



MODULE 4

Girl-centred Design

Preamble

The next generation of young women and girls aged 10–24 years possesses entirely different sentiments, aspirations and dreams than those of their parents. Their perspective represents a fundamental cultural shift. Young women and girls are increasingly self-aware, engaged in their sexual and reproductive health (SRH), and poised to be proactive decision makers. Programmes designed for young women and girls must shift their goals and directives to best respond to this reality. To meaningfully engage young women and girls in their reproductive and whole futures, prevention programmes must offer a perspective that is less punitive, whilst being more inclusive, forward looking, empowering and positive.

A central principle of girl-centred design is that young women and girls should be at the core of programming at all stages: from participating in formative research and policy to implementing and evaluating the effectiveness of interventions. Their informed assessment of the programming priorities and solutions for unmet needs is essential. This requires meaningful partnerships, open information flow, and robust insight into the preferences, motivations and influences of diverse populations of young women and adolescent girls.

However, effective implementation must go beyond mere engagement of the right demographic groups. It requires applying robust research methods to develop new ways of understanding young women and girls — to better locate, recruit, engage and retain them in programming. This approach requires **demand-side analysis, user-centred service delivery models** — that is the engagement of young women and girls who will use services and products — and a focused plan for transferring the insights and knowledge of young women and girls to their points of contact with health (and other) services.

This module presents a mix of traditional and innovative tools, paradigms and approaches to inform a more girl-centred prevention response, and to do so effectively.

Key Takeaways

- Girls experience an intense series of developmental transitions between very young adolescence (10–12 years of age) and young adulthood (20–24 years of age), and programmes must ensure the right sequence of interventions to address the unique dimensions of vulnerability and risk at each transition.
- Traditionally, public health programmes have relied on population segmentation approaches to study and understand drivers of risk among at-risk and vulnerable populations. They comprise a foundational element for programming.
- Prevention programmes can be strengthened by joining market research tools, particularly psychographic audience segmentation (see discussion below), with the more traditional approaches to generate deeper insights on the values, preferences and needs of young women and girls.
- Programmes that respond to the broad biological, economic, policy and psychosocial priorities and preferences of young women and girls in all their diversities will require programme designers to absorb, integrate and address the multifaceted reality of girls' lives and to develop cognitive empathy for the girls they intend to serve.
- Programmers must utilize an array of tools, methods and approaches to gather the perspectives and voices of young women and girls. This will ensure that their diverse needs are explicitly addressed and central to all stages of programme design.

Programming Considerations

Today, girls are more consistently attending and completing school, fewer are getting married or becoming mothers while still children themselves, and more are gaining the skills they need to excel in the future work world. Young women and girls are breaking boundaries and barriers posed by stereotypes and exclusion, including those directed at persons with disabilities and those living in marginalised communities. As entrepreneurs, innovators and initiators of global movements, young women and girls are leading and fostering a world that is relevant for them and future generations.

4.1 Adopt a Human-centred Design Lens for Programme Design

To programme effectively for young women and girls, implementers must make their values, needs and preferences central to design. Human-centred design offers a powerful lens through which programme designers can integrate and address the young women's and girls' needs, hopes, desires and aspirations for the future — taking into account their context and the challenges they navigate in their daily life. When effectively leveraged and deployed, these insights serve as a springboard for a more-effective solution-oriented process — taking as the starting point the need to understand the human factors and context relating to a vision and working directly with the users to achieve it.

Rather than starting with solutions, the human-centred approach emphasizes questions to ask and activities to pursue when investigating people-challenges (see '*Demand for Health Services: A human-centred field guide for investigation, understanding and response*'). Five phases or questions guide the approach:

1. **What is our objective?** The programme outcome is defined as a measurable goal and is based on priorities of young women and girls in the local context.
2. **What do we think we know?** Local knowledge and research are examined to determine what is known, what is not known, and what might be assumptions not based on fact.
3. **What stands in our way?** User research is conducted to identify and explain the variables facilitating or preventing us achieving objectives.
4. **How could we respond?** Given what the user research has revealed, how do we proceed to achieve our objective? Potential solutions are generated and tested through a creative and collaborative process.
5. **How could we improve?** Continuous improvement is intentional and ongoing throughout the life of the programme (see *Module 1*).

4.2 Use Data to Understand Young Women's and Girls' HIV Vulnerability

A subset of young women and girls are registering negative outcomes when it comes to their health and well-being. Yet even amongst the most vulnerable young women and girls and in the most-affected locations, vulnerability is highly variable and determined by a wide variety of influences and factors. To be effective, girl-centred prevention must be anchored in rigorous analysis of the demographic, structural, socio-behavioural, geographic, and other dimensions of risk a girl faces across her life span.

Population segmentation has traditionally explored the link between 1) known socio-demographic and behavioural factors and vulnerability, and 2) protection or resilience for key demographic groups. An associated vulnerability to HIV has been suggested for broad groups such as orphans, children of parents within key populations, and girls who are married as children, depending on the dynamics of the local HIV epidemic. Understanding the context-specific mix of factors that drive vulnerability is a critical foundational investment. Segmentation can also be used to track partners with whom young women have intimate relations for testing and informing.

Young women and adolescent girls face multiple and diverse vulnerabilities and obstacles when it comes to HIV prevention. These are based on specific biological, socio-behavioural, and structural issues — all of which interact with and influence each other (see *Box*).

4.3 Prioritise Segments for Programming Intervention

Defining the broad drivers of vulnerability may prove to be of limited value when it comes to assessing an individual's risk of acquiring HIV. Improved availability of individual-level HIV and STI incidence measures is enabling better analysis to generate risk profiles and person-centred risk assessment options. This can help effectively to discriminate between girls experiencing generalized vulnerabilities (which may be linked to structural issues) from those whose vulnerabilities predispose them to HIV acquisition (see '*Oral PrEP Risk Assessment Tools*').

With origins in the STP (segmentation, targeting, positioning) process popularised by commercial marketing, **market segmentation** allows for a more nuanced understanding of those young women and girls at risk of acquiring HIV than can be derived through traditional analytical strategies. It offers a potent window into the different groups (market

Factors linked to HIV acquisition

Socio-behavioural factors are derived from gender inequities and harmful norms deeply embedded in cultures and societies that marginalize young women and girls and make them particularly vulnerable to acquiring HIV. Some socio-behavioural factors include age-disparate sex, earlier sexual debut, multiple concurrent partnerships, mixing substance use and sex, limited HIV and/or sexually transmitted infection (STI) risk perception, and engagement in sex work (SW) or transactional sex. This is often compounded by a limited perception of vulnerability to HIV and/or STI.

Biological factors linked to HIV acquisition include HIV sero-discordancy, partner with high HIV viral load, non-circumcised male sexual partner, hygienic practices that alter the vaginal microbiome (such as vaginal drying agent

usage),¹ STIs, including human papillomavirus (HPV), sex with high likelihood of transmission (receptive, anal and condomless sex) and younger age (specifically immature reproductive tract).

Structural factors linked to higher HIV acquisition include poverty, marginalisation and exclusion, lower universal primary and secondary school access, labour migration and spousal separation, orphanhood, harmful gender norms, limited or no access to justice, child sexual abuse, intimate partner violence (IPV), structural violence, sex trafficking, girls' lack of access to financial services, girls' lack of negotiating power in encounters with men and boys, and in their social and intimate relations, and related mental health issues connected to all these factors. While broad programming can address these issues, far more granular insights into the structural context are necessary to achieve transformational success.

segments) of the population by their distinct needs, characteristics, behaviours, and motivations; and can facilitate the differentiation of products and/or marketing approaches by segment (see '*SBC Hot-To Guide — How to do Audience Segmentation*').

Segmentation recognizes that different groups of individuals will respond differently to interventions and includes the following steps:

1. **Review audience information**, including how individuals are affected by an issue, demographics, knowledge and behaviours, and psychographics.
2. **Decide whether to segment.** Segmentation might be advisable if, for example, certain segments are more heavily impacted by a problem; have significantly different worldviews, needs or concerns; are more difficult to reach.
3. **Determine segmentation criteria** by identifying traits that make one subgroup significantly different from another, requiring a different approach. These differences are typically based on socio-demographic, geographic, behavioural or psychographic differences.

4. **Segment audiences** using the criteria identified in Step 3. One option for depicting the segmentation is through a segmentation table that lists the primary group in the first column and then shows potential segments based on the criteria from Step 3.
5. **Decide which segments to target** based on
 - **Impact** — Will focusing on this segment lead to intended outcomes?
 - **Accessibility** — Is the program able to reach this particular segment with available resources?
 - **Program priorities** — Does the program need to make relatively quick and easy changes to start and then focus on harder to reach segments?
6. **Assess the proposed segments** to ensure they meet criteria for effective segmentation: Are the members of the segment similar in a relevant way? Are the segments relatively unique compared to other segments? Has the size of the segment been measured and is large enough to have impact on public health? Is the segment accessible? Is the program able to implement distinctive interventions for the segment? Can the segment be expected to respond to a distinct mix of interventions rather than a generic one?
7. **Develop audience profiles** that tell the story of a person in the segment and reflects barriers to wellbeing that the person faces. The audience profile consists of a paragraph with details on current behaviours, motivation, emotions, values and attitudes, as well as information such as age, income level, religion, sex and where they live.

Market segmentation may be geographic, demographic, socio-behavioural or psychographic, but strategies that combine socio-behavioural and psychographic segmentation are particularly potent. **Psychographic segmentation** is based on psychological make-up, values, preferences and needs, and have been used to define clear user personas for more effective targeting. For example, Young and Rubicam, a marketing and communications company, proposed a research-informed theory on seven user personas based on class and lifestyle:² the **resigned** (those who tend to value safety, are oriented to the past and resigned roles), **strugglers** (those who are alienated, disorganized and oriented to sensation), **mainstreamers** (those who are conformists, are likely to be loyal to established brands), **aspirers** (those who are materialistic, acquisitive and oriented to packaging), **succeeders** (those who are goal-oriented, aligned to the status quo and respond to reward or prestige), **explorers** (those who seek energy and autonomy — usually the first to try a new brand — and are often young), and **reformers** (those who seek personal growth, are socially aware and respond to intrinsic quality concerns).

This level of audience insight allows an understanding of the most optimal recruitment and engagement strategies for programming. Programmes may pair this understanding with data on the young women and girls who are most likely to be missed by traditional prevention programmes — to determine key segments for reach and engagement.³

Market segmentation has been utilised effectively and at-scale by combination prevention programmes (in Zambia and Zimbabwe, psychographic-behavioural segmentation was used to identify six and seven segments, respectively, among prospective 15–29-year-old users of voluntary medical male circumcision (VMMC) services)^{4,5} to deepen reach and coverage of key prevention services. This should be extended to sharpen programming for young women and girls. It offers a balanced understanding of the behavioural context and the behaviours and decision-making that increase vulnerability.

4.4 Identify Segment-specific Intervention Strategies

Developmentally sensitive prevention recognizes that each young woman and girl accrues critical milestones in her unique transitioning journey. She travels through watershed events and seasons of influence — transition into higher education, social recognition, employment, partnership formation, family formation, motherhood — that offer her the opportunity to affirm and build her confidence or, alternatively, confirm her fears and anxieties and close off possible future opportunities.

Rather than a one-size-fits-all template (e.g. girls clubs for all girls aged 10–24 years), programmes must ensure that the design process maps out interventions aligned to the key developmental needs and priorities of young women and girls, based on an understanding of the underlying socio-demographic issues of the priority segments, the dynamics of the HIV epidemic (HIV incidence may peak earlier or later in adolescence in a specific subnational unit relative to others), and the key exclusions and deprivations girls face. Communication strategies must be appropriately aligned.

For instance, it may be important to consider that household food insufficiency may drive early engagement in transactional sex across a generalized area in programming for girls exploited in transactional sex. Effective combination prevention for this subsegment may prioritize peer — rather than network-based — recruitment for prevention programming with the younger cohorts and may seek to target younger siblings of such girls with cash transfers, educational assistance, intensive personal counselling and interventions to deepen their engagement in positive peer networks.

Recruitment strategies should consider the hidden entry points for identifying young women and girls who are invisible to communities and the system, including those in domestic servitude, commercial sex, girls on the move, seasonal/job-related migrants, transactional sex and those in early marriages.

There is an urgency to ensure that intervention delivery is timed for the optimal window when it is most likely to make an impact. Young girls are on a rapid trajectory from childhood to womanhood, changes are swift. Knowing where the girl is along the developmental pathway is essential. Similarly, programmes should pay attention to optimizing the existing entry points (see 'Module 7.4, Identify Platforms to Engage Young Women and Girls at Scale').

4.5 Cultivate Girl-engaged Collaborations to Generate Actionable Insights

Cognitive empathy is a key prerequisite for developing tailored interventions and programmes for the young woman or girls of interest in prevention efforts. In programme design, cognitive empathy allows developers to put themselves in the shoes of others and to connect with how they might feel or respond to a context or situation. Young women and girls are best positioned to generate, interpret, and develop new insights into the perceptions and preferences of their peers, and there are promising models that could be adapted and scaled (see 'Springster').

Aligned efforts to leverage psychological insights for improving prevention programming are evolving in the field of **behavioural economics**, which offers a framework for understanding individual decision-making, including why young women and girls may be constrained in taking measures to safeguard their health and well-being. Behavioural economics offers a lens for understanding decision-making errors — the personal biases and tendencies that influence these (the tendency to use information that comes to mind first, that is short-termism, and the influence of emotional state) — and for identifying novel interventions to address these gaps.

Since the 2000s, a large body of sociological and anthropological peer-reviewed research has emerged exploring and unpacking the socio-cultural dynamics around HIV transmission and unsafe sex practices (e.g. 'sugar daddy' relationships and transactional sex especially in sub-Saharan Africa). For instance, research suggests that young women are more motivated by the pressure to form and maintain relationships, or to avoid pregnancy, than they are by HIV prevention messaging. This insight helps us understand how we need to better align HIV prevention services with how adolescents actually live their lives and make decisions.

An array of research and assessment tools offer the opportunity to elicit rich insight into the perspectives of young women and girls as they experience their daily lives, and also as they intersect with key programmes and platforms (see '*Partners and Allies: Toolkit for meaningful adolescent girl engagement*'). The following are highlighted based on their observed success in girl-directed programming:

- **Journey mapping** helps us understand and document girls' experiences as they traverse the socioecological sphere in executing daily transactions, but also in their reproductive and health journeys. Used and analysed carefully, we gain insight into the girl's perspective and her subjective experience as she interfaces with key sectors, systems and institutions.⁶
- **Trajectory mapping** is a novel form of journey mapping, offering a powerful way to understand girls' past experiences, and how these influence their understanding of their present realities and perception of their potential opportunities in the future.

4.6 Establish Girl-affirming Approaches

Young women and girls' motivation and decision-making is influenced by many voices: family members, peers, partners, teachers and other individuals in the community that can exert power or influence over girls' agency. As such, agency is a response to a complex set of internal and external drivers shaped in social processes. A young woman who is out of school, unmarried and marginalized in her community may therefore engage in risky sexual activity as it is a means to economic improvement, social cohesion, linkage to her community and a sense of 'being in the world'.

Safe-guarding in Girl-engaged Programmes

A key characteristic of a quality service is that it is safe, and it does no harm. Safeguarding is a formalized process of developing protocols for preventing and responding to abuse, exploitation and neglect by the duty bearers that are engaged to provide care to children, adolescents and vulnerable individuals. Programme teams should have a written safeguarding protocol, signed by staff, volunteers and consultants that interact with clients. The protocol includes screening procedures for staff, training, reporting structures and guidelines for violations, and sanctions for violations (see '*Child Safeguarding Toolkit for Business*').

Building Agency

Young women and girls whose diverse needs are being addressed should be engaged at the core of programming at all stages: from research to policy development, planning, programme implementation and monitoring and evaluation. Three levels at which

programmes generally engage young women and girls reflect the maturity of woman and girl-centred design in programming:

1. **Engaging young women and girls in programme delivery efforts at the site level.** At this basic level, peers and near-peers may be engaged as peer educators. More mature programmes offer an engagement ladder that scaffolds girls along a potential career path
2. **Embedding young women and girls within the accountability structure of the programme.** As programmes evolve, they may engage girl-users in quality improvement efforts, facility assessments, compliance monitoring, and other programme reviews.
3. **Engaging young women and girls for regional, national and international dialogues.** Ideally, girls should be cultivated for roles within the national dialogues, as national trainers, country coordinating mechanism representatives, national working group participants, and to mentor national design of programmes.

Leadership Training

The current response to HIV among young women and girls has invested insufficiently in young women and adolescent girls' representational and leadership skills, even while other affected populations have been prioritized. Programmes should consider instituting mentorship programmes, skills building workshops, advocacy trainings, structured fellowships, professional coaching, start-up grants, conference scholarships and other avenues to consciously raise the next generation of women leaders, with particular attention to ensuring that those from marginalised communities are cultivated. Such investments should be structured, longer term commitments, rather than one-off. For example, since 2009, the Moremi Initiative for Women's Leadership in Africa, with its MILEAD Programme, has identified and trained more than 200 young female leaders aged 19–25 years from the African Diaspora, after which they are transitioned into a Fellows Network.⁷

Network and Coalition Building

The recent trend towards underinvesting in civil society has been noted in several corners, resulting in an acute under-resourcing of women's civil society. This is particularly acute at the local level, where civil society actors play a critical role in advancing accountable governance — advocating for young women and girls' rights, monitoring rights violations, and tracking and ensuring the implementation of key commitments. Further, networks are fragmented by issue and sectors, missing an obvious opportunity for alignment across the key girls- and women-serving movements. Programme implementers have a potential role in ensuring that their design and delivery approach clarifies their responsibility towards engendering greater consolidation of existing networks (see 'Module 6.2: Work with Young Women and Girls as Agents of Change').

Promising Directions

Girl-led research. Drawing upon youth-led participatory research methodology, programmes have successfully equipped young women and girls to conduct formative research, concept and creative testing, and monitoring and evaluation, utilizing peer-to-peer approaches, as well as within their communities with leaders, parents, and men and boys. A few notable examples have developed accredited and credentialed qualifications, equipping youth with a professional skillset on which they could build potential future careers. Not only is the quality of the research improved by having girls interact with other girls, this form of inquiry could be transformative for girls' and their communities.

Developmentally sensitive programming. Young women and girls should be provided services that are sequenced according to the age and stage of their development, meeting them where they are in life circumstance. A young adolescent girl needs services that are geared to her developmental age (which may be different than her chronological age) and circumstances of whether, for example, she is sexually active or not. Subsequent services for that girl need to be delivered in a sequence that makes sense for her as an individual girl. Prevention efforts mostly begin targeting girls at around 15 years, a time when sexuality becomes a salient aspect of girl's lives. However, evidence indicates that, in some countries, vulnerability begins to rise in girls between 9 and 14 years due to higher exposure to sexual violence and early sexual debut. Prevention programming for this age group includes supporting girls (and boys) to make healthy decisions and helping communities and families protect and educate young people while adopting healthier social and gender norms (see 'Module 6').



Case Study: Cases from the field⁸

Adolescents 360 (A360), led by Population Services International (PSI), is funded by the Bill and Melinda Gates and Children’s Investment Fund Foundations. Running in 2016–2020, A360 aims to increase voluntary adoption of modern contraception among adolescent girls in three countries.

For health programmes to effectively reach young women and adolescent girls, they must be more than girl-**centred** — they must be girl-**powered**, meaningfully partnering with young women and adolescent girls for transformative interventions.

As of May 2019, using A360's girl-centred approach, A360 has reached 255,312 girls in Tanzania, Ethiopia and Nigeria with critical information and services. Of those, 158,521 girls (68 percent) have voluntarily adopted modern contraceptive methods.

Several core programme imperatives have contributed to A360’s results:

- **Balance the power scales.** A360’s experts⁹ joined with 280+ young designers to collect and analyse data to inform design. Young designers directly explored girls’ aspirations, fears, and experiences, in turn supporting adult experts to interpret and apply findings. This provided the opportunity to design in response to girls’ request for programming to support their life goals (job skills/socio-emotional learning), resulting in interventions girls perceive as relevant to their lives.
- **Tailor programming to where girls are developmentally and socially, building on inflection points in girls’ lives.** Girls self-segment, often in ways more nuanced than traditional reproductive life stages. Programming aimed to align with girls’ segments as they defined them, considering girls’ own perception of their life trajectories and milestones along the way, and developing messages that responded to their hormonal and motivational place. In Tanzania, girls self-grouped according not to sexual activity status, but to levels of social independence from their mothers. Content tailored to these



developmental inflection points improved the precision of targeting to better resonate with girls.

- **Focus on competing and complimentary joys.** Making health services relevant to young women and adolescent girls begins with understanding their joys and aspirations so that services can be introduced in support of them. A360 learned that girls had many aspirations; however, over time they narrowed this list to those deemed achievable — motherhood chief among them. Other dreams for self-development were often perceived as competing. In Ethiopia, many girls perceived skills development as a threat to motherhood, as girls may be perceived as too accomplished to be desirable. In Ethiopia, A360's Smart Start complements married girls' dream of motherhood with other dreams of generating income to provide for herself and her family. Contraception is presented in service of both joys: a way to protect fertility and space pregnancies so that she can stay on track to achieve her dream of greater financial security.
- **See culture as an asset.** Engaging powerful brands that are sensitive to deeply held cultural and social points of pride for both girls and their influencers can help to build trust and credibility. By understanding and tapping into compelling concepts that already have their own social momentum, programmes can support girls' ease in navigating their social landscape to access needed services. In Tanzania, the 'Kuwa Mjanja' brand builds upon and plays with cultural archetypes of what it means to be 'good'. Mothers may perceive it as being 'clean'. For girls in the programme, it means standing tall and knowing your worth. A360 brands foster pride, belonging and membership while connecting health interventions to the accepted socio-cultural notions.
- **Create girl-defined service delivery and build trust and motivation to serve girls.** Youth-friendly services (YFS) must be seen as friendly, safe and desirable. Youth voice and participation has led A360 to engage public and private service delivery channels to ensure girls' access to self-identified safe spaces — physically, emotionally and on-and-offline. Providers, too, need to be supported — beyond just training — to reach

and serve young women and adolescent girls. In A360's context, evaluation has found that a major contributor to YFS has been A360's efforts to bring providers and staff together with girls outside of clinic settings, building empathy by seeing girls as more than just clients. Today in implementation, A360 also partners with adolescent girls and young women to generate needed data on service quality, ensuring YFS continues in scale-up

Read more about A360's girl-centred design: [A360 Blueprint](#),¹⁰ [The Case of Kuwa Mjanja in Tanzania](#)¹¹ and [A360 Open Source](#).¹²



HIGHLIGHTED IMPLEMENTER RESOURCES

4.1 Adopt a Human-centred Design Lens for Programme Design

What is Human-centred Design?

IDEO.org; 2017; English

<https://www.thecompassforsbc.org/sbcc-tools/what-human-centered-design>

<https://vimeo.com/106505300>

The short video clip explains the basics of human-centred design — that is, keeping in mind at all times the people the programme is trying to reach while designing the programme structure and messages. It outlines the three basic elements embraced by the organization IDEO.org: inspiration, ideation and implementation.

Human-centred Design Templates and Tools

Johns Hopkins Center for Communication Programs; 2018; English

<https://www.thecompassforsbc.org/sbcc-tools/human-centered-design-templates-and-tools>

https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/BA%20-%20HCD%20Templates%20and%20Tools.pdf

This is a collection of templates and tools to utilize when conducted human-centred design. The collection includes insight development template, persona template, 'how might we' template, idea template, concept development template, hypothesis template and prototype feedback template.

Demand for Health Services: A human-centred field guide for investigation, understanding and response

UNICEF; 2018; English

<http://hcd4i.org/>

This field guide introduces human-centred design as an approach to address challenges related to community demand for basic health services. Partly written with the example of immunization as a case study, it is nonetheless highly relevant also to other areas, including HIV prevention in adolescent girls and young women. The guide provides a research methodology focused on in-depth interactions with people, a design methodology for the generation of innovative solutions and an implementation strategy that plans for adaptation. It aims to assist policymakers and programme teams by saving time and money through low-cost, rapid field research; by integrating wider development thinking beyond public health, with systems thinking and experimentation; by closing the empathy gap through co-designing and collaboration with intended users; and by reducing inequities by tackling the most important challenges facing the most disadvantaged.

4.2 Use Data to Understand Young Women's and Adolescent Girls' HIV Vulnerability

The Girl Roster: A practical tool for strengthening girl-centred programming

Population Council; 2015–ongoing; English

<https://www.popcouncil.org/research/girl-roster>

The Girl Roster is an innovative and practical tool to help programme managers and partners reach adolescent girls in the poorest communities and raise programme effectiveness, cost-efficiency and coverage. It assists managers to identify and segment the population of girls in a given area and, through community engagement, increase girls' access to a fair share of community resources, facilities and services. The tool was developed to reduce exclusion, recognizing that programmes may fail to engage as many girls as they could or may miss those most disadvantaged or hidden. The tool has been applied in approximately 20 settings, including in Benin, Egypt, Ethiopia, Guatemala, Kenya, South Sudan, Tanzania and Turkey, with a household questionnaire and a rapid analysis tool to divide girls into meaningful segments by age, schooling and marital, childbearing and living-arrangement status.

4.3 Prioritize Segments for Programming Intervention

Building Girls' Protective Assets: A collection of tools for program design

The Population Council; 2016; English, French, Spanish

https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf

Through a process called 'Intentional Design', the Populations Council's learning tools help to put the needs of girls at the centre. These tools are informed by evidence of what is needed to keep girls healthy, socially included, economically prepared and 'on track'. The Council's Building Assets Toolkit helps practitioners, policymakers and advocates to build tailored, meaningful and positive content to help specific subpopulations of girls. The toolkit guides practitioners through a series of steps that must be taken to define common-sense targets — what information, skill, or physical asset (such as an ID card) should a girl in a particular setting have by a particular age. underway on RMNCAH in the country. Instead, it presents a compelling case for how a limited number of priorities will put the country on the path to improving the health of women, children and adolescents over the long term and thereby contribute to the achievement of the SDGs.

Oral PrEP Risk Assessment Tools

PrEP Watch, AVAC; 2018; English

<https://www.prepwatch.org/risk-assessment-tools/>

A variety of risk assessment tools have been used by studies and programs providing oral pre-exposure prophylaxis (PrEP). The Prevention Market Manager (PMM) project has collected a library of these tools from around the globe. PMM has also conducted a comprehensive analysis of these tools with the goal of answering the following questions: What risk assessment tools are used in the delivery of oral PrEP, and how are they used? How do tools and procedures identify those at substantial risk of HIV infection? What do implementers need from risk tools to optimize the delivery of oral PrEP?

SBC Hot-To Guide — How to do Audience Segmentation

Publisher: Breakthrough Action; 2014; English

<https://www.childrenandaids.org/node/1185>

This guide teaches how to do audience segmentation, going through 7 steps: reviewing audience information, deciding whether to segment, determining segmentation criteria, segment audiences, deciding which segments to target, assessing the proposed segments and developing audience profiles.

4.4 Identify Segment-specific Intervention Strategies

Strong Girls Make Strong Women: A practical handbook for creating and leading a girls' club

Fan, Julie and Blaustein Susan M.; Women Strong International; 2018; English

<https://www.womenstrong.org/publications/stronggirls/>

This handbook includes a step-by-step guide to setting up a club, as well as a downloadable 16-chapter curriculum. The curriculum, which is modular and can be used in segments or collectively as needed, is designed to equip young people with the skills and protective assets they need to thrive in today's world. Each chapter can be downloaded individually and used independently from other chapters of the handbook. Strong Girls Make Strong Women was written for those interested in leading or learning more about girls' or boys' clubs, including educators, parents, mentors, community and religious leaders, governments, non-governmental organizations, scholars and funders.

4.5 Cultivate Girl-engaged Collaborations to Generate Actionable Insights

Springster

Girl Effect; 2017; 13 languages, including English, French and Spanish

<https://www.girleffect.org/what-we-do/mobile-platforms/springster/>

Springster is a mobile platform digitally connecting marginalized girls around the world by featuring content designed for girls and created by girls. It is available to girls globally who have access to a mobile phone, for free with no data charges (on Free Basics mobile networks). With millions of girls in the global South now using mobile technology, the platform educates and inspires them on key social issues, including health, education, financial security and personal safety. Based around an inclusive and dynamic culture of sharing real-



life experiences, polls and advice, girls not only learn from each other but also cultivate their own sense of self-belief and resilience through storytelling. Springster's dynamic methods of measuring impact show how online activity shapes offline behaviour, leading to a dramatic shift in girls' knowledge, attitudes and actions.

Partners and Allies: Toolkit for meaningful adolescent girl engagement

The Coalition for Adolescent Girls; 2015; English

http://coalitionforadolescentgirls.org/wp-content/uploads/2015/12/CAGPartnersandAlliesToolKit_10.compressed.pdf

This toolkit is designed to enable institutions, programmes and project teams to strategically and meaningfully engage girls as equal and active participants in the leadership and development of their communities, nations and the world. This is not a programme design toolkit, but a comprehensive resource that will answer the why, how and when to engage adolescent girls safely and effectively. The tools include a readiness assessment, monitoring and evaluation guidance, best practices for adolescent girl engagement, case studies and detailed examples of related programming in various countries. This resource is best suited for practitioners, policymakers, advocates, researchers, donors and governments.

READY: Resilient & Empowered Adolescents & Young People

Frontline AIDS; 2019; Tostan; 2019; English

<https://frontlineaids.org/our-work-includes/ready/>

The READY movement helps young people get involved in the HIV response. READY is a portfolio of programmes that are designed to build resilient and empowered adolescents and young people. Young people all over the world can join the READY movement to demand their right to a healthy life, whatever their circumstances, sexual orientation, gender identity or expression. Young people helped create the READY movement in order to expand our READY portfolio. Today, they remain at its core. The READY movement is led by the Global Network of Young People living with HIV (Y+), with support from Frontline AIDS and its partners. READY is a global movement with programmes in Burundi, Eswatini, Ethiopia, Mozambique, Tanzania, Uganda and Zimbabwe.

4.6 Establish Girl-affirming Approaches

The Adolescents 360 Blueprint for Change

A360; 2018; English

<https://www.a360learninghub.org/wp-content/uploads/2019/05/BlueprintForRapidChange13.pdf>

This blueprint demonstrates multiple small-scale techniques to change how programmers fundamentally work with and for girls to drive breakthroughs in SRH. The three solutions that are discussed are to 1) understand, 2) identify with, and 3) serve girls from the ground up. This blueprint is a uniquely organized and easy to follow series of infographics, engaging readers from start to finish.

Child Safeguarding Toolkit for Business

UNICEF; Year: 2018; Language: English; Spanish, French

Website: https://www.unicef.org/csr/files/UNICEF_ChildSafeguardingToolkit_FINAL.PDF

This toolkit is a practical tool that allows companies to identify, assess and address risks to children they interact with; aiming at preventing any physical, sexual and emotional abuse and maltreatment by employees and other persons whom the company is responsible for. The Toolkit guides companies through six steps in the process of assessing their safeguarding risks and developing a child safeguarding program. It outlines procedures for setting up a child safeguarding policy, rolling out the implementation plan and addressing and reporting potential allegations of inappropriate behaviour towards children.