening in the future. The activities seek to achieve this goal by changing the social norms that enable CEFM to occur. The community outreach consists of four activities delivered in two implementation phases which includes:

TEACHER'S WORKSHOP (optional)

A full day or two half day workshop for teachers of adolescent girls and boys.

RELIGIOUS LEADER'S WORKSHOP (optional)

6 sessions delivered once every two weeks for 12 weeks.

CAREGIVER'S SESSIONS

22 sessions delivered weekly or bi-weekly with different tools for male and female caregivers of adolescent girls aged 10-17 (unmarried and married).

COMMUNITY DIALOGUES

32 sessions delivered bi-weekly over 16 weeks targeting opinion leaders and influential community members.

IMPLEMENTATION PHASE 1

The caregiver's sessions, religious leader's workshops and teacher's workshop activities can all be facilitated at the same time as the service delivery activities in Component 1.

IMPLEMENTATION PHASE 2

Facilitated after phase 1. Community members and opinion leaders come together for a series of community dialogues, which concludes with the development of community-level social norm change action plans.

The community-level social norms change programme supports the following initiatives:

- Religious leaders deliver messages about CEFM in sermons.
- Religious leaders discuss CEFM with congregation members using conversation starters.
- Community dialogue members create action plans and conduct campaigns.
- Community dialogue members conduct advocacy to develop or change local and customary laws through participation in meetings with local authorities.
- Community dialogue members identify and refer girls at risk of CEFM to the GBV team.



Show slide 9 and explain that the main goal of the service delivery activities included in the toolkit is to prevent, mitigate and **respond** to CEFM and minimise the harm caused to women and girls who have experienced it or are at risk of experiencing it. The activities seek to achieve this goal through providing life skills training to build assets, create awareness and promote positive coping mechanisms.



Say that the service delivery component consists of consists of three tools:

1


Adolescent girls life skills
for girls who are unmarried
and at risk to early and
forced marriage and girls
who are at imminent risk /
already married / divorced /
widowed girls


2


**Adolescent boys
life skills**
for boys ages 10 - 19


3

Focused care for girls at
imminent risk / already
married / divorced
/ widowed girls

 **Explain** that the service delivery activities are designed for adolescent girls and boys (life skills workshops only) aged 10-19 years old. Participants will be grouped depending on the needs, age, sex and marital status. **Explain** that in keeping with the 'stepped care' approach to service delivery, the activities have been designed to complement/build on each other, therefore, adolescent girls may participate in the life skills workshops and afterwards be referred to the focused care sessions.

 **Explain** that the life skills workshops consists of 14 sessions (1 session per week over 14 weeks or 2 sessions per week over 7 weeks) for adolescent girls and boys, with adaptations according to chronological and developmental age and marital status of adolescent girls.

 The focused care sessions consists of 7 sessions for adolescent girls who are at imminent risk, already married, widowed, and divorced. These sessions are designed to build their assets and develop positive coping mechanisms for challenging situations. Participants should only be referred to participate through case management services.

 **Explain** that the life skills workshops and focused care sessions activities are delivered in cycles, which means that a group of 9-12 participants begin and complete the activity together. Once enough eligible participants have been identified, a new group begins the activities (and so on). The life skills workshops and focused care sessions activities follows a 'stepped care' approach, whereby the activities are delivered sequentially (starting with the life skills workshops, then followed by focused care). The case management is delivered on an ongoing basis, as required for adolescent girls who require individual support.

TOPIC 1.3

SETTING GROUND RULES AND EXPECTATIONS

🕒 30 MINUTES



MATERIALS AND PREPARATION:

Two flip charts with headings Group Norms and Expectations

Instructions:



Show slide 10. Explain to the group that as adults, the participants should develop and agree on their own ground rules for the training. Ask participants to think about important factors for them to be able to participate to their full potential. This will ensure we create a safe and respectful environment where everyone can share and learn together.



Show slide 11 and ask group members to make suggestions and list them on the flip chart labelled Group Norms. If the following were not mentioned, be sure to add to the flip chart and seek group confirmation:

- Be on time
- Respect for others
- Participation
- Confidentiality
- Do not disclose names or share real examples that are identifiable
- Right to pass, it is acceptable not to share answer
- Challenge harmful gender norms (in a respectful way)
- Limit single use plastic in training room



If budget allows, procure reusable water bottles prior to the training for each participant. You can include your agency and donor logos for visibility, while supporting environmental sustainable practices



Show slide 12 and ask participants to call out their expectations for the upcoming training. This can be related to the trainer, learning outcomes, learning environment, behaviour of colleagues, topics focused on etc.



Write inputs on flip chart labelled Expectations until all members have contributed at least once. Revisit the Expectations flip chart at the end of the training to measure if these were achieved.



Hang both flip charts in a visible place for the duration of the training.



SESSION 2

STAFF REFLECTION AND TRANSFORMATION

🕒 2 HOURS



LEARNING OBJECTIVES:

- Understand the concept of “attitudes” and “beliefs” and how they influence behaviour
- Practice using the Beliefs and Attitudes Reflection Tool to understand our own personal opinions related to CEFM



TOPIC

2.1 CEFM Attitudes and Beliefs



MATERIALS AND PREPARATION

- Flipchart paper and markers
- Annex 3: Beliefs and Attitudes Reflection Tool

TOPIC 2.1

CEFM ATTITUDES AND BELIEFS¹

🕒 2 HOURS



MATERIALS AND PREPARATION:

2 prepared flipchart papers: one with “AGREE” and one with “DISAGREE” written in large print, Annex 3 - Beliefs and Attitudes Reflection Tool.

Instructions:



Show slide 13 and introduce the session.



Show slide 14 and explain that personal attitudes and beliefs affect behaviour. It is important that we look at our own attitudes plus also understand beliefs and attitudes of community members.



Show slide 15 and read the learning objectives.



Show slide 16 and present the definitions of “attitude” and “belief”:

BELIEF

An idea that is accepted as true. It may or may not be supported by facts. Beliefs may stem from or be influenced by religion, education, culture and personal experience

ATTITUDE

Opinion, feeling or position about people, events, and/or things that is formed as a result of one’s beliefs. Attitudes influence behaviour













Ask participants “what influences attitudes and beliefs and the way we work?” Have a brief discussion that beliefs and attitudes can change over time. For example, a child who was hit by their parents, might grow up thinking it is ok to hit their child, but then a sensitization may expose them to some of the negative impacts of corporal punishment that may change their beliefs in this regard and prevent them hitting their children in the future.


¹ Adapted from UNICEF/IRC (2015). Caring for Child Survivors of Sexual Abuse, Training Manual.


Put the “AGREE” and “DISAGREE” flip charts on the floor/wall on different sides of the room. **Ask** participants to stand up and say that you are going to read through statements and they should then move to the appropriate flipchart, depending if they agree or disagree with the statement. State they are allowed to place themselves in-between the two extremes if they are “Unsure”.



Choose 5-8 statements from the below list:


<p>Men are more intelligent than women.</p> <p>FALSE</p> 	<p>Women are better suited to carry out household chores than men.</p> <p>FALSE</p> 	<p>It is okay for a woman to suggest using a condom.</p> <p>TRUE</p> 	<p>Children should be able to get married before the age of 18.</p> <p>FALSE</p> 	<p>If a man buys a woman gifts, he has the right to expect sex.</p> <p>FALSE</p> 
<p>Physically beating one’s wife is a private matter which should stay between the husband and the wife.</p> <p>FALSE</p> 	<p>A wife who is beaten usually did something to deserve it.</p> <p>FALSE</p> 	<p>Sex and gender are two different things.</p> <p>TRUE</p> 	<p>Gender roles can change over time.</p> <p>TRUE</p> 	<p>Children start learning gender roles from a very young age.</p> <p>TRUE</p> 


After each statement is read, **discuss** the responses and reactions to the statement. Have a few people comment who are standing by the AGREE poster, and then those who are standing by the DISAGREE. If there are people who are undecided / unsure in the middle they should also explain their position.

 **Reassure** those who got it wrong by stating that this is a frequent misunderstanding and that is why we are discussing these issues. It can be culture, taboo, and/or misinformation that form these incorrect assumptions, and we are here to talk through these during the course of the training so we ensure we all have the same common understanding of the facts. We are not trying to make anyone feel bad for his or her views or judge anyone.

 Come back together as a plenary. **Explain** that attitudes and beliefs influence our behaviour. Only the right attitudes can have a positive impact on the lives of participants and the community.

 **Refer** participants to  **Participants workbook the Beliefs and Attitudes Reflection Tool (annex 3)** and **explain** that this is an assessment to better understand personal beliefs and feelings about CEFM. Emphasize to staff that all answers should be honest and self-reflective, and that the tool is used to identify areas where individuals can benefit from further coaching and staff development. Explain that all facilitators should complete the tool before beginning the implementation of the ENGAGE toolkit, to ensure that staff have the values and beliefs to deliver the toolkit while adhering to the **DO NO HARM** principle.


 **Explain** that they are to read 12 questions aimed to identify a person's underlying attitudes (feelings and beliefs) about child, early and forced marriage. Individuals will score themselves whether they agree or disagree with a question—based on a scale of 1 (strongly disagree) through 4 (strongly agree).


 **Ask** participants to total their points. A lower score reflects beliefs and attitudes that are less accepting of CEFM and harmful gender norms.

 **Show slide 17 and ask:**

 **Is anyone surprised by their result?**

 **Did anyone think they would have scored differently?**

 **Does anyone wish to discuss a specific attitude or belief they had which has changed over the years or today?**

 **NOTE:** *The lowest score is 12, and the highest is 48. If participants score 25 or over, they should be considered for further mentoring. If it is evident after supervision, coaching and mentoring that their personal beliefs have not shifted, consider removing that staff member from the program.*



SESSION 3

CHILD, EARLY AND FORCED MARRIAGE BASICS

🕒 4 HOURS



LEARNING OBJECTIVES:

- Understand the definition of CEFM
- Understand why it is important to put adolescent girls at the centre of CEFM programmes
- Understand the root causes of CEFM and how humanitarian situations exacerbate CEFM
- Understand the negative impacts of CEFM and positive consequences of delaying marriage for girls, their families, and their communities
- Analyse CEFM in the local context



TOPIC

- 3.1 What is CEFM?
- 3.2 Why focus on adolescent girls?
- 3.3 Root causes of CEFM and CEFM in humanitarian settings
- 3.4 Consequences of CEFM
- 3.5 CEFM in my context



MATERIALS AND PREPARATION

- Flipcharts and markers
- Prepared flip chart with root causes tree
- Paper for drawing
- Multi-coloured post-it notes (blue, green, pink and yellow)
- Video, “The girl effect: the clock is ticking”
- Annex 4: Convention on the Rights of the Child
- Annex 5: Information sheet: How CEFM violates girl’s rights
- Annex 6: Information sheet: Root causes of CEFM
- Annex 7: Information sheet: Consequences of CEFM
- Annex 8: CEFM and gender analysis worksheet

TOPIC 3.1

WHAT IS CHILD, EARLY AND FORCED MARRIAGE?

🕒 60 MINUTES



MATERIALS AND PREPARATION:

3 flipcharts with the words “child marriage”, “early marriage” and “forced marriage” written on them, flipchart papers, markers, annex 4: Convention on the Rights of the Child, copies of annex 5: Information Sheet: How CEFM violates girl’s rights

Instructions:



Show slide 18. Explain to the group that in this session we will be learning and defining what child, early and forced marriage is together.



Show slide 19 and go through the learning objectives for the session.



Show slide 20. Divide the participants into three groups by counting off. Ask group 1 to start at the flipchart with the heading “child marriage”, group 2 at the flipchart with the heading “early marriage” and group 3 at the flipchart with the heading “forced marriage”. Ask each group to brainstorm for 5 minutes at their flipchart what they think the definition and write key characteristics are of each terms onto the flip. After five minutes, the groups should rotate and add to the work of the previous group. This time give them only 2 minutes. After 2 minutes, the groups will rotate again and have another 2 minutes to add any final inputs to the third chart, then move back to their original stage to present the answers.



Show slides 21-23 and explain the definitions as well as the below key points:



There is a lot of overlap between the 3 terms.



The definition also includes informal unions, or marriages that are not legally registered.





All three are considered human rights violations and are violations of the UN Convention on the Rights of the Child.



CEFM disproportionately affects women and girls globally.



CEFM happens across cultures and religions.

-  **Divide** participants into groups of 4 and **refer** to [☐ Participants workbook annex 4: Convention on the Rights of the Child](#). **Ask** the groups to identify which rights CEFM violates and circle the numbers next to each article in the CRC. Give them 15 minutes to complete the exercise.
-  **Bring** the participants back together and ask each group to give one example until all of the rights that CEFM violates have been elaborated. Then refer to [☐ Participants workbook annex 5: How CEFM violates girl's rights](#).

TOPIC 3.2

WHY FOCUS ON ADOLESCENT GIRLS?²

 30 MINUTES



MATERIALS AND PREPARATION:

Video, “The girl effect: the clock is ticking”. Prepare flip chart with 4 points on “Why Focusing on Adolescent Girls is Important”.

Instructions:



Show slide 24 and introduce the next topic, “Why focus on adolescent girls”.



Show slide 25 with the embedded video “The girl effect: the clock is ticking³” on why it is important to invest in girls’ potential early on.



Ask the participants why they think this programme on child, early and forced marriage focuses on adolescent girls? Probe with follow up questions:



How is the situation of girls different from boys, men or women?



What are some of the issues that girls face, that most boys, men and women do not face?



Show slide 26 and ask participants to visualize a 12 year old girl on the edge of a cliff. If not supported, she is at risk of CEFM, dropping out of school, pregnancy, and health and protection issues.



Show slide 27 and explain to participants that a girl who is supported by her family and community through life skills education, staying in school, reproductive health information and services, will support girls to build their own assets and mitigate these vulnerabilities.

² Adapted from International Rescue Committee (2018), Girl Shine, Part 4: Mentor and Facilitator Training Manual, <https://resourcecentre.savethechildren.net/node/11943/pdf/irc-girl-shine-part-4.pdf>, p. 14.

³ <https://www.youtube.com/watch?v=1e8xgF0JtVg>

 **Ask** participants why focusing on adolescent girls in humanitarian settings specifically is especially important. **Write answers on flip chart, then show participants the prepared flip chart with the following points:**

Girls are at heightened risk of GBV, unwanted pregnancy, HIV infection, maternal death, CEFM, trafficking in humanitarian settings.

They are often overlooked and excluded from humanitarian responses.

More than ever, they may have to take on adult responsibilities, and they may lose their access to education and services.

Their support networks may also be impacted, with caregivers losing their livelihoods, etc.

TOPIC 3.3

ROOT CAUSES OF CEFM AND CEFM IN HUMANITARIAN SETTINGS⁴

🕒 60 MINUTES



MATERIALS AND PREPARATION:

Two flipchart sheets joined together with a tree drawn with branches and roots taped to the wall of the room (see picture), multi-coloured post-it notes (blue, green, pink and yellow), annex 6: Information Sheet: Root Causes of CEFM

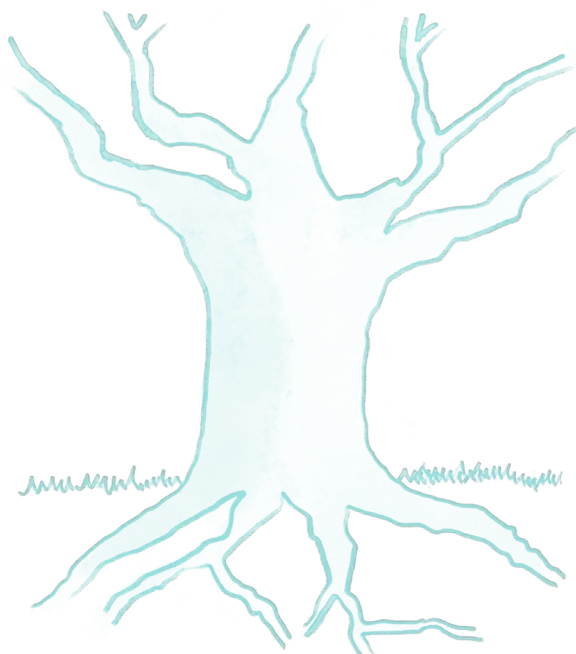
Instructions:




Show slide 28 and explain to participants that we are now going to discuss the root causes of CEFM.




Show slide 29 explaining the group work activity. Divide the participants into four groups and give them blue and green post-it notes and markers. Ask them to brainstorm together what they think are the root causes of CEFM and write one root cause on one post-it note colour (suggested colour: green). Ask them to write on a different colour (suggested colour: blue) reasons that think humanitarian settings exacerbate or increase CEFM. Give the group 15 minutes.



⁴ Adapted from International Rescue Committee (2008), GBV Core Concepts Facilitator Manual, p. 46 and Girls Not Brides (2018), Stand up, Speak out! Youth activism training- to help you end CEFM, Trainer manual, https://www.girlsnotbrides.org/wp-content/uploads/2018/08/1.-GNB_Trainer_Manual_FINAL.compressed-1.pdf, p. 28-34.

 **Ask** the four groups to come to the drawing of the tree and work together to arrange what they think are the causes of CEFM towards the bottom of the roots, with the 'deepest' causes more towards the bottom. Tell them to arrange the humanitarian factors that contribute to CEFM above the roots of the tree, around the trunk of the tree representing 'rain'. The causes should include: gender inequality, poverty, culture and tradition, poverty, insecurity and violence, weak government systems, limited opportunities for girls (education, work in the formal economy), lack of awareness.


 **Explain** to participants that CEFM is a complex issue caused by many different factors, which we can call 'drivers' of the problem. They can vary between countries, communities and can change over time. The 'root cause' of CEFM is **GENDER INEQUALITY**, it is the same everywhere. Ensure a post it note with gender equality is placed at the very bottom of all other notes, highlighting that it is the number one root cause.

 **Show slide 30 and explain** the following key points about gender inequality:

In many communities where CEFM is practised, girls are not valued as much as boys and are often seen as an extra burden on their family. Marrying off a daughter at a young age can be seen as a way to reduce worries of families with little income, by transferring this "burden" to her husband's family.

CEFM is also very closely linked to male values (called patriarchal values or beliefs) that dominate many societies, and control over female sexuality. For example, this includes control over how a girl should behave, how she should dress, who she should be allowed to see, and who she marries – usually by her father, or males in the family or community.

In many communities, families closely guard their daughters' sexuality. Virginity is highly prized and is essential to protect and maintain, as it is associated with family honour, and for a girl to be considered as pure. Girls who have sexual relationships or become pregnant outside marriage are often seen as bringing shame and dishonour on a family.

 **Show slides 31- 36 and explain** each of the drivers of CEFM that were included in the problem tree as follows, making sure to highlight which drivers are related to or exacerbated by humanitarian settings (with an *):



CULTURE AND TRADITION

- In many communities CEFM is a tradition, considered to be a part of tradition or culture, or sometimes religion, and one that has continued for generations.
- In some communities for instance, when a girl starts to menstruate she becomes a woman in the eyes of the community. Marriage is seen as the next step towards giving her status as a wife and mother, regardless of her age.
- Other traditional practices are often linked, particularly harmful practices against girls, such as female genital mutilation or cutting (FGM/C). This is considered a rite of passage to womanhood and to ensure the girl is seen as “clean”.
- Although the practice of CEFM is rooted in tradition and culture, these are man-made practices that can be changed and updated. So, there is hope for ensuring change and putting an end to these harmful, damaging practices on girls.



POVERTY*

- In communities with high levels of poverty, families (at times even the girls themselves) believe that marrying early will be a solution to secure their future. It allows parents to decrease family expenses as they have one less person to feed, clothe and educate.
- In communities where a dowry or “bride price” is paid, it is often a welcome source of income for poor families. In those where the bride’s family pay the groom a dowry, they often have to pay less money if the bride is young and uneducated, so families to do this to keep down the costs.
- Economics has a strong impact on attitudes to practices of CEFM because girls are seen as economic dependents, not income generators. But CEFM continues the poverty cycle, as girls who marry young will not be properly educated or take part in the workforce.
- When faced with acute and extreme poverty exacerbated by conflict, many families are placed under immense pressure to decide on the best allocation of resources to ensure their family’s survival. Faced with economic uncertainty, and often with additional relatives to care for, some families see CEFM as their only option to generate income (e.g. through the payment of a dowry or bride price) or to reduce the financial burden on the family.



INSECURITY AND VIOLENCE*

- In countries suffering from war and conflict, girls are at high risk of harassment and physical or sexual assault. In unsafe regions, parents often genuinely believe that marrying their daughters

early is in their best interest to protect them from danger. In some countries, CEFM is used as a strategy in war to humiliate the enemy, weaken families and break down communities.

- The reality is that child brides face much higher risks of violence, and have less power to exercise their rights, particularly with their partners.



WEAK GOVERNMENT SYSTEMS

- CEFM is illegal in many countries around the world. But the law can be altered in many ways and contexts, for example if it includes exceptions, such as through parental consent as legal guardians. Laws are subject to different or unequal interpretations.
- In many countries the minimum age for marriage is lower under customary or religious law, which contradicts national laws and international conventions. Many countries also lack legislation, or the means to enforce laws, and have weak governance structures – so laws are important but are not enough by themselves.



LIMITED EDUCATION AND ECONOMIC OPPORTUNITIES*

- Attending school and having higher levels of education helps protect girls from the possibility of CEFM and empower them about their rights. In many countries, educating girls is less of a priority than educating boys.
- When a woman's most important role is considered to be that of a wife, mother and homemaker, schooling girls and preparing them for working life is not considered important. Even families who want to send their daughters to school often lack access to nearby quality schools and money to cover the costs. It is often seen to be safer and economically more rewarding to spend limited resources on educating boys, over girls.
- For most families, conflicts and disasters severely restrict their social, economic, and educational opportunities. Some girls and families may see marriage as an opportunity to improve their situation.



LACK OF AWARENESS

- CEFM also is a result of lack of awareness among parents, communities and the children themselves on national laws and on the rights of children and women. Many do not know about international human rights or conventions – or how to make sure their rights are protected.

TOPIC 3.4

CONSEQUENCES OF CEFM

🕒 45 MINS



MATERIALS AND PREPARATION:

Keep the flipchart with the Problem Tree from the last session, flip chart with Benefits of Delaying Marriage until after 18, post-it notes in two different colours (suggestion pink and yellow), markers, paper for drawing, annex 7: Information Sheet: Consequences of CEFM.

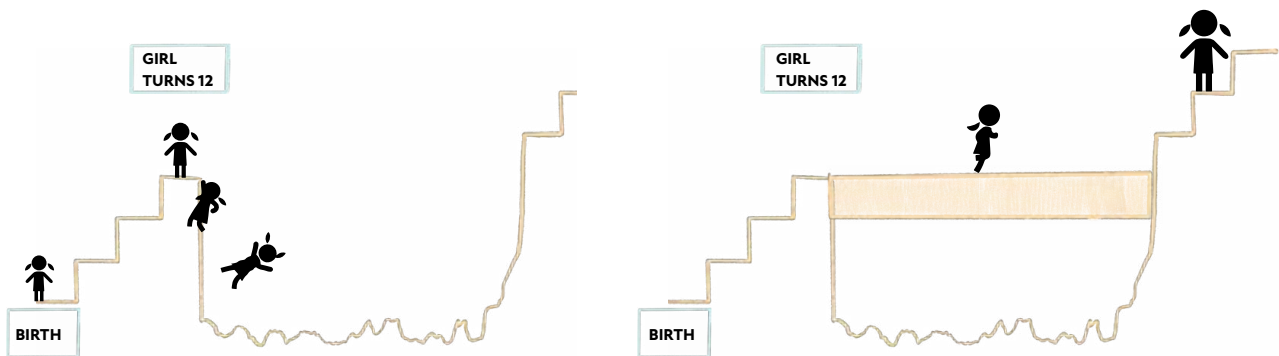
Instructions:




Show slide 37 and explain to participants we will now discuss the consequences of CEFM.



Divide participants into four small groups, and **show slide 38. Ask** each group to do the following:



- Draw a picture of a girl who got married at age 14, and a picture of a woman who married at age 23.
- Write down on post-it notes all of the positive and negative consequences for the girl and the woman in the 2 drawings, considering her education, health, economic situation, mental wellbeing, social networks, etc.
- For any negative consequence use a yellow post-it and for any positive consequence or outcome use a pink post-it note.

 After 20 minutes, **bring** the groups back together and **ask** each group to share the key differences between the two drawings and show the prepared flip chart with Benefits of Delaying Marriage until after 18:

ECONOMIC BENEFITS:

Less dowry, cost of treatment, girl can economically contribute if educated and earning income



PHYSICAL HEALTH:

No harm from early pregnancies and potential reduced risk of physical abuse



EMOTIONAL WELLBEING:

Feels mentally prepared for both marriage and motherhood, better connections with support networks. Happiness contributes to good health, less disease and less expenditure



ASPIRATIONS FULFILMENT:

Greater chance of finishing school and achieving personal goals



MANAGERIAL AND LEADERSHIP CAPACITIES DEVELOPED:

Increased opportunity to develop important life skills



CONTRIBUTION TO FAMILY AND SOCIETY:

Ability to contribute to the wellbeing of the family and society





Explain that CEFM has serious and harmful effects on girls, their families, and their communities. CEFM also violates girls' rights. Ask participants to arrange the yellow negative consequences post-it notes on the branches of the tree from before, representing fruit. Give participants additional yellow post-it notes and ask them to also write down what some of the consequences of CEFM for families and communities are.

If not already mentioned, list the following consequences and **refer** participants to [Participants workbook annex 7: Information Sheet: Consequences of CEFM:](#)

EDUCATION	SAFETY AND PROTECTION	ECONOMIC WELLBEING
LIFE	HEALTH	SOCIAL AND EMOTIONAL WELL BEING



Close the session by reminding participants of the positive benefits of delaying marriage (rather than focusing only on the negative consequences). **Explain** that through our work with communities, we have opportunity to make significant positive change, so rather than just focusing on negative outcomes, always look for opportunities to improve adolescent girl's lives.

TOPIC 3.5

CEFM IN MY CONTEXT⁵

 30 MINUTES



MATERIALS AND PREPARATION:

Annex 8: CEFM and gender analysis worksheet, relevant and current laws and policies related to CEFM in your context.

Instructions:



Show slide 39 and explain to participants that in this session we are going to analyse CEFM in our own context. This will help us identify some of the key issues that influence CEFM as well as how we can adapt our programme to better address child marriage.



Ask participants if they are familiar with any national laws that protect girls from CEFM. Share any relevant policies and explain that we will look more closely at laws and regulations now as we complete the CEFM and Gender Analysis Worksheet found in your workbook.



Show slide 40 and read through the 5 headings of the analysis tool:

Laws, policies and regulations	Cultural practices and beliefs	Gender roles and responsibilities	Access to and control over resources	Patterns of power and decision making
--------------------------------	--------------------------------	-----------------------------------	--------------------------------------	---------------------------------------



Divide everyone into small groups and refer group members to [Participants workbook annex 8: CEFM and Gender Analysis Worksheet](#). Give them 20 minutes to go through and answer all of the questions under each of the 5 headings. Alternatively, you could ask each group to focus on just one heading.



Bring the participants back to the large group and ask each group to present their answers for one of the headings, facilitating a ten minute discussion about what they know about CEFM in their community.



Ask the participants if there are questions that they did not know the answers to? Who could they ask or where could they go to find this information? Ask them to finish filling out the analysis as homework.

⁵ Girls Not Brides (2018), Stand up, Speak out! Youth activism training- to help you end CEFM, Trainer manual, https://www.girlsnotbrides.org/wp-content/uploads/2018/08/1.-GNB_Trainer_Manual_FINAL.compressed-1.pdf, p. 47-56.



SESSION 4

ASRH BASICS⁶

🕒 2 HOURS



LEARNING OBJECTIVES:

- Understand the importance of providing girls with ASRH information
- Examine our own beliefs, values, and attitudes related to ASRH and reflect if judgements are made that affect our work in communities



TOPICS

- 4.1 Adolescent Sexual & Reproductive Health
- 4.2 ASRH attitudes and beliefs



MATERIALS AND PREPARATION

- Flipchart paper and markers
- Tape or bluetac
- Post-it notes
- Annex 9: ASRH Scenarios

⁶ Adapted from Population Council (2011), It is All One Curriculum http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf and International Rescue Committee (2018), "Girl Shine Mentor and Facilitator Training Manual", <https://gbvresponders.org/wp-content/uploads/2019/09/IRC-Girl-Shine-Part-4-Digital.pdf>, p. 33-35.

TOPIC 4.1

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

🕒 90 MINUTES



MATERIALS AND PREPARATION:

Two flip charts titled “Sexual Rights” and “Reproductive Rights” and taped to the wall, post-it notes, markers, annex 9: ASRH Scenarios

Instructions:



Show slide 41 and explain to the group that this session is about the sexual and reproductive health and rights of adolescent girls.



Show slide 42 and explain the learning objectives for the session.



Ask the group if they know the difference between sexual health and rights and reproductive health and rights? Give each table post-it notes and ask individuals to write the first thing that they think of when they think of sexual rights and reproductive rights. After 5 minutes, ask the participants to stick their post-it notes on the corresponding flipchart paper hung at the front of the room. Ask for two volunteers to go through the answers and group them together and read them aloud to the participants.



Show slide 44 and explain the key points related to ASRH:

<p>Sexual and reproductive rights sometimes overlap.</p>	<p>Sexual rights generally include individuals’ control over their sexual activity and sexual health.</p>	<p>Reproductive rights usually concern controlling the decisions related to fertility and reproduction.</p>
<p>The principle of consent is central to sexual and reproductive rights. Access to information and services is also critical. Many of these rights are acknowledged in international agreements.</p>	<p>Adolescent girls have the right to develop a positive sense of their own bodies and sexuality. They have the right to be free of abuse and inappropriate touching. As girls grow and develop their capacities, their rights and responsibilities continue to evolve.</p>	<p>Young people have the right to obtain information to protect their health, including their sexual and reproductive health.</p>



Make sure to take note and discuss at the end of the session any comments that come up such as only married girls should learn about ASRH.



Ask participants to divide into four groups and refer them to [Participants workbook annex 9: ASRK Scenarios](#). Explain that the scenario they have been given is the story of a girl named Sara, who is living in a humanitarian setting. The story is in sequential order. Ask the groups to read the scenario they have been given and illustrate the story through drawing on flipchart paper. Give them 15 minutes to complete this activity.



Ask Ask the first group to present their drawing and show slide 45. Ask the first group the following questions:



What do you think is important in Sara's life?



What makes Sara happy?



Explain to the participants that adolescence is a critical time in the life of a girl or a boy, where they transition from childhood to adulthood. Adolescent development is supported by the positive influence from adult role models, social norms, and community structures including peers, religion and culture.



Show slide 46 and ask group 2 to present their drawing, and ask the following questions:



*** What is Sara experiencing?**



How do you think she is feeling?



Explain that in humanitarian settings, family and community structures are often disrupted and this can lead to challenges for adolescent development. Adolescents may become separated from their families, they may have their access to education disrupted, they may not be with their friends or communities. They may be bored or idle if school is disrupted or they may find themselves in risky situations or have to take on adult responsibilities due to the situation, without any positive adult support. Families may lose their livelihoods and the environment may be insecure or they may be exposed to violence.



Show slide 47 and ask group 3 to present their drawing, and ask the following questions:



What could have made this situation easier for Sara?



Is there information she could have received that would help her feel more prepared?



Is there information she could have received to help her negotiate with her family to delay marriage?



Explain to the participants that in crisis situations, adolescent girls (and sometimes boys) will often get married younger, will be sexually active younger than in non-crisis settings. Displacement, conflict, and natural disaster increases girls' and women's vulnerability to gender-based violence due to insecurity.



Finally, **show slide 48 and ask** group 4 to present their drawing, and ask the following questions:



What could have better prepared Sara to handle this situation?



What information could have been useful for her to have?



Where could she have received this information?



Explain that the disruption of family and community structures, and education and health services during emergencies may leave adolescents without access to sexual and reproductive services and information during a time when they are at heightened risk, making them vulnerable to unwanted pregnancy, unsafe abortion, STIs and HIV infection.



Ask participants, why is it important for girls to receive ASRH information, including girls who are not married or young adolescents? Let several people respond.



Explain that if girls do not have sexual and reproductive health information before they become sexually active, they will not know what to expect and this can be a traumatic experience. If they do not have information on pregnancy, family planning, STIs, etc. they will not be able to deal with these issues. Information after girls are married is too late. Information before they marry can be life-saving and it is important to give this information whenever possible. Adolescent girls have the right to receive this information and it is the facilitator's role to help them secure their rights.

TOPIC 4.2

ASRH BELIEFS AND ATTITUDES⁷

🕒 30 MINUTES



MATERIALS AND PREPARATION:

Two flip charts with AGREE and DISAGREE, select 10 statements from list below.

Instructions:



Show slide 49 and explain to participants that we are now going to examine their own beliefs and attitudes related to ASRH, just like they did before with CEFM and gender equality.



Explain that our values form a fundamental part of our lives and, as such, they influence how we behave both personally and professionally. **Explain** that it is important to be aware of our values related to health and sexual and reproductive health matters and to avoid making value judgments that affect our professional work.

Paste the two flip charts (**AGREE and DISAGREE**) on the wall in some open space in the room.

Ask the participants position themselves in the space between the two charts.



Explain that you are going to read some statements. After each one, participants must think about their own beliefs and attitudes related to the statement and stand next to the AGREE or DISAGREE sign.



Read one statement at a time and ask participants to move to the sign which best represents their own beliefs and attitudes about the statement. Participants should not discuss, consult, or influence one another before moving.

After each statement is read, **discuss** the responses and reactions to the statement. Have a few people comment who are standing by the AGREE poster, and then those who are standing by the DISAGREE. If there are people who are undecided / unsure in the middle they should also explain their position. Sexual and Reproductive Health Belief Statements (Pick approximately 10 or add your own):

⁷ Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, CARE, and Jhpiego. Long-Acting Reversible Contraceptives in Crisis Settings: A Refresher Course for Service Providers. New York: 2021.p. 45-46

<ul style="list-style-type: none"> • It is the man’s responsibility to buy or get a condom. 	<ul style="list-style-type: none"> • Women should be virgins when they marry.
<ul style="list-style-type: none"> • Young, unmarried women should not use the intrauterine device (IUD). 	<ul style="list-style-type: none"> • There is no such thing as rape within marriage.
<ul style="list-style-type: none"> • Family planning is a woman’s responsibility. 	<ul style="list-style-type: none"> • Breastfeeding is an effective and easy way to prevent pregnancy.
<ul style="list-style-type: none"> • If a client has already decided about a contraceptive method, there is no need for counseling. 	<ul style="list-style-type: none"> • People with HIV should not have sex.
<ul style="list-style-type: none"> • People with HIV should not have children. 	<ul style="list-style-type: none"> • If a person gets an STI, it is his or her own fault.
<ul style="list-style-type: none"> • Hormonal methods of contraception can be dangerous for a woman’s health. 	<ul style="list-style-type: none"> • Young men or women should not be allowed to be sterilized.
<ul style="list-style-type: none"> • Abstinence is a very effective method of HIV prevention. 	<ul style="list-style-type: none"> • A woman who has been raped should be freely able to have an abortion.
<ul style="list-style-type: none"> • I would never provide counseling about fertility awareness-based methods because their failure rates are very high. 	<ul style="list-style-type: none"> • Sexual and reproductive health programs should spend more money on HIV treatment than HIV prevention.
<ul style="list-style-type: none"> • Emergency contraception can cause an abortion. 	<ul style="list-style-type: none"> • Condoms ruin the enjoyment of sex.
<ul style="list-style-type: none"> • Contraceptives should be readily available to adolescents. 	<ul style="list-style-type: none"> • Married couples are not at risk for STIs or HIV.
<ul style="list-style-type: none"> • Sterilization carries greater risks than other methods of contraception. 	<ul style="list-style-type: none"> • I think it is normal when two men or two women fall in love.
<ul style="list-style-type: none"> • Men have more sexual desire than women do. 	<ul style="list-style-type: none"> • IUDs can cause serious infections. [ES10]

Facilitate a group discussion/debrief on the experience of this exercise and ask:

- ?**
- How did you feel doing this activity?
 - What did you learn about your own and others’ views?
 - Were there times you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What did you learn from this activity?
 - What does this activity teach us about our values, beliefs, and attitudes as service providers?⁸

⁸ Adapted from Inter-Agency Working Group (IAWG) on Reproductive Health in Crises and Ipas. Uterine Evacuation in Crisis Settings Using Medications, 2021.



SESSION 5

SOCIAL AND LEGAL NORMS

🕒 2 HOURS



LEARNING OBJECTIVES:

- Understand the different types of norms
- Be able to analyse how to diagnose social norms related to CEFM
- Understand how reference groups relate to social norms
- Be able to explain how social norms can be changed



TOPIC

- 5.1 Social norms key concepts and definitions
- 5.2 How are social norms maintained and how do they change?



MATERIALS AND PREPARATION

- Post-it notes
- Annex 10: Worksheet on interdependent vs. independent behaviour

TOPIC 5.1

SOCIAL NORMS KEY CONCEPTS AND DEFINITIONS

🕒 60 MINUTES



MATERIALS AND PREPARATION:

Post-it notes, annex 10: Worksheet on Interdependent vs. Independent Behaviour

Instructions:



Show slide 50 and introduce the session on Social and Legal Norms.



Show slide 51 and introduce the learning objectives for the session.



Show slide 52. Ask participants to name some of the rules we live by in the community.



Show slide 53 and explain that there are different kinds of rules, often called norms. Legal norms, moral norms, social norms and religious norms are different sets of rules that say how we should behave in groups. When legal, moral and social norms are in harmony, they have the strongest influence on people's behaviour.



Explain that legal norms are put in place by a formal authority and are written. Ask the participants if they know of any legal norms related to CEFM in their context?



Explain that moral norms are personal rules that guide how we behave, based on inner beliefs about what is right and wrong. What other people think does not affect a person's moral beliefs.



Explain that social norms are informal unwritten rules that guide how we behave in groups. We will discuss this further later in the session.



Explain that the difference between religious norms and the other types is that religious norms come from a divine authority, but religious norms can also work like legal, moral or social norms.



Show 54 and ask participants to silently brainstorm reasons why people follow these rules and write one idea per post-it note. After 5 minutes, ask participants to come up to the front of the room and stick them on the wall, working together to group similar answers together in one space.



Show slide 55 with some common responses of why people follow rules.



Show slide 56 and explain that a big part of the reason people do what they do is because what others think and do matters very much to us. Individuals prefer to conform to social norms, or unwritten rules on the condition that they believe two things: 1) most people in their peer group conform to it (they see it) 2) most people that they think matters to their choices (family, friends, social networks) believe they should conform to it. An example of this is shoes. In some communities, there is an unwritten rule that people must take their shoes off before walking into someone's house. This is a social norm because: 1) individuals believe that most people do this when they go into a house and see the pile of shoes at the door 2) individuals believe that people think they should do this (so the floor is not dirtied).



Refer to [Participants workbook annex 10: Worksheet on interdependent vs. independent behaviour](#) and explain to participants that many human behaviours are interdependent, that is, they are influenced by other people, including the decision to marry a girl/get married before age 18. This concept that other people's actions and beliefs influence the participants of our programme, such as caregivers, is very important to design our programme in an effective way. Ask participants to fill out the worksheet at their table or with their neighbour, giving them 5 minutes.



Explain to the participants that CEFM itself is not a social norm, because the main reason why girls get married is not necessarily because of a perceived expectation by others that they should. Rather, CEFM happens for a range of different reasons, some of which are completely rational in the given context. Rather, it is more helpful to think of CEFM as a practice (or set of practices) that occur because of social norms. In other words, CEFM is not a social norm itself but a manifestation of social norms, which may be different across different cultures and locations.



Ask participants to now give some reasons why they think people marry their daughters before age 18 and write them on a piece of flipchart paper.



Show slide 57 and 58, giving examples of social norms that are related to CEFM.



Show slide 59 and explain the difference between a descriptive norm and a social norm.



Show slide 60 and ask the participants to get into five groups. Give the groups 15 minutes to answer the questions. Ask each group to present back their answers.



Show slide 61 which is a diagram containing a flow chart on how to tell whether something is a social norm or not.



Show slide 62 and ask the participants to explain whether each statement is a social norm and why or why not. Reveal the answers and definitions for each.

TOPIC 5.2

HOW ARE SOCIAL NORMS MAINTAINED AND HOW DO THEY CHANGE?

🕒 60 MINUTES



MATERIALS AND PREPARATION:

N/A

Instructions:



Show slide 63 and introduce the topic: “How are social norms maintained and how do they change?”



Explain to participants that any kind of rule is not useful unless it is enforced. Unlike legal norms, which are enforced through punishments such as a fine or prison, social norms are enforced through social punishments, known sanctions, and by social rewards (a concept that is not relevant to legal norms). These social rewards and sanctions are immensely powerful and ensure that people comply with and/or do not transgress (going against) social norms.



Tell participants that examples of a social reward include being included in a certain social group or being praised by someone important in the community, such as a religious leader. Social sanctions occur when someone experiences the disapproval of others. Examples include being the subject of others ‘gossip’, receiving threats or experiencing violence. Remind the group that sometimes social sanctions may not actually occur, however merely the fear of them occurring is enough to ensure that people comply with social norms.



Show slide 64 and explain that social norms are also maintained by something called reference groups and opinion leaders. Explain the concepts.



Show slide 65 and explain the instructions for the group activity. Divide participants into 4 groups and give them 30 minutes to prepare the answers to the question and a map of different influential stakeholders who take part in CEFM decision making.



Ask the participants to come back to the larger group and give each group 3 minutes to present their mapping.



Show slide 66 with the example of a mapping related to CEFM.



Explain that reference groups are also important in the process of changing social norms. The process of social norms change may be gradual over time, but sometimes especially in humanitarian settings, it can happen rapidly due to the fast changes that sometimes occur in the ways that families and communities reorganise themselves in humanitarian settings.



Show slide 67. Explain that it is important to understand through baseline research if people privately disagree with a norm, then it is easier to change the norm by making them aware of the truth. If most people agree with a norm, it will be a more difficult process.



Show slide 68 and explain that social norms change starts with changing individual attitudes within a reference group. At least some people must be ready to change and think that other people will also change, otherwise they will be afraid of sanctions.

Building consensus within the reference group through critical reflection and dialogue will be important to change.

Sometimes, it can be enough to change a smaller group of influential individuals such as opinion leaders who will act as role models and agents of change, spreading their influence on the wider population.

Our interventions will not reach everyone in the community, that is why it is important to select the participants carefully so that they can spread the change through their social networks.

Sometimes it is difficult for people to abandon norms, and it might be easier to replace them with a new, more positive norm.



Explain that in the next session on Theory of Change, we will discuss in more detail how the programme components will lead to social norms change.



SESSION 6

ENGAGE THEORY OF CHANGE

🕒 2 HOURS



LEARNING OBJECTIVES:

- Understand the role of programme theory in the monitoring and evaluation process
- Identify the key components and terminology in a Theory of Change
- Review and validate the logic and assumptions underpinning the **ENGAGE** programme and understand the relationship between the root cause, activities, outputs, outcomes and impact



TOPIC

6.1 What is a Theory of Change?

6.2 Theory of Change for the **ENGAGE** programme



MATERIALS AND PREPARATION

- Flip chart paper and markers of different colours
- Tape or bluetac
- Enlarged, printed and cut out copies of annex 11 (a-d) Theory of Change

TOPIC 6.1

WHAT IS A THEORY OF CHANGE?

🕒 60 MINUTES



MATERIALS AND PREPARATION:

Flip chart paper and markers of different colours.

Instructions:



Show slide 69 and introduce the session on Theory of Change.



Show slide 70 and explain to participants that the objective of this session is to understand the role of programme theory in the monitoring and evaluation process, including identifying the key components and terminology in a Theory of Change (ToC) diagram. We will also look at how the activities that we conduct in the field will meet short term objectives, long term objectives and the overall desired impact.



Show slide 71 and explain that we will look at what is a Theory of Change. Tell participants that in simple terms, a ToC is an explanation of how and why a given set of interventions will lead to a desired change.



Inform participants that a ToC is commonly expressed as a visual diagram but may also include some additional narrative (text) for explanatory purposes.



Explain to participants that the process of developing theories of how things work has been around for centuries (use the example of a scientist developing a hypothesis for a proposed experiment) but has only gained popularity in the aid and development sector in the past decade.



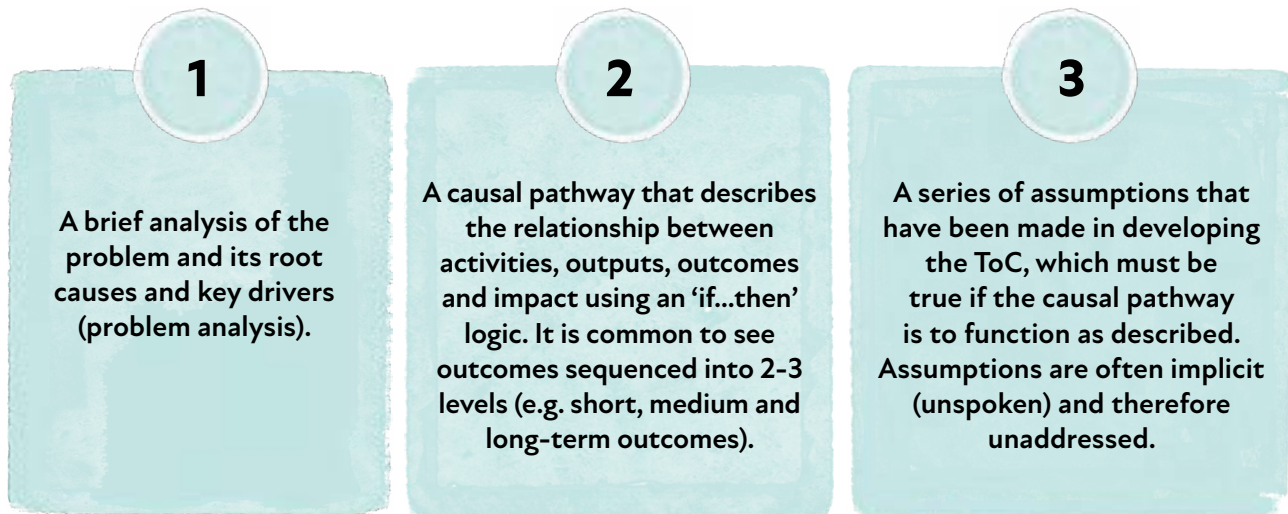
Tell participants that a ToC is a useful and practical tool to support programme monitoring and evaluation, especially where experimental methods (e.g. randomly controlled trials) are not practical.





Explain to participants that a ToC can be developed at many different levels, for example, for an activity, a project, a programme, a policy, an organisation or a 'problem' more broadly. They may be 'high-level' (broad with little detail) or detailed and specific.




Tell participants that most ToCs include the following three core components:



 **Tell** participants that some ToCs include other information, including a description of the implementation **context** and how it may affect the outcomes. **Remind** the group that there is no right or wrong way of developing a ToC. What is most important is that it provides a useful and practical foundation for programme implementation, monitoring and evaluation.

 **Show participants slide 72**, which defines some of the key terminology commonly used in a ToC:

- **Activities** are the specific interventions that will be implemented to respond to the problem at hand (note: some ToCs do not include specific activities). They are 100% in control of the implementing organisation/team.
- **Outputs** are the 'product' of the activities (i.e. a workshop, brochure etc.). Some people also like to include the extent to which participants engage with the outputs, including participation and reaction (satisfaction). Outputs are somewhat within the control of the implementing organisation/team and somewhat within the control of the participants.
- **Outcomes** are the endogenous (internal) changes that occur within participants as a result of the activities/outputs. They can be sequenced into multiple levels (e.g. short term, medium term, long-term). Outcomes are almost entirely within the control of the participants (i.e. they depend on how they choose to make use of the new knowledge, skills, resources provided through the activity).
- **Impact** describes the ultimate desired change that the programme team or implementing organisation seeks to achieve, in collaboration with others. The impact is something that the programme will contribute to but could not achieve alone. The impact is within the control of the participants acting within an enabling external environment.
- **Assumptions** are the implicit conditions that underpin the programme logic at different points (i.e. they must be true if the change is to occur as predicted). Assumptions are tested and validated through the process of implementation.
- **Context** describes the things happening in the external environment, which are beyond the control of the programme team but which may influence the outcomes.

 **Tell** the group that the ToC (especially the outputs and outcomes) should follow the general principles of 'SMART' (specific, measurable, achievable, realistic and time-sequenced (i.e. they occur in a chronological order).



FACILITATOR'S NOTE: *Someone may ask what the difference is between a ToC and a logical framework (log-frame). While the two concepts are slightly different, they include much of the same terminology and are often used interchangeably. The short answer is that a ToC explains not only what the expected pathway to change will look like, but why. Some programmes have a ToC AND a log-frame, but others combine the two into a single conceptual framework.*



Tell participants that you are now going to complete a small group activity (20 minutes):

A

Break participants up into smaller groups of 4-5 people and give each group a piece of flip chart paper and some markers.

B

Ask participants to imagine that they have been tasked with organising their best friend's wedding. The objective of the activity is to develop a ToC that describes what change needs to happen to achieve the most memorable wedding ever! This means, the overall impact is "The best wedding ever".

C

Tell participants that using the key terminology and 5 phases from slide 72, they need to develop a ToC for their best friend's wedding, ensuring the activities are related to the problem statement, which in turn create outcomes, outputs then the impact.

D

Remind participants that there is no right or wrong way to go about developing a ToC and they use whatever process makes sense for their group (e.g. they may wish to start at the impact and work back to the activities or vice versa).



Ask groups to present their 'my best friend's wedding' ToC back to the main group and explain how they approached the task.



Conclude the session by reminding participants that a ToC is only ever a prediction of how change might happen. How change actually happens in reality will emerge as a result of thorough monitoring and evaluation. For this reason, it is important that teams constantly revisit and reflect on their ToC as the programme unfolds and revise it as necessary.

TOPIC 6.2

THEORY OF CHANGE FOR THE ENGAGE PROGRAMME

 60 MINUTES



MATERIALS AND PREPARATION:

Flip chart paper (optional), tape or bluetac, Photocopy annex 11 (a-d) Theory of Change and cut out the pieces. Make as many copies as the number of groups you will have for the activity. If possible, print the pieces in A3 size so they are larger. Alternatively, you can re-draw them on several sheets of A4 paper.

Instructions:



Explain to participants that the objective of this session is to review and validate the logic and assumptions underpinning the **ENGAGE** programme Theory of Change as they relate to the specific context in which the programme activities will be implemented.



Break the group up into smaller groups of 5-6 people. Give each group, one set of puzzle pieces from annex 11 (a-d). Make sure the pieces are jumbled.



Tell participants that the purpose of this activity is for them to assemble the pieces in a logical order to create a Theory of Change for the **ENGAGE** programme. They can do this by sticking them on the wall (or a piece of flip chart paper) or arranging them on the table (make sure you have a copy of the programme TOC from the Implementation Guide, so you know the correct order of the pieces!).



Show slide 74 and allow for participants to refer to this throughout the activity. Inform the group that the **ENGAGE** programme Theory of Change has the following categories:

A A problem analysis, consisting of root cause, key drivers and a problem statement

B Three broad strategies and nine activities

C Ten intermediate outcomes

D Six long-term outcomes; and

E Five impact statements



Tell participants that there are also assumptions in the ToC, however they are not included in this activity to keep it simple. **Also remind** participants that unlike the previous activity, there are no outputs in this ToC.



Give groups 20 minutes to arrange the puzzle pieces in an order that they think is logical. You can conduct this activity as a race between teams if suitable. Circulate the groups and provide support by ordering the different pieces of paper into categories if needed. Be sure to have a copy of the ToC handy to cross check.



FACILITATOR'S NOTE: *There is insufficient time to allow groups to 'present' their ToC back to the main group at the conclusion of this activity.*



Show participants slide 61 which shows the problem analysis underpinning the programme, and the strategies and activities of the programme.



Refer to the Facilitators Script in the notes of slide 75 and read the detailed explanation provided.



FACILITATOR'S NOTE: *It is critical that participants all agree on the root causes of CEFM (i.e. the role of gender inequality and harmful gender norms) and acknowledge that CEFM has a disproportionate impact on women and girls. If there is disagreement among the group regarding the root causes of CEFM, it must be addressed and discussed before the session proceeds.*



Allow participants up to 10 minutes to compare their own Theory of Change to the one on slide 75 and ask whether they have any questions.



Show slide 76 which shows the anticipated intermediate outcomes of the programme (the activity row is repeated for reference only).



Explain to participants that this is one of the most important parts of the Theory of Change and that it describes the outcomes that the programme expect will occur because of the activities implemented. **Remind** participants of the definition of outcomes (the internal changes that occur within individuals and institutions because of an intervention). Explain to the group that the different colours (blue, green, orange) indicate which outcomes are related to which strategy/activities (outcomes that are dependent on more than one strategy are coloured purple).



Refer to the Facilitators Script in the notes of slide 76 and read the detailed explanation provided.



Refer to the assumptions to the right of the ToC diagram. **Remind** participants about the definition of assumptions (the implicit conditions that underpin the programme logic).



Allow participants up to 10 minutes to compare their diagrams against the one on the slide, including considering the assumptions, and ask whether they have any questions.







Show slide 77, which shows the anticipated long-term outcomes and impact of the programme.



Explain that the long-term outcomes will only be possible if the intermediate outcomes are achieved first, and that the programme will be one of many contributing factors to the overall impact. Refer to the facilitators script in the notes.



Inform participants that the boxes outlined in red (including all of the impact statements) have been chosen to align with the outcomes and results of the Girls Not Brides Global Theory of Change for CEFM. This ToC was developed by Girls Not Brides members and applies to CEFM more broadly (not specifically to humanitarian settings). This will allow the programme to demonstrate how it is contributing to achieving these shared outcomes.

-  **Allow** participants up to 10 minutes to compare their diagrams against the one on the slide, including considering the assumptions, and ask whether they have any questions.
-  **Refer** participants to annex 12: Girls not Brides Theory of Change⁹ and allow a few minutes to revise and understand how this tool demonstrates the range of approaches needed to address child marriage and how they intersect
-  **Remind** participants that a ToC is only ever a prediction of how change might happen. How change actually happens in reality will emerge as a result of thorough monitoring and evaluation. For this reason, it is important that teams constantly revisit and reflect on their ToC as the programme unfolds and revise it as necessary. **Remind** participants that this Theory of Change was designed to be generic and broadly applicable to all of the locations in which the programme might be implemented, therefore it should be seen as a starting point that can be adapted to meet the needs of specific contexts.
-  **Conclude** the session by ensuring that everyone understands the Theory of Change for the **ENGAGE** programme and that all outstanding questions have been answered.

⁹ <https://www.girlsnotbrides.org/articles/theory-change-child-marriage-girls-brides/>



SESSION 7

HOW TO CONTEXTUALISE THE PROGRAMME

🕒 3.5 HOURS



LEARNING OBJECTIVES:

- Understand how to approach adapting the toolkit activities to different contexts, including which elements of the toolkit can and cannot be adapted
- Understand the impact of crisis situations and the impact this may have on program participants
- Understand how to adapt the activities for children at different chronological and developmental stages



TOPIC

- 7.1 Introduction to adaptation
- 7.2 Impact of crisis situations
- 7.3 Developmental considerations



MATERIALS AND PREPARATION

- Flip chart paper
- Markers
- Annex 13: Impact of an emergency on a child
- Annex 14: Children's development stages & psychosocial distress
- Annex 15: Adapting the content.

TOPIC 7.1

INTRODUCTION TO ADAPTATION

🕒 60 MINUTES



MATERIALS AND PREPARATION

Flip chart paper and markers, flip chart with headings “ADAPTATION” and “REASON”

Instructions:



Show slide 78 and introduce session 7



Show slide 79 and explain the learning objectives.



Show slide 80 and introduce the topic: Introduction to Adaptation. **Inform** participants that adaptation describes all the changes, inclusions, and omissions that facilitators make to the toolkit activities during the process of implementation.



Ask participants to think of a time when they had to facilitate an activity from a toolkit or instructions that had been developed by someone else but had to make changes at the last minute to make it work. What were the outcomes of the adaptation? Did it make it better or worse? Write answers on the flip chart headed ADAPTATION and discuss a selection of responses among the group.













Suggest the following examples of other things that a facilitator may change about an activity (if not already raised in the above discussion):

- Extending or shortening the length of the activity (including the number of sessions and timing of each session)
- Including, omitting, or changing certain key messages or activities
- Using examples different to those provided (e.g. that are more contextually relevant)
- Changes to the participants, including way participants are grouped
- Changes to the time/date/location of the activity
- Changing the way that words and phrases are translated



Ask participants if they can now suggest some reasons as to **why** a facilitator may need to change something about an activity. Write answers on the flip chart headed REASONS and suggest the following if not already mentioned:

- The facilitator did not understand the instructions
- The facilitator was unprepared
- There was insufficient/too much time for the activity
- The activity content might have offended the participants (i.e. it was inappropriate)
- The activity did not interest participants (i.e. was too boring)
- The resources required to facilitate the activity were not available
- Some external event beyond the control of the facilitator interpreted the event (e.g. bad weather, political unrest etc.)

-  **Ask** participants if they have any other examples of why a facilitator may need to change something about an activity?
-  **Ask** participants whether they think adaptation a good thing or a bad thing? Why?
-  **Explain** to participants that when it comes to activity implementation, it is important to strike a balance between adaptation (reasonable changes made to the activity to make it fit in the local context) which is seen as a positive process and drift which is a misapplication of the programme model, often involving either technical error, abandonment of necessary or core components, or the introduction of counterproductive elements, which often results in poorer outcomes.
-  **Inform** participants that ‘drift’ occurs easily in field implementations, especially among organisations and practitioners that have not yet achieved full competency or integration of a new model and are not in consultation with model experts.
-  **Show slide 81. Tell** participants that when considering adapting the programme activities, they should think about which parts of the activity are ‘core components’ vs. ‘adaptable elements’.
-  **Explain** to participants that the **core components** are the essential and indispensable elements of the activity that are required for it to be effective and the **adaptable elements** are the things that can be changed to make the activity more relevant and engaging without detracting from the intended outcomes.
-  **Tell** participants that the core components and adaptable elements often become evident through trial and error over time as the intervention is implemented and adapted for a variety of contexts. However, as a rule, this programme has some core components that should not be changed.
-  **Inform** participants that the elements of the programme that should not be adapted (the core components) are:
- The number and timing of sessions (unless a session is marked optional)
 - The main/key messages of the activity/session
 - The gender and age segregated nature of the groups (where stipulated)
 - The phasing and sequencing of sessions (e.g. the implementation phases in the community outreach component and the ‘stepped care’ approach of the service delivery component)
-  **Tell** participants that when adapting activities, they should also consider the programme Theory of Change and whether the adaptation is likely to affect the likelihood that the activity will achieve its intended outcomes. For example, if one of the outcomes of an activity is that girl’s will increase their social networks, and the facilitator decides to reduce the number of people in the group activity or the opportunity for dialogue among participants, then it might have a negative effect on the achievement of outcomes.
-  **Remind** the facilitators that the most important thing they can do is take note of the changes they make to the toolkit activities and reflect on whether they are adaptations or ‘drift’. Tell participants that later in the training they will be learning how to do this using the implementation monitoring tools provided in the toolkit.

TOPIC 7.2

IMPACT OF CRISIS SITUATIONS

🕒 45 MINUTES



MATERIALS AND PREPARATION:

Flipchart and markers, flip chart with annex 13: Impact of an Emergency on a Child



FACILITATOR NOTE: *The following activity may be a trigger for some participants or staff who may have experienced forced displacement.*

Instructions:



Ask participants to get up and walk around – without any of their belongings. After 30 seconds, **ask** participants to sit in a different place from where they started.



Act like you are going to restart the session.



Ask participants to get up and walk around again. After 30 seconds, ask them to sit in another chair, but not their original seat nor the seat they just occupied.



Pretend like you are going to restart the session again but change your mind suddenly. After 30 seconds or so, **ask** the participants to go back to their original seats.



Distribute the blank sheets of paper and **ask** the following questions which should be written down individually:



What was this activity about?



Why were you asked to change chairs twice?




How did it make you feel?






Divide participants into groups of three. For 5 minutes, have participants discuss how this activity made them feel? What is one effect of an emergency on a community? On a family? On adolescents – boys and girls?




Bring participants back to a plenary. Ask each group to present their answers.

 **Explain** that emergencies can have negative effects on communities as they are disruptive and displace and separate families and potentially overwhelm families and individuals. This might lead to a break down in traditional support networks and exacerbate social and financial inequities. Daily stressors which existed prior to the emergency can also worsen. These stressors include poverty, lack of food and separation.

 **Divide** the participants into four different groups and refer to  **Participants workbook annex 13: Impact of an emergency on a child.**

 **Explain** that there are different ways that distress can affect adolescents: physical, emotional, behavioural and social. **Ask** participants to discuss and fill out the table in groups of four. Come back to a plenary after 10 minutes.

 **Ask** groups to present their lists and write their answers on the prepared flip chart. Add examples if the participants did not include them. **Show slide 83:**

PHYSICAL

- Fatigue
- Aches and pains
- Excessive appetite or no appetite
- Excessive alertness

BEHAVIOURAL

- Socially withdrawn
- Avoiding places and disengaging in activities
- Loss of interest in activities
- Inactive or hyperactive

EMOTIONAL

- Anger and anxiety
- Fear, detachment and sadness
- Guilt or regret, overwhelmed

SOCIAL

- Change in friendship circles
- Financial and social pressures resulting in CEFM
- Increased safety and security risks

TOPIC 7.3

DEVELOPMENTAL CONSIDERATIONS

🕒 45 MINUTES



MATERIALS AND PREPARATION:

Flip chart and markers, annex 14: Children’s Development Stages & Psychosocial and annex 15: Adapting the Content.

Instructions:



Show slide 84 and introduce the topic. **Explain** to participants that there are several factors to consider when facilitating sessions for caregivers and children. These include a child’s socio-emotional development and also the impact of external stressors on a child. **Explain** that children develop at different rates and their cognitive and socio-emotional development might not be the same as their chronological age. Various social constructs influence a child’s development.



Tell participants that each child is unique so even though they are the same age as their peers, they might have different socio-emotional and cognitive skills.



Refer to [☐ Participants workbook annex 14: Children’s Development Stages & Psychosocial Distress](#) and reemphasise that these stages are universal but each child’s individual differences will affect their development.



Ask participants how they think the developmental stages and psychosocial distress might affect programme participants? **Ask** facilitators how they can prepare their sessions to match the needs of the participants (both adolescents and caregivers)?



Facilitate a brief discussion on children’s development with regards to what the participants have answered. **Tell** participants that there will be instances where the activities should be tailored according to chronological and development stages and psychosocial considerations.



Refer participants to [☐ workbook annex 15: Adapting the Content](#). **Divide** the group in groups of four. **Show slide 85 and ask** the groups to develop two, two minute role plays on how they would facilitate a problem solving activity: one activity for adolescent girls 15-19 years old the other for girls 12-14 who cannot read or write. The participants can create their own activity, but **MUST** use the same topic. The topic is: *“Introduction to the first session and welcoming the girls”*.



The presentation should be catered towards the specific needs of each group. **Give** participants 10 minutes to develop their role plays.



Reconvene as a plenary and have each group present their role plays. Using the Adapting the Content handout in their [☐ Participants workbook annex 15](#), guide a brief discussion on the techniques each group used to adapt the material.



SESSION 8

IMPLEMENTATION MONITORING AND EVALUATION

🕒 60 MINUTES



LEARNING OBJECTIVES:

- Familiarise facilitators with the implementation monitoring tools included in the toolkit and how to administer them in their context.



TOPIC

8.1 Administering the M&E tools



MATERIALS AND PREPARATION

- Implementation monitoring tools (included in implementation guide and participant's workbook)

TOPIC 8.1

ADMINISTERING THE M&E TOOLS

🕒 60 MINUTES



MATERIALS AND PREPARATION:

Copies of implementation monitoring tools (included in participant's workbook)

Instructions:



Show slide 86 and introduce the session.



Show slide 87 and explain the objective of this session is to understand and practice how to use the implementation monitoring tools included in the toolkit.



Show slide 88 and introduce the topic.



Show slide 89 and ask whether anyone in the group can describe the difference between implementation outcomes and programme outcomes? After participants have suggested some ideas, present the answers highlighting the differences, which are animated on the slide.



Explain to the group that programme outcomes, describe the changes evident in programme beneficiaries (including individuals, groups and institutions) that occur as a result of the activity, but do not describe the activity itself. These are often sequenced in various stages, for example, short, medium and long-term outcomes, end of project outcomes, intermediate outcomes etc.




Explain to the group that there are many things that affect whether programme outcomes are achieved. Many of these things are beyond the control of the facilitator and project team. For example, factors in the external social, political and economic context and the unique ways in which individuals interpret and use the things they have learned in the activity.





Inform the group that one thing that has a big impact on whether programme outcomes are achieved, and which is largely in control of the facilitator and project team, are implementation outcomes, which describe a) how the activity was delivered, and b) how participants responded to the activity.

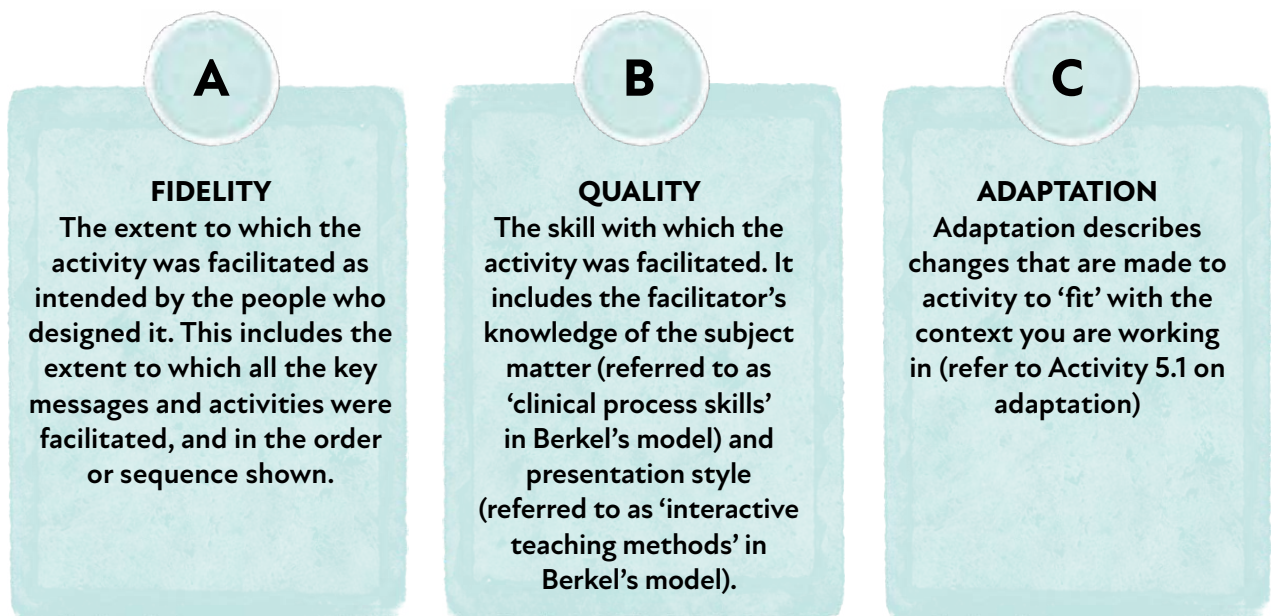



FACILITATORS NOTE: *There are many different approaches to monitoring and evaluation, and it is likely that the group will be familiar with different terminology and approaches used by various organisations and donors. As there is no single way of doing monitoring and evaluation, it is important not to get too preoccupied with unimportant differences in terminology.*

 **Tell** the group that the objective of monitoring implementation outcomes is to identify flaws in the implementation of activities and take action to correct them, with the ultimate goal of increasing the likelihood that programme outcomes will be achieved. This is quite different from the objective of monitoring programme outcomes, which is often to prove that the activity has been effective, which in this case is to change harmful social norms .

 **Show slide 90 and explain** to the group that today we will be talking about two distinct but related categories of implementation outcomes, those which describe facilitator behaviours and those that refer to participant behaviours.

 **Tell** the group that the three main implementation outcomes relating to **FACILITATOR BEHAVIOUR** which influence the achievement of programme outcomes are:



 **Tell** the group that implementation outcomes relating to **PARTICIPANT BEHAVIOUR** describe the responsiveness of participants to the activity – another useful way of remembering this is the 'reach and reaction' of the activity. When it comes to responsiveness, there are four main outcomes of interest:

A

ATTENDANCE

The level of participation in the activity by different segments of the community and the extent to which those who attended the activity were representative of all people who were eligible to or expected to attend (also called 'reach').

B

ACTIVE PARTICIPATION:

The extent to which participants were actively involved in the activity. For example, did they sit and listen quietly or ask/respond to questions and discuss the topic amongst each other?

C

HOME PRACTICE:

The extent to which participants are likely to 'practice' what they have learned in the activity at home and in their lives in general. When monitoring implementation this information is usually gathered by asking participants if they tend to use the information they have learned in their lives, including sharing key messages with family and friends.

D

SATISFACTION:

Describes what participants thought of the activity, including the content and the facilitator.



Explain to the group that the toolkit includes five tools that can be used to monitor implementation of toolkit activities. These tools can be adapted for use in all activity (community outreach and service delivery), however when adapting the tools, they should always align the questions to the implementation outcomes described above.



Show slide 91 and refer participants to [Implementation monitoring tools in participants workbook](#). Explain that we will look over and practice each tool now including:

1

FACILITATOR/CASEWORKER LOGBOOK: facilitators can provide feedback on the implementation of the activities to the project team, including informing them of which activities work well (or don't). Used after each session and completed by facilitator.

2

PARTICIPANT/CLIENT FEEDBACK FORM: participants can provide feedback on their level of satisfaction with the activity, which can help facilitators improve future implementation. Used after each session and completed by participants (with support from facilitator as required)

3

PARTICIPANT/CLIENT DISCUSSION GUIDE: as above. Used through out program cycle to develop more indepth feedback. Ideally completed by MEAL colleagues.

4

PARTICIPANT/CLIENT FEEDBACK 1-1 INTERVIEW GUIDE: gather more in-depth feedback from individual participants/clients in the weeks and months following the activity (including on the outcome of Home Practice, which cannot easily be measured immediately following the activity).

5

ACTIVITY/SESSION OBSERVATION: enable an experienced independent observer (such as a senior member of the project team or a MEAL specialist).



FACILITATORS NOTE: *The activity/session observation tool can also be used as a tool for coaching and supervision.*



Ask participants to get into pairs and spend 15 minutes on each of the 5 tools, taking in turns to fill out the form. Remind participants to make note of any adaptations that are required to ensure the forms are suitable for their context and program.



SESSION 9

SOCIAL NORMS MONITORING

🕒 5 HOURS AND 15 MINS



LEARNING OBJECTIVES:

- Familiarise facilitators with the social norm's measurement tools included in the toolkit and how to administer them in their context.



TOPIC

- 9.1 Introducing the social norms monitoring tools
- 9.2 Administering the story-based group discussions (for community outreach activities)
- 9.3 Administering the rapid social norms survey (for community outreach activities)







MATERIALS AND PREPARATION

- Story-based group discussions too (found in the implementation guide).
- Annex 16: Notetaking template for story-based discussion groups.
- Annex 17: Sample confidentiality and consent script for story-based group discussions.
- Rapid Social Norms Survey (found in the implementation guide).
- Annex 18: Sample confidentiality script for rapid social norms survey.

TOPIC 9.1

INTRODUCING THE SOCIAL NORMS MONITORING TOOLS

🕒 15 MINS

-  **Show slide 92** and introduce the session.
-  **Show slide 93 and explain** the learning objective.
-  **Show slide 94** and introduce topic.
-  **Show slide 95 and explain** that the toolkit contains two tools that have been designed to measure changes in perceptions of social norms that may result from the community outreach activities:




A

**Story-based group discussions
(qualitative measure)**

B

**Rapid social norms survey
(quantitative measure)**

The next two topics of this session will focus first on story based group discussions, followed by the rapid social norms survey.

-  **Show slide 96** and say that we will now look at the suggested timeframe for facilitating both the social norms measurement tools. Read the three key points on the slide, and ask if there are any questions.
-  **FACILITATOR'S NOTE:** *Rapid Social Norms Measurements Tools” found in the Implementation Further guidance on both social norms measurement tools is found in the implementation guide.*
-  **Show slide 97 and explain** that both tools can be used to measure changes in perceptions of social norms among two groups. Read the key points on the slide and ask if there are any questions.

TOPIC 9.2

ADMINISTERING THE STORY-BASED GROUP DISCUSSION TOOL

 2.5 HOURS



MATERIALS AND PREPARATION:

Copies of the stories included as annex 1(a) included in the Implementation Guide: Story-Based Group Discussions Tool, annex 16; Notetaking template for story-based discussion groups, annex 17; Sample confidentiality and consent script for story-based group discussions. All tools are included in the participants workbook.



FACILITATOR'S NOTE: *As this is a long session, it is recommended to take short breaks after each period of role play.*

Instructions:



Show slide 98 and explain that the objective of this topic is to understand how to implement and adapt the social norms measurement tools included in the toolkit. This session relates to the first tool, the story-based group discussions.



Explain that stories (sometimes called vignettes or scenarios) are a popular way of measuring changes in social norms for two main reasons:

- Because social norms can be sensitive, asking people to consider a realistic but fictional story can elicit a more honest response than asking them questions about their own and others' lives.
- Because social norms are complex and nuanced, the discussion questions elicit qualitative data that is required to fully understand them in different contexts.



Show slide 99 and 100 and read key points (you can ask participants to read the points if they feel comfortable and language skills allow).



Show slide 101 and explain that these are the 5 stories which are used for the story base discussion tool, which we will look at and practice shortly.



Inform the group of the following characteristics of an effective story/vignette for the purposes of measuring social norm change.

* **NORMATIVE**

The discussion questions should be structured in a way that explores social norms, not moral beliefs and attitudes.

*** SPECIFIC:**

Each story must be designed to explore one specific social norm relating to CEFM in the context you are working in (stories should not attempt to measure multiple social norms or changes in CEFM in general). The tools presented here are designed to test common social norms that drive CEFM across contexts, however further formative research may be required to determine the extent to which they are relevant to your context.

*** REALISTIC:**

The situation presented in the story must be relevant and recognisable in the context that you are working in, for example, the characters should be similar to people in programme communities so participants can relate to them.

*** FICTIONAL:**

The story and characters should never be real or be able to be mistaken for real people in the community you are working in. The facilitator should inform participants at the beginning of the story that the characters are not real people.

*** VISUAL:**

If possible, stories should be accompanied by pictures to help the audience use their imagination. You may consider engaging a local artist to produce some pictures to accompany the stories in this toolkit.



FACILITATOR'S NOTE: *Stories/vignettes can also be used as a tool to diagnose social norms, however these stories are constructed in a different way (they are generally less structured and specific). The advice provided here relates to stories that are used for the purposes of measuring social norm change, which may differ from those used for other purposes.*



Show slide 102 and explain the 7 steps that participants will follow to effectively implement the tool. Tell the group that the story-based group discussions can be used both with direct participants of the programme and the broader community. The approach used will be determined by the project team (in consultation with Technical Advisors), who will inform facilitators. Read the Facilitator's Script included in the notes of the slides.






Divide the group into five smaller groups and give each group one of the 5 stories from the Implementation Guide: Story Based Group Discussion Tool. Give groups 10-15 minutes to read the story together and identify the specific social norm that is being explored in each story. If necessary, use this as an opportunity to remind the group about the definition of a social norm.



Inform the group that they are now going to have some time in their small groups to practice reading the story in a role play. **Ask** the groups to assign roles among themselves:

- One person in the group will be the storyteller. The role of the storyteller is to read the story in a way that is accurate and engages the audience.
- One person in the group will be the notetaker. The role of the notetaker is to make clear, detailed and confidential summary notes of the discussion group, which can be used for analysis.
- The remaining group members will be participants in the discussion group: at least one group member should play the part of a quiet participant who does not talk very much and at least one group member should play the part of a loud and obnoxious participant who talks too much (refer to topic on managing difficult groups).

 **Remind** the group that like any data collection that occurs for the purposes of research and evaluation, it is essential that they gain the informed consent of respondents before reading the story. A sample script for gaining consent is found as **annex 18 in  Participants workbook.**

 **Explain** to the group that the first part of the story introduces a relevant, hypothetical situation by describing the setting and the main characters. It goes on to describe an event which leads the main character in the story to a decision point about how to act. Read the following important points about reading Part One of the story.

- It is important that the first part of the story ends in suspense and does not tell the audience what choice the characters actually make.
- After reading the first part of the story, the storyteller should ask the audience the first set of discussion questions. The objective of these questions is to surface:

A

EMPIRICAL EXPECTATIONS


what the audience thinks that the main character would most likely do next if the story was set in their community.


B


NORMATIVE EXPECTATIONS

what the audience thinks that most people in their community would expect the main character to do next.


- In the first set of questions, the storyteller should avoid asking questions that surface **moral beliefs and attitudes** including;

 what the audience thinks the characters in the story should do

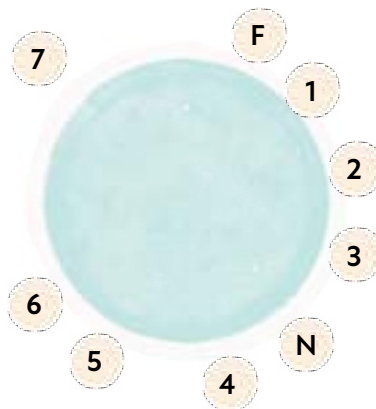
 what they would personally do if they were in that situation


 what they think is the right or wrong thing to do

If they find that the audience are responding with moral beliefs and attitudes, they can bring the conversation back on track by asking ‘so what do you think that most people in your community would do?’ or ‘regardless of whether it is right or wrong, what do you think most people would actually do in this situation?’.

 **Tell** the group that the notetaker should take clear (legible) detailed and confidential notes that can be used for analysis. Read the following important points about taking notes:

- The responses of the audience to the discussion questions will form the data that will be used to determine whether changes in social norms have occurred, therefore it is essential that the notetaker make clear (legible), detailed and confidential notes of what is being said in the discussion.
- If possible, the notetaker should also try and capture direct quotes that are meaningful in demonstrating a particular point.
- It may be useful to provide each participant with a number (written on a name badge or sticker). It may also be useful to record the way the participants are seated in the room, by their number, for quick reference during note taking (as shown below). This will allow the notetaker to quickly identify who is speaking without using their name.



 **Refer** groups to their workbooks to find **annex 16**: Notetaking template for story-based discussion groups and explain that the template has four columns:

- 1** In the first column, record the number of the question being asked (refer to discussion questions).
- 2** In the second column, record the number of the participant who is speaking.
- 3** In the third column, write a summary of what is being said.
- 4** In the fourth column, describe any other non-verbal information that might describe the context in which the comment was made, such as gestures and tones.

Give participants as much time as possible (at least 30 minutes) to role play reading the first part of the story, facilitating the group discussion and taking notes. Allow group members to ask any questions before proceeding.



Explain to the group that the second part of the story describes a situation in which the main character chooses to defy the dominant social norm, in other words, respond in a way that would not normally be expected or approved by the community. Read the following important points about reading Part Two of the story.

- It is important that the second part of the story does not describe any negative consequences of the main character’s decision to defy the norm (that is the focus on the second set of discussion questions).
- After reading the second part of the story, the storyteller should ask the audience the second set of discussion questions. The objective of these questions is to explore:



- The storyteller can also ask the audience whether the main character’s response would ever occur in their community, as a possible sign of the perceived strength of sanctions is whether publicly defying the norm is even possible in the local context.



Give participants as much time as possible (at least 30 minutes) to role play reading the second part of the story, facilitating the group discussion and taking notes. Encourage group members to rotate their roles so everyone gets a turn completing the basic tasks. Allow group members to ask any questions before proceeding.



Explain to the group that the notetaker will usually be required to type up their summary notes at the conclusion of the discussion group. This is best done when the memory of the discussion is still fresh in their mind. Summary notes from the story-based discussions will be analysed to identify key themes. A summary report of key themes across all discussion groups should be prepared and kept on file for comparison against end line data.



Give the group as much practice role playing the discussion groups as you have time for.



NOTE: *It is important to ask each participant to individually consent to participating in the discussion group, as opposed to asking the group collectively whether they agree. This is because some people may find it difficult to disagree with the group.*

TOPIC 9.3

ADMINISTERING THE RAPID SOCIAL NORMS SURVEY TOOL

🕒 2.5 HOURS



MATERIALS AND PREPARATION:

Rapid social norms survey template included in the Implementation Guide and annex 18: Sample confidentiality script for rapid social norms survey. Both tools are included in the participant’s workbook.

Instructions:



Show slide 103 and explain that the objective of this topic is to understand how to implement and adapt the rapid social norms survey included in the toolkit.



Explain to the group that like the stories/vignettes they learned about earlier, surveys can also be a useful way of measuring changes in social norms. This is because surveys allow us to collect smaller amounts of data from a larger number of people.



Show slide 104 and read points.



Show slide 105 and inform the group of the following characteristics of an effective survey for the purposes of measuring social norm change.

NORMATIVE:

The survey questions should be structured in a way that explores social norms, not moral beliefs and attitudes. The questions included in this survey have been carefully constructed to explore empirical expectations and normative expectations relating to specific social norms that drive CEFM in most contexts.

RAPID:

Most people are busy and do not want to spend a lot of time answering survey questions, so a good survey should be kept as short as possible.

CLEAR:

Survey questions should be easy to translate and understand (it is a good idea to test survey questions with your community before the survey begins).

OPTIONAL:

Respondents should have the opportunity to refuse to answer the question (or the entire survey) if they choose.



Show slide 106 and refer to the rapid social norms survey found as **annex 19 in the Participants workbook**.



Explain to the group that the rapid social norms survey includes 30 questions that are designed to measure empirical expectations and normative expectations, as defined in the SNAP Framework. Further explain that a quantitative measure requires us to make some assumptions about what social norms already exist in the local context, therefore we have chosen a selection of social norms that are repetitive in the literature or which have been included in other social norms surveys.



Tell the group that the rapid social norms survey can be used both with direct participants of the program and the broader community. The approach used will be determined by the project team (in consultation with Technical Advisors), who will inform facilitators.



Facilitator's Note: *The other components of the SNAP framework (sanctions, sensitivity to sanctions and exceptions) are difficult to explore in a survey format as they are very nuanced, therefore the story-based discussion groups are a better tool for exploring these components.*



Inform the group that the first 10 questions are **demographic questions** that collect basic information about the respondent and their circumstances. The remaining survey results can be analysed according to this demographic information to identify trends in different segments of the community. In some cases, the demographic questions will need to be tailored to the local context before the tool is used. For example, the categories for Question 4 (Ethnic Origin) and Question 5 (religion) will be different in each context.



Inform the group that the next 11 questions relate to **empirical expectations** about parenting, relationships and marriage. **Remind** participants that empirical expectations are things that the respondent thinks other people in the community do. These questions ask the respondent to nominate what proportion of people within their reference group they think comply with a certain social norm that drives CEFM in most contexts.




Inform the group that the next 9 questions relate to **normative expectations** about parenting, relationships and marriage. **Remind** participants that normative expectations are things that the respondent thinks other people in the community expect them to do.





Tell the group that other studies have found that one way to determine whether a normative expectation exists is to ask people whether others would approve or disapprove of a certain behaviour. Remind the group that approval and disapproval indicate a reward/sanction, and therefore the existence of a normative expectation.




Remind groups that the questions about empirical and normative expectations begin by asking the respondent what they think most people in this community who they know do. This is a way of making sure that the person's respondent relates specifically to people in their reference group. Remind the group that a person will be more likely to replicate behaviours that they perceive as being common among their reference group.


 **Inform** the group that the structure and sequencing of the questions is also relevant, as it has been designed to minimise social desirability bias. Explain to the group that social desirability bias occurs when a respondent answers the question with the answer that they think is ‘socially desirable’, instead of what they really think.

 **Explain** to the group that to minimise the risk of social desirability bias, the questions have been structured so that the desirable answer (i.e. that one that would indicate positive gender norms) is not always the same.


 **Remind** the group that like any data collection that occurs for the purposes of research and evaluation, it is essential that they gain the informed consent of respondents before administering the survey. A sample script for gaining consent is included as [annex 19 in the !\[\]\(2113e5cba4d11862fa536c379e9b61cd_img.jpg\) Participants workbook](#).


 **Ask** the group to split into pairs to role play asking the survey questions. **Ask** the groups to assign roles among themselves:

- One person in the group will be the enumerator. The role of the enumerator is to ask the survey questions in a way that is accurate and record the responses.
- One person in the group will be the respondent. The role of the respondent is to answer the questions and ask for clarification where necessary.

 **Ask** groups to complete asking the questions and then swap roles, so both people have a chance to practice asking the questions. Also practice annex 18: Sample confidentiality script for rapid social norms survey. Answer any questions that the group may have about the survey.

 **Inform** the group that we have now concluded Module 1, and will move onto Module 2 – Facilitation Skills.

 **NOTE:** *Module 2 includes three sessions: Do No Harm (2 hours), Staff and Self-care (90 mins) and Facilitation Skills and Considerations (17.5 hours). These sessions can be considered as optional if staff are confident in these essential principles and considerations.*

 **Refer** participants to the Module 1 post test in their participant’s workbook and allow 20 – 30 minutes to complete.

ANNEXES



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ANNEX	TITLE	SESSION	TOPIC	PAGE
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14	Children's Development Stages & Psychosocial Distress	7	3	100
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17	Sample Confidentiality and Consent Script for Story-Based Group Discussions	9	2	105
18	Sample Confidentiality Script For Rapid Social Norms Survey	9	3	106

ANNEX 1: MODULE 1 PRE TEST

Participants will complete the test in their workbooks and give the completed pages to the facilitator at the start and end of each module. Answers are found as annex 8 in the Implementation Guide.

PRE/POST TEST CEFM TRAINING MODULE 1

Name _____

MODULE 1 – TOTAL 25 POINTS

1. Why is it useful to reflect on our own attitudes and beliefs? 1 point

2. Attitudes and beliefs can change over time. True/False 1 point

3. What is the definition of child, early and forced marriage? 1 point

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4. Name three rights that are violated by CEFM. 3 points

5. What is the root cause of CEFM? 1 point

6. Name two ways that humanitarian situations might increase CEFM. 2 points

7. What are two negative consequences of CEFM on girls? 2 points

8. What are two positive benefits of delaying marriage until after 18? 2 points

9. What is the difference between sexual rights and reproductive rights? 2 points

10. Name two reasons why is it important to ensure girls have access to ASRH information during emergencies? 2 points

11. What is a reference group? 1 point

12. People's behaviour is most likely to be influenced by: 1 point

- a) Their immediate family
 - b) The community they live in
 - c) People they respect and admire
 - d) The peer groups they belong to
 - e) All of the above
-

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13. Legal norms are usually written down in the form of a constitution or individual laws. Circle True or False 1 point

14. What are two of the key terms used in a Theory of Change? 2 points

15. Provide two examples of how adolescents are affected by emergencies. 2 points

16. Give one example of how to adapt the session content for children. 1 point

ANNEX 2: ENGAGE PROGRAM STRUCTURE

PHASE	ACTIVITY	TIMEFRAME	WHO IS RESPONSIBLE
PREPARATION PHASE (WEEKS 1-5)	Train community outreach workers and caseworkers in how to implement the community outreach and service delivery activities	4 weeks	Programme managers, supervisors
	Conduct baseline social norms assessment (community outreach activities) and opinion leader identification tool (caregivers' sessions only)	1 week	Programme managers, supervisors and/or M&E team
	Conduct pre - assessment with adolescent girls (service delivery activities)	After completing of life skills activities	Facilitators and/or caseworkers
IMPLEMENTATION-PHASE 1 (WEEKS 6-27)	Life skills workshops for adolescent girls and adolescent boys	14-15 weeks	Facilitators
	Focused care sessions for adolescent girls at imminent risk of CEFM, already married, widowed, or divorced	7 weeks	Facilitators
	1-1 case management for adolescent girls who require individual support	Ongoing as required	Caseworkers

IMPLEMENTATION- PHASE 1 (WEEKS 6-27)	Male and female caregiver's sessions	17-22 weeks	Community outreach workers
	Religious leader's workshops (optional)	6 weeks (spread over 12 weeks)	Community outreach workers
	Teacher's workshop (optional)	Anytime during phase 1	Community outreach workers
	Weekly and monthly supervision meetings, monitoring activities	Every week	Supervisors and frontline workers
IMPLEMENTATION- PHASE 2 (WEEKS 28- 42 AND AFTER)	Community dialogues	16 weeks	Community outreach workers
	Implementation of community-led social norms change	TBC	Community dialogue members, supervised by community outreach workers
MONITORING AND EVALUATION	Conduct end line social norms assessment (community outreach activities)	6-12 months after intervention ends	Programme managers, supervisors and/or M&E team
	Conduct post - assessment with adolescent girls (service delivery activities)	1 hour per individual	Facilitators and/or caseworkers

ANNEX 3: BELIEFS AND ATTITUDES REFLECTION TOOL

BELIEFS AND ATTITUDES REFLECTION TOOL

Instructions: Circle the box that describes the extent to which you agree with the following statements

	1 Strongly disagree	2 Somewhat disagree	3 Somewhat agree	4 Strongly agree
There are times when it is in a girl's best interests to get married	1	2	3	4
Girls should not be told about sensitive topics such as sex and contraception, as this can be culturally inappropriate, and they are not ready for this information	1	2	3	4
If a girl is in love with a boy/man, they should be allowed to get married, regardless of age	1	2	3	4
Boys are equally as affected by child marriage as girls	1	2	3	4
Women (e.g. mothers, mothers-in-law) are helpless to stop child marriage from happening	1	2	3	4
If a girl has been raped, she is better off getting married	1	2	3	4
If child marriage is not against the law, then it is permissible	1	2	3	4
Child marriage is ok if the age difference between the couple is only small	1	2	3	4
Women do not have the right to get divorced, even if they are married as children	1	2	3	4
Marrying girls as children is ok if it is to protect a family's honour/reputation	1	2	3	4
If a girl is already pregnant to a boy/man, they may as well just get married	1	2	3	4
Realistically, once a girl is already married, there is little that can be done to help them	1	2	3	4
TOTAL SCORE				

ANNEX 4: SIMPLIFIED VERSION OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD¹⁰

Article 1 Everyone under 18 years of age has all the rights in this Convention.

Article 2 The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.

Article 3 All organisations concerned with children should work towards what is best for each child.

Article 4 Governments should make these rights available to children.

Article 5 Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

Article 6 Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 7 Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

Article 8 Governments should respect a child's right to a name, a nationality and family ties.

Article 9 Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

Article 10 Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11 Governments should take steps to stop children being taken out of their own country illegally.

Article 12 Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

Article 13 Children have the right to get and to share information, as long as the information is not damaging to them or to others.

Article 14 Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

Article 15 Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16 Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

Article 17 Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

Article 18 Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19 Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20 Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

Article 21 When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

Article 22 Children who come into a country as refugees should have the same rights as children who are born in that country.

Article 23 Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

Article 24 Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

Article 25 Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 26 The Government should provide extra money for the children of families in need.

Article 27 Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

Article 28 Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

Article 29 Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

Article 30 Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.

Article 31 Children have the right to relax, play and to join in a wide range of leisure activities.

Article 32 Governments should protect children from work that is dangerous or that might harm their health or education.

Article 33 Governments should provide ways of protecting children from dangerous drugs.

Article 34 Governments should protect children from sexual abuse.

Article 35 Governments should make sure that children are not abducted or sold.

Article 36 Children should be protected from any activities that could harm their development.

Article 37 Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

Article 38 Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39 Children who have been neglected or abused should receive special help to restore their self-respect.

Article 40 Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41 If the laws of a particular country protect children better than the articles of the Convention, then those laws should override the Convention.

Article 42 Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 43-54 are about how adults and governments should work together to make sure that all children get all their rights.

Go to www.unicef.org/crc to read all the articles.



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unicef 

¹⁰ From <https://www.unicef.org.au/Upload/UNICEF/Media/Our%20work/childfriendlycrc.pdf>

ANNEX 5: HOW CEFM VIOLATES GIRLS' RIGHTS¹¹

<p>Article 28 Right to education</p>	<p>After marriage, child brides are likely to drop out of school, especially if they have children to take care of. This hinders their development, preparation for adulthood and ability to contribute to their family and community.</p>
<p>Article 6 Right to a full life</p>	<p>Girls under 18 are often also mothers, putting them at risk of injury and death during childbirth. Girls who give birth before 15 are 5 times more likely to die in childbirth than women aged 20-24.</p>
<p>Article 19 Protection from violence and abuse and Article 34 Protection from sexual abuse</p>	<p>Girls who marry before 18 are more likely to experience physical, sexual and psychological violence throughout their life. Child brides are more likely to describe their first sexual experience as forced.</p>
<p>Article 24 Right to health</p>	<p>Girls under 18 are physically not ready to have children. They lack the knowledge and power to abstain from sex or negotiate safe sexual practices, leaving them at risk of HIV/AIDS and other sexually transmitted diseases.</p>
<p>Article 2 Right to equality</p>	<p>Girls are much more likely than boys to marry under 18. As marriage ends girls' opportunities for education, they are also less likely than boys to be able to get paid work outside of the home and make decisions in the community.</p>
<p>Article 12 Right to participation in decisions that affect one's life</p>	<p>Many girls are never asked if they want to get married; they have little say in if, when and whom they marry.</p>

¹¹ Adapted from Girls Not Brides, CEFM: A Violation of Human Rights <https://www.girlsnotbrides.org/wp-content/uploads/2015/05/GNB-Child-marriage-human-rights-infographic-1200px.jpg> and Girls Not Brides, CEFM: A Global problem too long ignored, <https://www.girlsnotbrides.org/wp-content/uploads/2012/10/GNB-Child-marriage-infographic-950px.jpg>

ANNEX 6: INFORMATION SHEET: ROOT CAUSES OF CEFM

Globally, several common root causes underlie CEFM. They include social, economic, cultural and religious factors that influence norms and behaviours at the individual, community and societal levels. At the root, gender inequality and norms that support gender inequality are the main cause – as well as consequence – of CEFM. Some examples of these root causes are explored below:

Norms that devalue girls and see them as a burden. Girls' lack of education and decision-making power relative to boys are two indications of their lower social status. This inequality is worsened by early marriage, especially when girls are married to older spouses. In most countries, child brides were more likely to have an age gap of five or more years than those married over the age of 18.

Girls' sexuality: Early marriage of girls is inextricably linked with girls' sexuality, although the timing and sequencing of sex and marriage varies and can be difficult to pinpoint. In many situations, girls may be forced or choose to marry because they had (or are suspected of having) sex, or because they have gotten pregnant. Often, parents believe that protecting the honour and purity of a young girl once she reaches puberty is an important task, and so they often view early marriage as the most effective way of shielding their daughters from undesirable romantic relationships, sex or pregnancy outside marriage. Underlying these dynamics are community norms that regulate girls' sexuality and often view girls' sexuality as something to be denied, repressed, or sanctioned.

Poverty, and the economy of marriage (Such as bride price and dowry). In addition, to poverty, specific transaction costs of CEFM also drive CEFM. Recent research shows that the costs of CEFM have increased substantially. The potential financial gain (through for example bride price) or cost (through dowry) effect the age that families want to marry girls. Especially in situations of conflict, displacement and disaster, financial concerns of families can be worsened leading to an increase in CEFM as a coping strategy to economic shocks.

Real and perceived parental fears and desire “to protect.” Parents may believe that early marriage offers their daughters protection from harm, as well as allow them to avoid the potential loss of honour to a family and a girl that they fear not marrying or marrying later may cause.

Gender-based violence and sexual harassment.

Girls who have suffered sexual assault may be forced to marry the rapist as a result of norms that believe that marriage is the only route to repairing “family honour.” Such pressures may be further exacerbated if the girl becomes pregnant from the rape. These concerns may increase in situations of conflict, displacement and disaster.

Traditional and religious norms and beliefs. Linked to norms of masculinity and femininity – and sexuality – each community has a complex system of social arrangements, customs and religious beliefs and practices that influence the timing and nature of marriage. Specific customs, such as initiation ceremonies, have particular relevance for the transition to adulthood and marriage. In some communities, traditional leaders and customs may be especially influential in shaping norms about the timing and perceived reasons to support CEFMs. In other communities, it may be perceived religious doctrine and religious leaders who promote them. The nature and influence of these customs and interpretation of religious teachings varies widely, but in many countries they do have a key role in driving CEFM.

Norms of masculinity. In some communities, norms of masculinity view child brides as a sign of a man’s status. These norms promote and normalize older men’s marriage of girls. Furthermore, norms of family honour also promote the entitlement of fathers to determine whom their daughter will marry; promoting a girls’ right to determine if, when, and whom she marries can be seen as a challenge to a father’s authority and honour.

System of patriarchy. Cutting across the community norms and practices listed above, the system of patriarchy reinforces the rights of men to make decisions for and control the bodies of women and girls. Norms linked to patriarchal values, and the resulting gender inequalities it perpetuates, underpin many of the contributing causes of CEFM.

ANNEX 7: INFORMATION SHEET ON CONSEQUENCES OF CEFM

EDUCATION

CEFM often means the end of education for girls. This denies girls the education they need for their personal development, their preparation for adulthood, and their ability to contribute to the family and community.

ECONOMIC WELLBEING

Income and assets: CEFM limits girls' access to the skills needed to earn income for themselves and contribute to their families and their communities. CEFM often ends a girls' education – one additional year of secondary schooling alone boosts girls' earning potential by 15-25 percent.

HEALTH

HIV risk: Once married, girls are likely to feel, and in many cases are, powerless to refuse sex. They are likely to find it difficult to insist on condom use by their husbands, who commonly are older and more sexually experienced, making the girls especially vulnerable to HIV.

Unwanted pregnancy: Married girls are often under pressure to become pregnant immediately or soon after marriage, although they are still children themselves and know little about sex or reproduction. A pregnancy too early in life before a girl's body is fully mature is a major risk to mother and baby.

SAFETY AND PROTECTION

Violence: Rape resulting in pregnancy is a risk factor for girls being forced into early marriage. Girls married before 18 are more likely to report being beaten by their husbands and forced to have sex ('marital rape') than girls who marry later.

LIFE

Death during childbirth: Complications of pregnancy and childbirth are the main causes of death among adolescent girls ages 15-19 years old in developing countries. Girls under 15 are five times more likely to die in childbirth than women aged 20-24.

Survival of infants: When a mother is under 20, her baby is one-and-a-half times more likely to die within its first weeks of life than a baby born to a mother in her 20's.

SOCIAL AND EMOTIONAL WELLBEING

Social isolation: Marriage often causes girls to be socially isolated, bringing unwanted separation from their friends and family. This further limits girls' access to information and key resources.

Development and empowerment: CEFM robs girls of their childhood, and the opportunity to develop and realize their vision for their own lives and well-being. Linked to this, CEFM cuts girls off from the support to develop the resources and experiences of their own power within, and isolates girls from other peers and the related sense of solidarity that contributes to girls' power with others to realize their goals.

Adapted from Plan International (2016) Living Free from CEFM. In Girls Champions of Change: Curriculum for Gender Equality and Girls Rights. Woking, UK: Plan International, https://www.alignplatform.org/sites/default/files/2018-09/9-GCOC_LCM_Module_FA.pdf, p. 14.

ANNEX 8: CEFM AND GENDER ANALYSIS WORKSHEET

AREAS FOR ANALYSIS	GUIDING QUESTIONS	RESOURCES THAT CAN HELP YOU FIND ANSWERS
<p>1. Laws, policies and regulations</p>	<ul style="list-style-type: none"> • Are there national laws on the minimum age of marriage, marriage certification and birth registration to prevent gender discrimination? • Are these laws enforced at national and local levels? Are women and girls able to access justice (such as the police and courts) or do they struggle to do so? Are people, households and communities aware of the laws? • How do laws and policies actually influence decisions about marriage at local level? Or does customary law allow for child marriages, over the national law? For example, if the national law states a minimum age of marriage, is this law actually what people are listening to? 	<ul style="list-style-type: none"> • Policymakers, local legal institutions, CSOs working on the issue. • Speak to a range of people of who can help: judges, the police, government officials and civil servants, local legal institutions and CSOs active on the issue or working in your community, women and girls themselves. • Traditional, religious and community leaders, local government, religious leaders, elders, women and girls, men and boys.
<p>2. Cultural practices and beliefs</p>	<ul style="list-style-type: none"> • What are the accepted practices and beliefs about girls' and women's roles as wives and mothers – and boys' and men's roles as husbands and fathers? • What cultural and traditional practices are connected with marriage? These could include bride price, dowry, female genital mutilation/cutting (FGM/C), polygamy, bride abduction and emphasising female chastity. • Does marriage signify a financial transaction, such as a dowry or bride price? 	<ul style="list-style-type: none"> • Traditional, religious and community leaders; elders; parents; women and girls; men and boys.

AREAS FOR ANALYSIS	GUIDING QUESTIONS	RESOURCES THAT CAN HELP YOU FIND ANSWERS
<p>3. Gender roles, responsibilities and what time is spent on these</p>	<ul style="list-style-type: none"> • How much time do women and girls spend on housework and care? This could include looking after younger siblings, old parents, or physically challenged members of the family. How does this compare to the time men and boys spend on these tasks? Are girls ever taken out of school to carry out housework and care work? • How do women and girls who were married young (before 18) spend their time differently from women and girls who are unmarried? And is there any difference between how girls and boys are expected to use their time? 	<ul style="list-style-type: none"> • Women and girls, men and boys, family elders.
<p>4. Access to and control over resources</p>	<ul style="list-style-type: none"> • What is the difference between men and women when it comes to having access to income, owning land or having access to other assets and resources (such as a phone)? • Do women and girls who have experienced CEFM face social isolation? For example, are they no longer allowed to see their friends or go to school? 	<ul style="list-style-type: none"> • Women and girls, men and boys.
<p>5. Patterns of power and decision making</p>	<ul style="list-style-type: none"> • Who in the family or community makes decisions about if, when, and who a girl should marry? Which community and religious leaders influence decisions over marriage? • How does the age of marriage and the difference in ages between the partners influence the relationship? Who has the power and holds all decision-making in the marriage? 	<ul style="list-style-type: none"> • Traditional, religious and community leaders; elders; parents; women and girls; men and boys.

ANNEX 9: ASRH SCENARIOS

GROUP 1

Sara is 12 years old, and she is very happy. Each day she goes to school. She loves learning math and helps her younger siblings. She has many friends at school and admires her teachers. When Sara grows up she wants to be a doctor. She has a very good relationship with her mother, they are very close and discuss everything. She adores her father and if she ever needs anything he always tries his best to make her happy.

GROUP 2

Sara's family has told her that they must leave their home because there is danger coming and they must leave before it gets worse. Sara had no time to prepare, pack, or say goodbye to her friends. Sara was worried about what would happen next. She was uncertain of the future. After some time, Sara settled into her new routine. She was living in a camp, but she was not allowed to go to school because it was not considered to be safe. She was bored at home all day everyday with no friends and no education. She was also very tired, as she was now expected to do all of the chores in the house. The relationship with her family became tense. She no longer had long talks with her mother because her mother was always worried about the situation. She no longer saw her father as he was so busy trying to bring in money.

GROUP 3

After some time, Sara gets her period. She does not know what this is. No one ever discussed this with her before. She was very scared. She did not know what was happening to her. She didn't feel she was able to share this with anyone. Before, she could have told her mother, but nowadays her mother is distracted by many problems. But eventually, she does tell her mother. Her mother tells her that this means she is now a woman and soon she will get married, as this will help to protect her and also reduce the financial burden on the family.

Group 4

Sara is married to a man some years older than her. Sara is now sexually active. She did not know anything about sex the first time it happened and this was a scary experience for her. She also got pregnant soon after she was married. Sara now has the responsibilities of managing a household and looking after a small baby. She did not receive any information about pregnancy or child birth. She was not sure how to look after her small baby.

ANNEX 10: WORKSHEET ON INTERDEPENDENT VS. INDEPENDENT BEHAVIOUR

Think of some examples of interdependent and independent behaviour. It can be hard to think of truly independent behaviours, which are things someone would do no matter what other people do or think. Fill in the table below with examples:

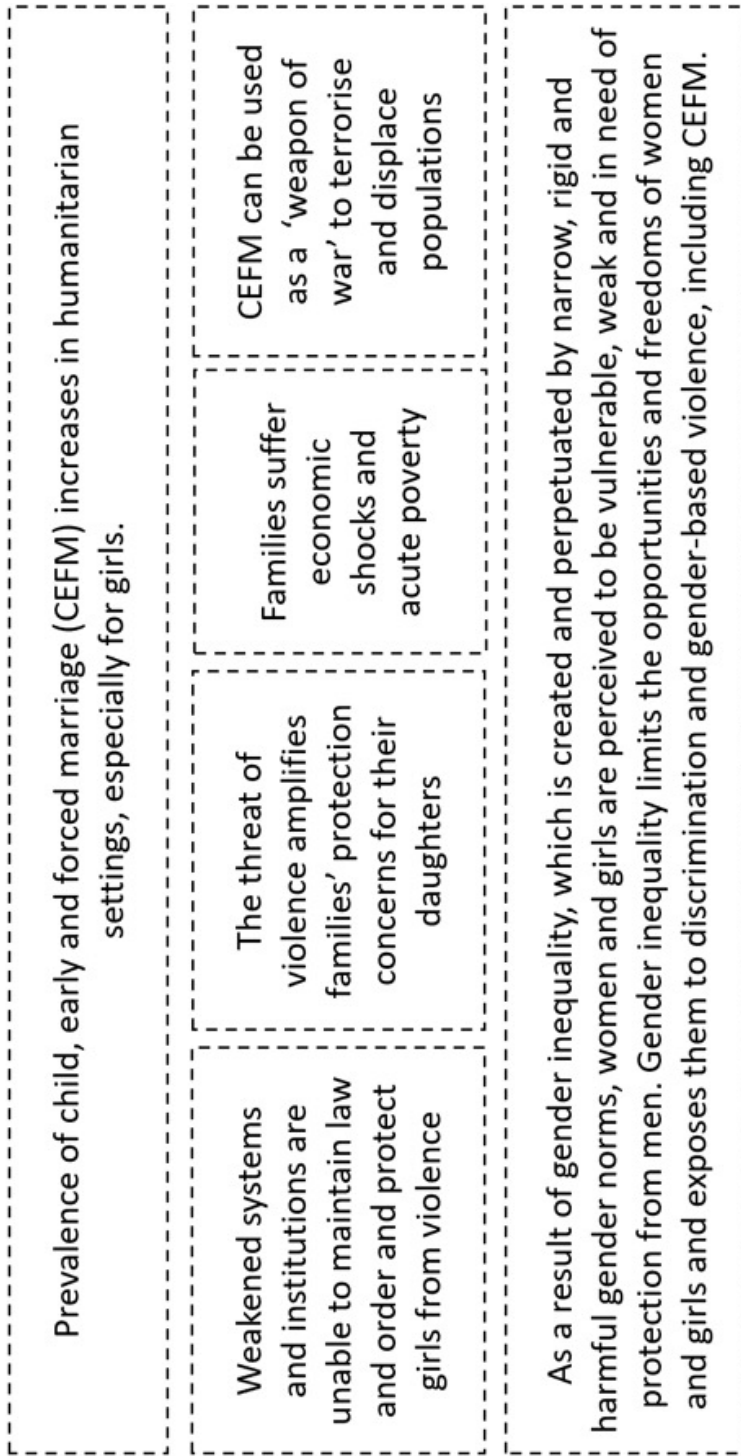
INTERDEPENDENT BEHAVIOUR	INDEPENDENT BEHAVIOUR

ANNEX 11(A): THEORY OF CHANGE (PROBLEM ANALYSIS)



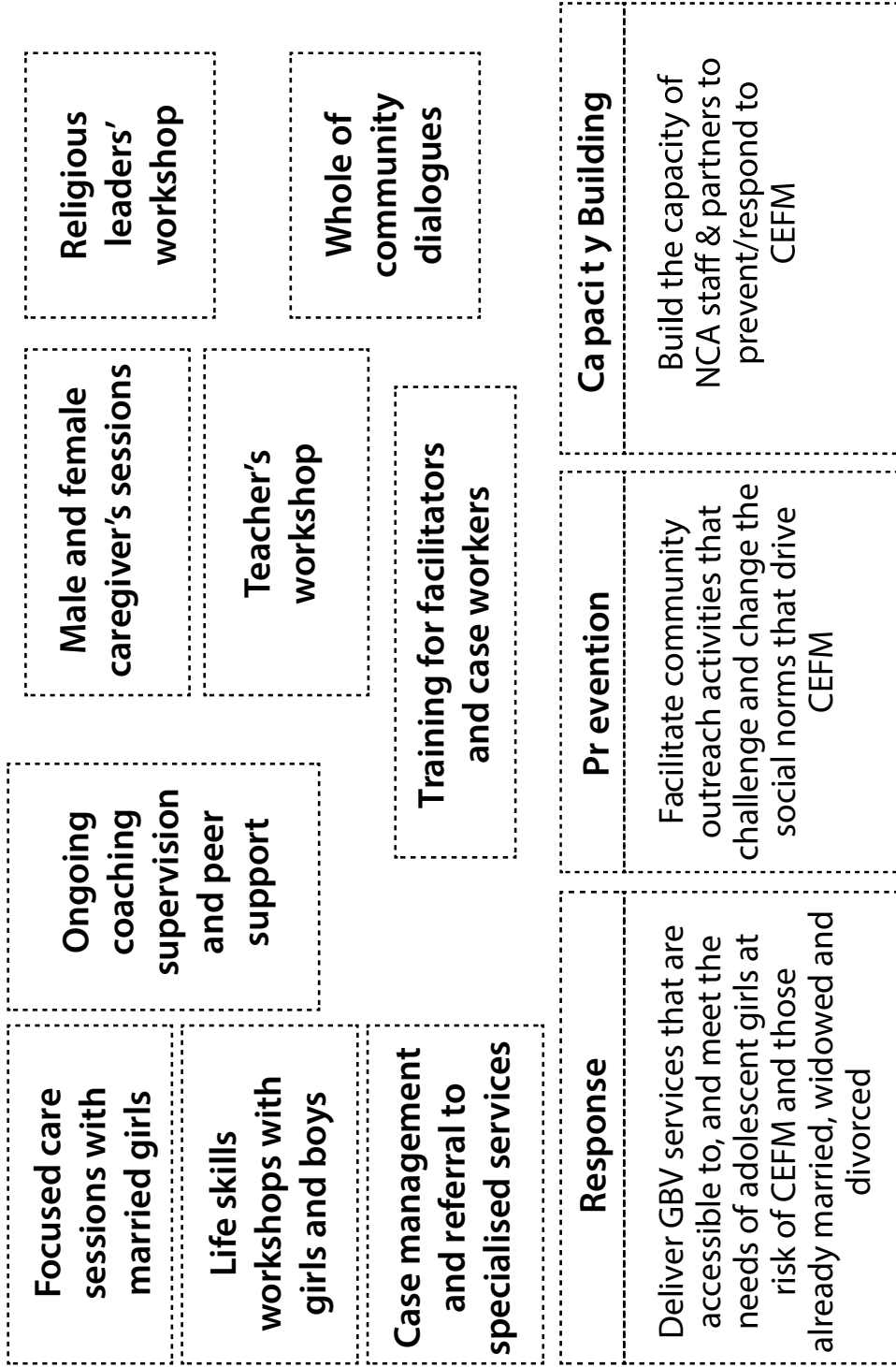
NOTE: Photocopy annex 11 (a-d) Theory of Change and cut out the pieces. Make as many copies as the number of groups you will have for the activity in topic 6.2. If possible, print the pieces in A3 size so they are larger.

Problem Analysis



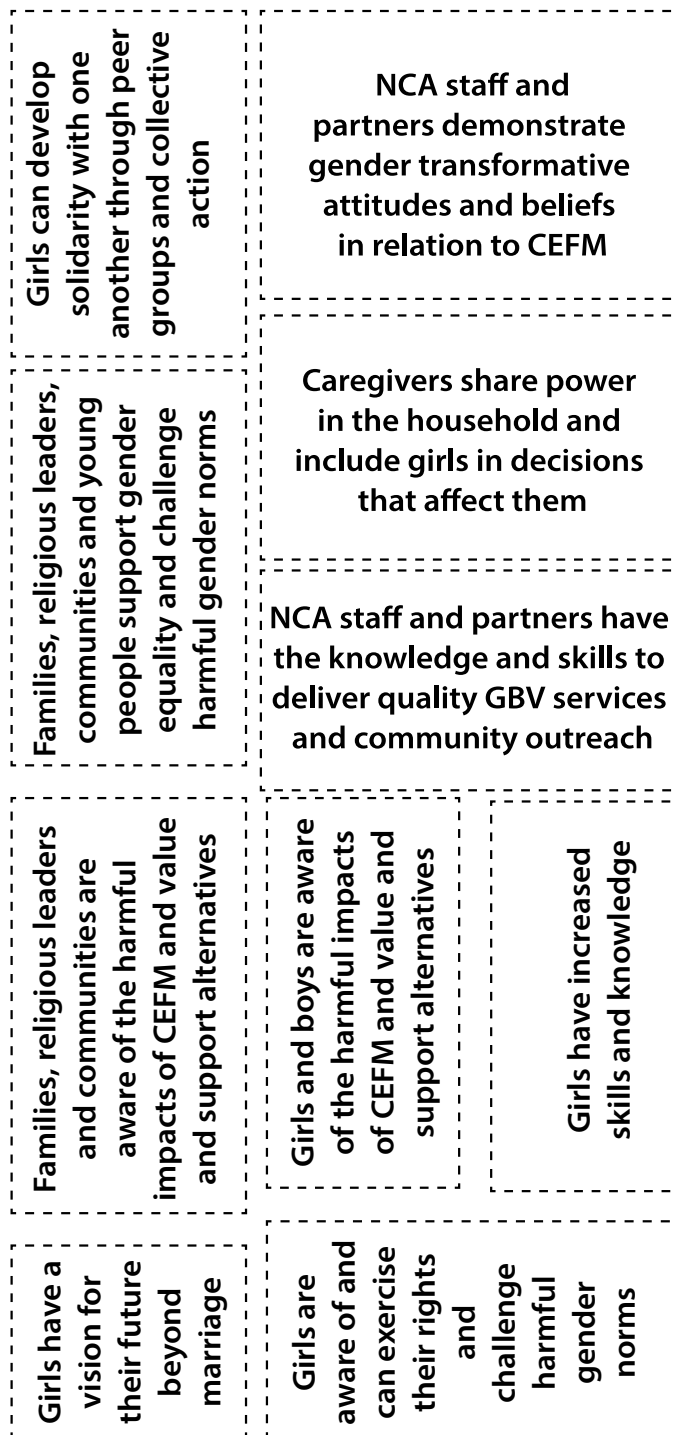
ANNEX 11(B): THEORY OF CHANGE (STRATEGIES AND ACTIVITIES)

Strategies and Activities



ANNEX 11(C): THEORY OF CHANGE (INTERMEDIATE OUTCOMES)

Intermediate Outcomes

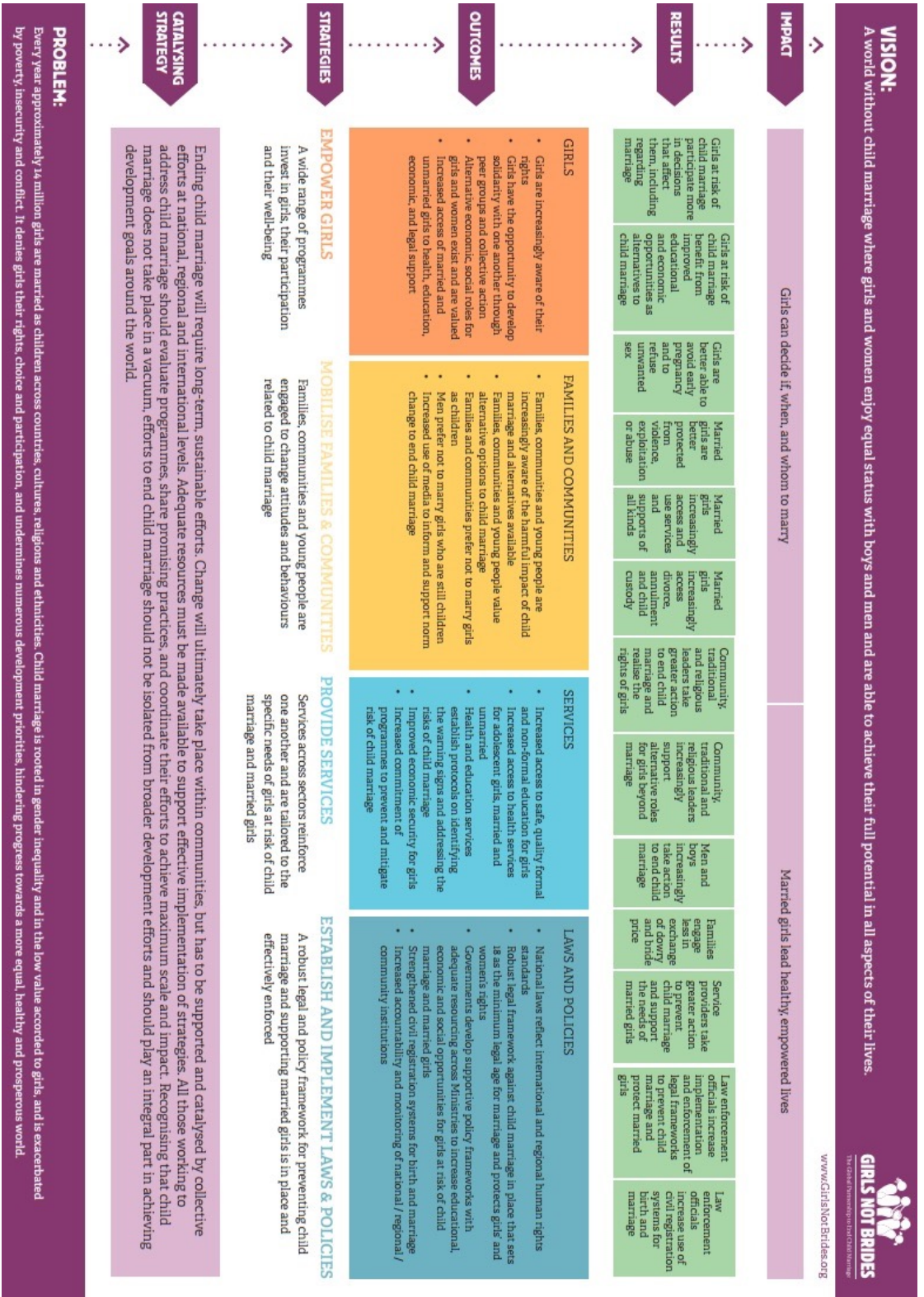


ANNEX 11(D): THEORY OF CHANGE (LONG-TERM OUTCOMES AND IMPACT)

Long-term outcomes and impact

<p>Girls (unmarried, married, divorced or widowed) have increased access to essential services including health, including mental health, sexual and reproductive health and rights, education, comprehensive sexuality education, child protection, gender based violence support, economic assistance and legal support</p>	<p>Men and boys prefer not to marry girls who are still children</p>	<p>Girls can decide if, when, and whom they marry</p>
<p>Families, religious leaders, communities and young people support gender equality and challenge harmful gender norms</p>	<p>Alternative economic, social roles for girls and women exist and are valued</p>	<p>Community, traditional & religious leaders take greater action to end child marriage (including refusing to marry girls)</p>
<p>Girls (married and unmarried) experience improved wellbeing, resilience and happiness</p> <p>Girls (married and unmarried) have better mental and physical (including sexual and reproductive) health outcomes</p>	<p>Girls at risk of CEFM participate in decisions that affect them, including regarding relationships</p>	<p>Married girls are better protected from violence, exploitation and abuse</p>

ANNEX 12: GIRLS NOT BRIDES THEORY OF CHANGE



ANNEX 13: IMPACT OF AN EMERGENCY ON A CHILD

IMPACT OF AN EMERGENCY ON A CHILD

Social

Behavioural

Emotional

Physical

ANNEX 14: CHILDREN'S DEVELOPMENT STAGES AND PSYCHOSOCIAL DISTRESS¹²

	Developmental Stage Details:	Symptoms of Psychosocial Distress:
AGES 0-3	<ul style="list-style-type: none"> ❑ Develop trust and independence in themselves and their caretakers. They learn to trust that their caregiver will love and help them as well as learn to trust their own capabilities. ❑ At this stage, they need caring, assistance and protection from their caretakers. ❑ If a child is not allowed to make mistakes and is criticized for trying to do something him/herself than that child will be ashamed and will begin to doubt his/her own abilities. ❑ The child begins to realize restrictions in his/her behaviour and understands rules set by caretakers. 	<ul style="list-style-type: none"> ❑ Crying, whining, or screaming all the time. ❑ Clinging to parents/ caregivers. ❑ Extreme reactions (crying/ screaming) when separated from family.
AGES 4-7	<ul style="list-style-type: none"> ❑ Children discover initiative - which is to carry out some task and comprehend by his/herself - and are always busy. ❑ Children are involved in all kinds of games and "make believe" games, they often find it hard to distinguish between real life and fantasy. ❑ The child starts to understand the world and asks a lot of questions. ❑ If a child's questions are ignored, if he/she is unable to reach or is held back from a certain objective, which he/ she wants to try to understand, then that child will feel guilty, worthless or naughty. 	<ul style="list-style-type: none"> ❑ Over-attachment to parents. ❑ Fear of sleep or nightmares. ❑ Regress to previous developmental stage (bed wetting, thumb sucking, fear of dark). ❑ Reactions linked to fear and anxiety in the household, especially among parents/ caregivers.

¹² Inter-Agency Child Protection Case Management Coaching Program. (2015). International Rescue Committee.

	Developmental Stage Details:	Symptoms of Psychosocial Distress:
AGES 8-11	<ul style="list-style-type: none"> ❑ A child learns about “industry” - which is to carry out tasks such as to help around the house or with school work. He/she wants to be successful and wants to complete tasks with other people. ❑ They are actively involved in learning life skills, especially schoolwork. ❑ If a child is unable to complete a task, then he/she will feel inferior and will begin to question his/her ability to succeed in life. 	<ul style="list-style-type: none"> ❑ Difficulty concentrating or paying attention. ❑ Sleep problems (nightmares, insomnia, fear of sleep, over sleeping). ❑ Difficulty controlling moods or behaviours. ❑ Physical illness without medical causes (dizziness, stomach aches, muscle cramps, skin rashes). ❑ Refusal to go to school/ Preference to stay near home and family.
AGES 12-17	<ul style="list-style-type: none"> ❑ At this age, children are struggling to find how they should face other people and develop true identity. ❑ They try ways to handle what other people expects of them, and what they want. They try to find out what they want to be and they want to do with their lives as well as how to handle other people. ❑ Sexual maturation occurs and the body becomes similar to an adult. ❑ They begin to reflect their own thoughts and thoughts of others and create conclusions from general topics. ❑ They undergo mood swings, erratic behaviour, confusion and begin to defy their parents. ❑ They have to successfully get through this phase learn how to have an opinion and own identity, find out how to relate with other people including their family and develop a stable personality. 	<ul style="list-style-type: none"> ❑ Similar responses to those displayed by adults. ❑ Frequent and recurring thoughts of distressing events. ❑ Sleeping problems. ❑ Anti-social or aggressive behaviours. ❑ Withdrawal from normal activities and friends/family. ❑ Questioning things, they once believed in.

ANNEX 15: ADAPTING THE CONTENT

ADDRESSING DEVELOPMENTAL CONSIDERATIONS IN ACTIVITY IMPLEMENTATION

Session topics (including activities and discussions):

- Read the activities for each session beforehand. This is helpful in order to:
- Avoid reading from the manual and losing the attention of participants.
- Complete the activity in a timely and engaging manner.
- Think about whether each activity will be suitable for your groups' age. It might be too childish or too complex. Alternative activities are suggested throughout the tool when and where possible.
- You can adjust the activities in a way that you believe better suits the group, but it is best to check with your supervisor before doing so. It is important that the activity demonstrates the concept that it is trying to teach.
- Generally speaking, younger participants will enjoy being active more than having discussions. Tips for adaptation include group discussions, role plays and drawing of concepts.
- Adolescents might be reluctant to discuss certain topics, especially those related to healthy relationships and sexual and reproductive health. These topics are important for both boys and girls to make healthy decisions.
- Generally speaking, older participants may prefer group discussions over games.

Language:

- Use concise language which is both culturally and contextually appropriate.
- Speak in a way that matches your groups' capacity to grasp the information.

For younger participants:

- Use simple words.
- Avoid difficult examples (i.e. some of the examples and stories might need to be adapted to be more understandable for younger participants).
- Where possible, use pictures or objects to help explain a concept.

Repetition:

- Younger and less mature participants might not easily understand the strategies in the tools which might require more explanation and practice in the session. It is very important that all concepts are understood before moving to the next activity. In consultation with your supervisor, you might need to allocate additional time.
- Wherever possible look for opportunities to repeat the key messages.

Teaching time:

- Sessions are divided into sections rather by activity to allow for flexibility in the teaching time. As a general rule you should keep your teaching time (e.g. the time when you are talking to participants about a concept) within the recommended teaching section timings.
- Be aware of the attention of your participants. If they are starting to look around the room, fidget or talk to each other, this means you are losing their attention and you need to do something to get them involved.
- Younger participants will usually have a shorter attention span than older participants. You may need to adjust your length of teaching time accordingly.

ANNEX 16: NOTETAKING TEMPLATE FOR STORY-BASED DISCUSSION GROUPS

RECORD OF STORY-BASED DISCUSSION GROUP			
Date:	Location:	Time:	
Facilitator Name:		Notetaker Name:	
Observer Names:			
Group Description: (e.g. adult men from community x)			
Participant #	Age:	Seating Diagram (optional)	
1			
2			
3			
4			
5			
6			
7			
8			
Question #	Participant #	Summary:	Non-verbal cues

ANNEX 17: SAMPLE CONSENT SCRIPT FOR STORY-BASED GROUP DISCUSSIONS

“We have asked you here today to participate in a group discussion about parenting, children and marriage. The results of this discussion will be used to better understand what people in this community think about these topics.

The information you provide will help us understand whether the activities we are implementing are effective at changing what people think and do when it comes to parenting, children and marriage.

Some of the information that we discuss today may be sensitive and we want to reassure you that your participation is voluntary and you can choose to leave now or at any time during the discussion if you feel uncomfortable. You can also come to any of the facilitators at the conclusion of the discussion and ask for help if you need it.

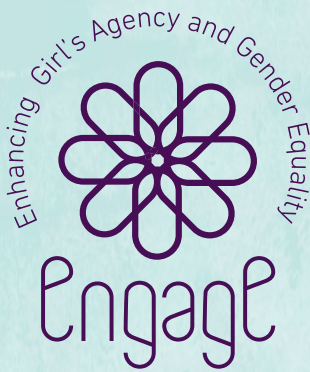
I want to remind you that everything that you say in this discussion is anonymous and confidential. While we are taking notes/recording the discussion, we will only identify you by using a number and we will never use your name.

We ask everyone else in the group to respect others’ confidentiality and not repeat anything that is said within this group. Knowing this, does everyone agree to participate in today’s discussion group?”

ANNEX 18: SAMPLE CONSENT SCRIPT FOR RAPID SOCIAL NORMS SURVEY

“Hello, my name is _____. I work with an organisation called _____. We are conducting a survey about parenting, children and marriage. The results of this survey will be used to better understand what people in this community think about these topics. The information you provide will help us understand whether the activities we are implementing are effective at changing what people think and do when it comes to parenting, children and marriage. You have been randomly selected to take part in this survey (optional for community members), are you happy to participate today?”

(If yes) I want to let you know that some of the questions may be sensitive and I want to reassure you that your participation is voluntary and you can choose to skip a question or stop taking the survey at any time if you feel uncomfortable. I want to remind you that your responses are anonymous and confidential, and I will not ask or record your name. Are you ready to begin the survey?”



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