



Embracing  
Intersectionality  
for Health Equity  
& Justice

# THE INTERSECTIONAL COMMUNITY SCORECARD

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Manual for Community Facilitators

*December 2024*



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## ABBREVIATIONS AND ACRONYMS

AAAQ	Availability, Accessibility, Acceptability and Quality
AIDS	Acquired Immune deficiency Syndrome
CBOs	Community Based Organizations
CSC	Community Score Card
CSE	Comprehensive Sexual Education
CSOs	Civil Society Organizations
CSW	Commercial Sex Workers
CPs	Collaborating Partners
DNH	Do No Harm
FGDs	Focus Group Discussions
GBV	Gender Based Violence
HIV	Human Immune Virus
HMIS	Health Management Information Systems
HTC	HIV Testing and Counselling
IBPA	Intersectionality Based Policy Analysis
ICA	Intersectional Context Analysis
IDPs	Internally Displaced Persons
ICSC	Intersectional Community Score Card
IT	Input Tracking
IEC	Information, Education and Communication
JMCM	Joint Monitoring Committee Members
KII	Key Informant Interview
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer
LNOB	Leave No One Behind
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MY	Minoritized Youth
MWP	Make Way Programme
NGOs	Non-Governmental Organizations
PEA	Political Economy Analysis
PWDs	Persons with Disabilities
SA	Social Accountability
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SEGA	Social Exclusion and Gender Analysis
SIG	Social Inclusion and Gender
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UN	United Nations
VSO	Voluntary Service Overseas
WHO	World Health Organization
YWCV	Youth with Compounded Vulnerabilities
YLWHIV	Youth Living With HIV

## DEFINITION OF TERMS

In this document, the terms below mean:

Term	Definition
<b>Animators</b>	People in the ICSC process who represent and articulate the positions of various stakeholders participating in the process.
<b>Buzz Group Discussion</b>	Small groups of participants (2-6 people) discuss a specific question or issue in order to come up with many ideas in a short time (5-15 minute ). The name of the method comes from the small groups producing a buzzing sound while discussing. When time is up, ask each group to share their points, preferably one point from each group, especially if there are several groups.
<b>Citizens</b>	People bearing legal claims on the governments of the countries where they live. Refugees have similar claims on host countries and on international agencies.
<b>Collaborating Partners</b>	Civil society organisations and youth representatives engaged participating in the Make Way Consortium and taking up intersectional SRHR advocacy.
<b>Community</b>	A group sharing the same public services and facing similar access challenges. For example, youth with disabilities.
<b>Community Gate Keepers</b>	Individuals who hold power as custodians of a community's social, traditional, cultural, or religious norms and beliefs.
<b>Community Scorecard</b>	A participatory tool for citizens to assess the Availability, Accessibility, Acceptability, and Quality (AAAQ) of public services that promote SRHR.
<b>Duty-bearer</b>	A person or agency legally required to ensure a right (also 'service provider'). They work at three levels: frontline service staff in health facilities, local policymakers (e.g., councilors), and implementers (e.g., clerks).
<b>Facilitator</b>	Persons responsible for carrying out most ICSC activities; also referred to as Community Facilitators or Volunteers.
<b>Gender-Based Violence (GBV)</b>	Violence between intimate/non-intimate partners based on gender.
<b>Human Rights</b>	Fundamental rights and freedoms owed to every person by virtue of being human, e.g., the right to health, rooted in dignity and principles such as fairness, equality, and respect for life.
<b>Indicator</b>	In ICSC scoring, the 'ideal situation' is the community's view of best condition versus reality. For example, if a facility lacks a youth-friendly centre, the ideal is a well-equipped, accessible centre—this becomes the scoring indicator. Differs from programme indicators in results frameworks.
<b>Interface meeting</b>	A face-to-face meeting between duty-bearers/service providers and service users (youth) to discuss shared challenges in accessing services.
<b>Intersectionality</b>	The idea that people hold multiple identities (age, gender, race, class, education, disability, and location) that interact to create advantages and disadvantages. Overlapping identities compound barriers. For example, a young, uneducated, rural person with disability may face multiple obstacles shaping opportunities.
<b>Intersectional CSC</b>	An oversight process for holding duty bearers to account paying attention to issues of identity-based marginalization and exclusion.
<b>Migrant</b>	As defined by the International Organization for Migration (IOM), any person who moves or has moved across an international border or away from their

	habitual residence, regardless of whether the movement was voluntary or involuntary, its cause, or the person's legal status.
<b>Participant</b>	A community member, often a youth with compounded vulnerabilities, mobilized to receive ICSC trainer-of-trainers training.
<b>Power holder</b>	Any stakeholder who influences SRH service provision, formally through law or informally through customs, traditions (e.g., traditional circumcisers), or religion (e.g., preachers).
<b>Refugee</b>	People fleeing war, violence, conflict, or persecution and crossing an international border to seek safety in another country.
<b>Rights</b>	Inherent legal and moral entitlements belonging to every person, which cannot be denied except through a formal legal process. See the Human Rights definition above.
<b>SEGA</b>	Social exclusion and gender analysis
<b>Service provider</b>	Persons formally mandated to provide a service (e.g., nurse, police officer etc.). See duty-bearer above.
<b>Social Accountability</b>	A participatory public oversight approach whereby community members assess duty-bearers' performance and hold them accountable.
<b>Stakeholders</b>	Those sharing an interest in SRHR issues, as either providers or users of the SRH services.
<b>Vulnerable Youth</b>	Young people marginalized, discriminated against, or excluded because of intersecting identities. For example, having a disability and poor, young people living with HIV (YLWHIV), migrants, young sex workers, or having a marginalized gender identity.
<b>Youth</b>	The transition from childhood to adulthood. The UN defines youth as ages 15–24, though countries may set different age ranges based on context.

# BACKGROUND

## INTRODUCTION AND BACKGROUND

This manual guides facilitators through Intersectional Community Scorecard (ICSC). It outlines building capacity to tackle SRHR barriers facing youth with intersecting vulnerabilities. The manual has three parts: (1) ICSC background, objectives, intersectional approach and ICSC role, (2) steps to produce ICSC outputs (action plans) and (3) annexes with clarifications and references.

The ICSC was implemented and the manual adapted for this new version as part of a five-year programme (2020-2025), called "[Make Way](#)", to build the capacity of civil society organizations to take up SRHR advocacy from an intersectional perspective. One of the seven strategic SRHR partnerships funded by the Dutch government, under their Strengthening Civil Society (SCS) Policy Framework, Make Way was led by a consortium of the following partners: [Akina Mama wa Afrika](#) (Uganda), [The Circle of Concerned African Women Theologians – Kenya](#) (Kenya), [Forum for African Women Educationalists](#) (Kenya), [Liliane Fonds](#) (Netherlands), [VSO Netherlands](#) (Netherlands) and [Wemos](#) (Netherlands). VSO was the partner that introduced and guided the implementation of the ICSC and developed the ICSC 2.0 manual.

Make Way was implemented in Ethiopia, Kenya, Rwanda, Uganda, Zambia, at the Eastern African regional level and globally. To ensure broad and inclusive engagement, Make Way engaged some 45 partners working at grassroots level in the countries. Jointly, partners demanded health justice and defended the rights of young people who are marginalised in their societies. For example, people with disabilities, sex workers, LGBTQ+ persons, and rural youth living in poverty. They also developed and implemented intersectional tools and engaged in mutual capacity strengthening with other civil society organisations and allies to advocate for policy and societal changes.

## PROCESS OF DEVELOPING THE MANUAL

This manual (ICSC 2.0) updates the original ICSC 1.0. The first manual adapted VSO's Community Scorecard to integrate an intersectional approach, and was validated by youth with compounded vulnerabilities and Make Way stakeholders. VSO pretested it in Rwanda and Kenya. ICSC 1.0 was then rolled out across Zambia, Uganda, Kenya, Ethiopia, and Rwanda. ICSC 2.0 incorporates lessons from four sources: extensive practical feedback from the initial two-year roll-out, an evaluation report that identified strengths and weaknesses and made recommendations, a dedicated research project to identify the extent to which the ICSC was sufficiently intersectional and a field trial of the draft of the new version of the manual in Kenya. Make Way stakeholders revised and validated the new draft before finalization. The updated manual provides specific, practical guidance for applying the ICSC process based on the accumulated evidence and stakeholder validation.

# MODULE 1

## INTRODUCTION

**Learning/Training Objectives/Outcomes:** participants understand key concepts (intersectionality, social accountability), and practical considerations, steps, and tools for applying the ICSC.

Note, this section can include details from the programme/project adopting the ICSC. This manual can be used for a number of different initiatives, with some adaptation.

## SESSION 1: INTRODUCTION

<b>Session Objective</b>	By end of session, participants understand social accountability and how it links to and serves advocacy, in particular for SRHR.
<b>Process</b>	<ul style="list-style-type: none"> <li>Use “buzz-group” discussions to assess participant baseline knowledge about social accountability.</li> </ul>
<b>Inputs/Resources</b>	Projector, flip charts, marker pens
<b>Time</b>	15 minutes
<b>Tips for the Facilitator</b>	Use the introductory session to gauge participants’ overall understanding of social accountability.

### Session Content

#### What is social accountability?

Social accountability refers to formal or informal mechanisms through which citizens, communities and primary actors (rights-holders), often with or as part of civil society organizations, engage to bring state officials or service providers to account (rights duty-bearers) for their commitments or responsibilities. Social accountability is considered an important approach to build bottom-up democratic governance processes, since it takes place precisely where the state and citizens interact, whether or not institutional space for this exists. The direct participation of citizens distinguishes social accountability from other mechanisms of accountability.<sup>1</sup>

Implementing social accountability work involves facilitating people to conduct context analyses to assist with accountability planning and implementation and supporting them to select, design and implement contextually appropriate tools (the ICSC!) for assessing and monitoring public policy and services. As part of that, it may involve creating opportunities for people to engage duty-bearers to (self-)assess the quality of service provision against community expectations (which the ICSC supports users to do), facilitating the ability to identify gaps in knowledge and understanding of the workings of various service delivery systems and gathering evidence to support planning. Furthermore, social accountability work supports people to identify key allies and champions in government, private and civil society sectors that can support them in claiming their rights as well as facilitating the opening of spaces for dialogue, engagement and negotiation for them to claim their rights.

<sup>1</sup> Camargo, C.B. and E. Jacobs, “Social Accountability and its Conceptual Challenges: An analytical framework”, Basel Institute on Governance, *Working Paper Series*; 16: 2019. [https://baselgovernance.org/sites/default/files/2019-04/biog\\_working\\_paper\\_16.pdf](https://baselgovernance.org/sites/default/files/2019-04/biog_working_paper_16.pdf)

### What is a Community Score Card (CSC) in the context of SRH services and SRHR advocacy

A CSC is a social accountability tool that fosters interaction between service users and providers to produce improvements for people to realize their SRHR. It enables groups, such as vulnerable youth (YWCV) and health workers to assess the availability, accessibility, acceptability and quality (AAAQ) of SRH services and to implement corrective actions. CSCs are adaptable across themes and sectors: support feedback, strengthen advocacy, and open civic and political spaces.

## SESSION 2: KEY TERMS IN THE MANUAL

<b>Session Objective</b>	By session's end participants understand intersectionality, its role in SRHR advocacy and its adaptation within the ICSC.
<b>Process</b>	<p><b>Facilitators can use buzz groups to introduce intersectionality and the Community Scorecard's role in SRHR advocacy.</b></p> <ul style="list-style-type: none"> <li>• Draw a flower on a flipchart. Choose 6–7 identity categories relevant to participants (e.g., sex, race, class, age, ability, location). Write one per petal.</li> <li>• Use the flower to show layers: center for nationality (Kenyan), inner for personal identities (female, Muslim), outer for identities in power (male, Catholic). Discuss traits linked to the most powerful groups.</li> </ul> <p><b>Have participants draw flowers and answer briefly:</b></p> <ul style="list-style-type: none"> <li>• How many traits differ from the dominant identity; which are unchangeable?</li> <li>• What does this imply about power?</li> <li>• How might this influence organizing?</li> </ul> <p><b>Group reflection:</b></p> <ul style="list-style-type: none"> <li>• What does the exercise reveal about us?</li> <li>• Where are differences/similarities to dominant power, and how might they affect work?</li> <li>• What does this say about identity and power?</li> </ul> <p><b>Introducing the Intersectional Community Scorecard:</b> Use buzz groups to explain the Score , then present a brief slide deck on the intersectional approach of the Scorecard.</p>
<b>Inputs/Resources</b>	Projector, flip charts marker pens, slides on the concepts of intersectionality, <a href="#">Intersectionality 101</a> , and Community Score Card.
<b>Time</b>	60 minutes
<b>Tips for the Facilitator</b>	This session maps identities shaping lives. The Power Flower explores intersecting identities, their oppression and privilege, and introduces the intersectional Community Score Card.
<b>Reference material</b>	Power Flower Tool (see Annex 5A/5B ), Guttmacher definition of SRHR <sup>2</sup>

<sup>2</sup> <https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary>

## Session Content

### Key terms in the ICSC Manual

Refer to the section on Definition of Terms above.

### What is intersectionality?

Intersectionality recognizes identities and social positions, e.g., age, ethnicity, disability, gender, religion, sexual orientation, socio-economic status, etc.—that combine to shape experiences, conditions, and perspectives.

### Scope of the Intersectional CSC (ICSC)

Programming to improve SRH service delivery for young people can use an intersectional Community Score Card to strengthen YWCV–duty-bearer engagement and improve SRH AAAQ outcomes. Programme outcomes: (1) YWCV at the centre of ICSC design, (2) core activities with sustained YWCV participation, (3) improved SRH services meeting YWCV needs, especially AAAQ gains. See Annexes 1A, 1B and 2 for intersectionality standards and data management.

## SESSION 3: STRUCTURE FOR IMPLEMENTING THE ICSC

<b>Session Objective</b>	By session's end, the facilitator should give participants a practical understanding of implementing the ICSC.
<b>Process</b>	The facilitator introduces the structure for implementing the ICSC via a PowerPoint presentation (PPT).
<b>Inputs/Resources</b>	Projector, flip charts marker pens, PPT slides on the Make Way objectives.
<b>Time</b>	30 minutes
<b>Tips for the Facilitator</b>	<ul style="list-style-type: none"> <li>• Introductory session to gauge participants' overall understanding of the ICSC.</li> <li>• Discussion should focus on administrative and logistical implications. The facilitator must bring a clear breakdown of partnership arrangements, roles and responsibilities, and estimated costs (see Annex 3 for cost estimates).</li> </ul>
<b>Reference material</b>	The ICSC manual

## Session Content

### Structure for the intersectional CSC process

The ICSC requires structured implementation. Below are the actors, their roles, coordination responsibilities and timelines.

#### a) CSO or other social impact organization

This is the entity that advances the ICSC, providing technical and admin support and coordinating implementation. Roles include:

- Providing technical guidance, capacity building and mentorship.
- Providing admin and logistical support to integrate ICSC.
- Overseeing implementation progress.
- Identifying advocacy issues from ICSC findings and advising on national to global lobbying.

**b) Community, youth organization**

This is the group engaging vulnerable youth (YWCV) or a youth-led organization—facilitates the ICSC, supports Community Facilitators, and works with others to implement activities.

**c) Community Facilitators**

Community Facilitators drive the ICSC: mobilize stakeholders (YWCV and SRH providers), carry out the manual steps, and uphold Do No Harm. Desired characteristics:

- Preferably from vulnerable youth/YWCV groups.
- Commit to training and the five steps.
- Reach stakeholders and support YWCV.
- Facilitate constructive dialogue between youth and providers.
- Submit brief progress reports (Annex 10), take notes, and report to participants.

**d) Animators**

Animators represent target groups, present issues in the ICSC forums (interface meetings, joint monitoring committee), act as spokespeople, follow up and provide testimony.

## MODULE 2: PREPARING FOR THE ICSC PROCESS<sup>3</sup>

**Learning outcome:** By module’s end, facilitators will help participants prepare an effective ICSC: secure community and duty-bearer commitment, identify core barriers and most-affected groups, map stakeholders and their mobilization plans, assess risks and mitigation.

### SESSION 1: GETTING TARGET COMMUNITY AND DUTY BEARER BUY-IN

<b>Session objective</b>	By end of session, the facilitator should be able to perform as aforementioned.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Identify community gatekeepers and relevant government offices/officers involved in SRH and youth work.</li> <li>• Select target community groups and implementation sites (guided by concentrations of young people).</li> <li>• Schedule meetings with stakeholders and make courtesy calls/visits to introduce the ICSC to gatekeepers and local SRH officials.</li> <li>• Share the draft ICSC timeline with stakeholders, showing when their input is needed.</li> <li>• Negotiate dates and finalize the ICSC schedule.</li> </ul>
<b>Input and resources</b>	Flipcharts, post-it notes, PPT
<b>Time</b>	24 working hours
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Stay flexible and welcome suggestions from community groups and duty-bearers to improve the ICSC process.</li> </ul>
<b>Reference materials</b>	<a href="#">Video on the ICSC</a> , <a href="#">infographic on the ICSC process</a> , ICSC manual, safeguarding policy, local government reports

<sup>3</sup> Additional guidance on preparations for the ICSC process can be found in Annex 1.

## Session Content

### a) YWCV participation

This manual helps vulnerable youth (YWCV) use the ICSC to advance SRHR. It seeks three outcomes: (1) ICSC objectives explicitly address YWCV SRH needs and priorities, including improvements in availability, accessibility, acceptability and quality (AAAQ), (2) YWCV as primary target of ICSC processes, (3) YWCV engaged to participate in ICSC activities. Operationalizing participation means disaggregating cohorts by age (e.g., 14–18, 18–24, 24+), and considering identity factors, e.g., sexual orientation, gender identity, marital status, ethnicity, religion, disability, refugee status are applied safely. Map social capital (income, education) and contexts (e.g., IDP settlements) to inform inclusive engagement.

### b) Duty-bearer participation and participation by other stakeholders

For YWCV to enjoy SRHR, SRH policies, delivery systems and community attitudes must change. Duty-bearers, e.g., policy-makers, frontline staff and community leaders, including faith-based leaders, custodize these systems and attitudes. They must also be actively included in the ICSC to influence the systems, processes, policies and norms that affect YWCV's SRH rights.

## SESSION 2: PROBLEM ANALYSIS

<b>Session objective</b>	By session's end, facilitators should enable participants to analyze and prioritize: main barriers to youth SRH access, strategies to mobilize key stakeholders, concrete steps and obstacles, target and most excluded groups, ICSC risks.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Use a participatory problem tree to map root causes, key manifestations, and effects on vulnerable youth.</li> <li>• Make the selected problems the focus of the ICSC process.</li> </ul>
<b>Input and resources</b>	Secure venue for participants, transport facilitation for the young people, snacks for participants, flip charts and marker pens
<b>Time</b>	120 minutes.
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Divide participants into groups (by gender, age, or other relevant distinctions) to identify challenges accessing SRH services at local health facilities.</li> <li>• Ensure participants' safety and confidentiality to enable full disclosure.</li> </ul>
<b>Reference materials</b>	Problem tree <a href="#">template example</a> , <a href="#">problem tree example</a> .

## Session Content

Conduct a problem analysis to identify priority ICSC areas. Support YWCV to identify root causes and community impacts, and capture barriers to holding powerholders accountable and local solutions. Map health and participation rights for the most vulnerable groups and contexts. Review national SRH legal and policy frameworks and scan the policy ecosystem, e.g., constitution, laws, policies and strategies (e.g., gender and youth policies) to identify rights. Repeat regionally and internationally, e.g., African Charter, United Nations Convention on the Rights of Persons with Disabilities, United Nations Convention on the Rights of the Child) and confirm ratification, since ratification creates obligations (e.g., Kenya's 2010 Constitution). SRH services include clinical care for contraception, maternal/newborn, HIV/STI prevention and treatment, safe abortion, infertility and cervical cancer care and prevention/education/support through comprehensive

sexuality education, GBV prevention and counseling as well as sexual wellbeing counseling. When scanning instruments, check whether they explicitly reference these provisions (e.g., Convention on the Elimination of All Forms of Discrimination Against Women on GBV). See Problem Tree (Annex 4) for details and guidance.

### SESSION 3: SOCIAL EXCLUSION AND GENDER ANALYSIS (SEGA)

<b>Session objective</b>	By session's end, facilitators should enable participants to analyze which groups are most affected by limited SRH access.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Divide youth into groups.</li> <li>• In groups, ask them to identify those usually excluded from decision-making spaces and those most affected by limited SRH access in their community, and explain why.</li> </ul>
<b>Input and resources</b>	Secure venue for the participants, transport facilitation for the youth, snacks for the participants, flip charts and marker pens.
<b>Time</b>	60 minutes
<b>Tips for facilitators</b>	Review the SEGA report to confirm and, if needed, expand the list. Mobilize the youth groups identified as usually excluded from decision-making in the next ICSC steps.
<b>Reference materials</b>	Problem analysis report (session 2).

#### Session Content

Doing a SEGA provides an analysis that examines how political, economic, social and cultural power are distributed, identifies decisive factors and influential actors within a policy environment and determines how to engage these duty bearers to initiate change in improving access to and provision of services. Through the SEGA, participants reflect on and map the systems of social exclusion and gender inequality and obtain clarity about how the two relate to marginalization and vulnerability within communities.

The SEGA helps facilitators identify how intersectional issues raised in the problem analysis affect different social groups and identities, and ensures identity and discrimination are considered, so responses meet diverse community needs.

### SESSION 4: STAKEHOLDER ANALYSIS<sup>4</sup>

<b>Session objective</b>	By session's end, facilitators should equip participants to analyze SRH service stakeholders, including each stakeholder's influence and interest.
<b>Process</b>	<ul style="list-style-type: none"> <li>• In FGDs, ask participants to list all stakeholders involved in community SRH.</li> <li>• Map who has interest and influence on the ICSC's main objective.</li> <li>• Rate each stakeholder's power/influence (high/medium/low) and their interest (high/medium/low).</li> <li>• Plot stakeholders on an interest–influence matrix.</li> </ul> <p><b>Note:</b> Define actors precisely, by breaking large entities (e.g., government) into specific agencies or individuals.</p>

<sup>4</sup> For this Session, a facilitator may choose to use the Power Flower Tool in Annexes 5A and 5B.

<b>Input and resources</b>	Flip charts, marker pens
<b>Time</b>	120 minutes
<b>Tips for facilitators</b>	Mobilize youth identified under SEGA to participate in this process. Conduct the stakeholder mapping not only with the youth but also with duty bearers.
<b>Reference materials</b>	<ul style="list-style-type: none"> <li>• Context analysis report.</li> <li>• SEGA report (session 3)</li> </ul>

### Session Content

Stakeholder analysis identifies who should join the ICSC process. Map main actors and narrow the list by the problem/solution objective. If the objective is constructing youth-friendly centres, focus analyses on relevant actors. Use the Power Flower (individually, in youth groups, or with stakeholders including duty-bearers) to show how intersecting identities shape power (Annexes 5A and 5B).

## SESSION 5: RISK ANALYSIS

<b>Session objective</b>	By session end, facilitators should equip participants to identify ICSC issues that could cause harm or risks and to mitigate their impacts.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Record all ICSC process steps.</li> <li>• Divide participants into groups. Each group identifies likely risks for activities under each step and proposes alternatives to avoid them.</li> <li>• Enter the risks and proposed mitigations into a risk-and-mitigation matrix.</li> <li>• Validate the matrix in plenary.</li> </ul>
<b>Input and resources</b>	Risk assessment and mitigation matrix
<b>Time</b>	90 minutes
<b>Tips for facilitators</b>	Facilitators should be aware of ICSC risks and appropriate mitigation measures. Refer to the ICA report and other context materials to inform these precautions.
<b>Reference materials</b>	<ul style="list-style-type: none"> <li>• Safeguarding policy<sup>5</sup></li> <li>• The ICSC manual (risk assessment and mitigation matrix)</li> </ul>

### Session Content

ICSC is highly political because it challenges power relations and can touch contextually sensitive issues, drawing negative attention from threatened power holders and stakeholders. To prevent backlash, analyze potential risks and mitigate them by proposing safer alternatives to risky activities. Facilitators should consult relevant organizational safety and security guidance.

<sup>5</sup> See VSO's Safeguarding Policy as an example: [https://www.vsointernational.org/sites/default/files/2022-09/Global%20Safeguarding%20Policy\\_March%202022.pdf](https://www.vsointernational.org/sites/default/files/2022-09/Global%20Safeguarding%20Policy_March%202022.pdf)

## SESSION 6: MOBILIZATION

<b>Session objective</b>	By session's end, facilitators should equip participants to mobilize and secure key stakeholder participation in the ICSC process.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Draft a schedule of ICSC events, activities, and stakeholder participation.</li> <li>• Invite relevant stakeholders, specifying exact dates when their presence is required.</li> <li>• Visit key stakeholders to confirm dates and arrangements.</li> <li>• Update and finalize the schedule based on agreements, share it with stakeholders, and send reminders as needed.</li> </ul>
<b>Input and resources</b>	Logistics necessary for mobilization
<b>Time</b>	24 working hours
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• This stage, distinct from community and duty-bearer buy-in, works closely with gatekeepers to reach, inform, and engage the right stakeholders.</li> <li>• Beyond formal invitation letters, make physical visits to build trust and personal relationships.</li> </ul>
<b>Reference materials</b>	Calendars, diaries, ICSC activity schedules

### Session Content

Mobilization launches the engagement phase of the ICSC. It invites stakeholders, sets rules of engagement (including event dates), and secures their consent. Facilitators sensitize key actors about the process to prepare for work in Step 2. **Note to facilitator:** Welcome stakeholder suggestions, accommodate necessary changes to the activity plan, and support the process.

## MODULE 3: SEXUAL REPRODUCTIVE HEALTH RIGHTS AWARENESS

**Learning outcomes:** By module's end, facilitators should enable participants to understand youth SRH and related rights, empower YWCV, and sensitize duty-bearers and other power-holders.

### SESSION 1: RIGHTS ANALYSIS (INPUT TRACKING)

<b>Session objective</b>	By session's end, participants should be able to analyze policy, regulatory, and legal frameworks promoting youth SRH and related rights from local to supranational levels.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Form focus group discussions (FGDs) by intersectional criteria (participants' identities).</li> <li>• Ask groups to list challenges/barriers youth face realizing their SRHR and related rights, and who is most affected (use prior problem analysis and SEGA).</li> <li>• Identify which rights the barriers violate.</li> <li>• List relevant sub-national, national, and supranational laws, policies, and regulations that should protect those rights.</li> </ul>

	<ul style="list-style-type: none"> <li>• Have each group present in plenary to validate their analyses.</li> </ul>
<b>Input and resources</b>	Examples of the Input tracking/Rights Analysis Matrix (See Annex 6A and 6B), law and policy documents on youth SRH
<b>Time</b>	120 minutes
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Gather relevant policies, laws, and regulations on youth SRH from local to supranational levels prior to the plenary.</li> <li>• Prioritize facility-level rules and guidelines that impede YWCV access to services.</li> <li>• Allow sufficient time for this review.</li> <li>• Before finalizing the Rights Analysis Matrix, review all documents, especially those addressing targeted vulnerable youth and any special provisions.</li> </ul>
<b>Reference materials</b>	<p>Problem analysis and SEGA</p> <p>Supranational frameworks: WHO SRH standards, ICPD, SDG 3, ICESCR (General Comment 22, 2016)</p> <p>National frameworks: national SRH policies; Maputo Protocol Article 14 (health and reproductive rights)</p> <p>Sub-national frameworks: facility service charters</p>

### Session Content

Analysis of rights is critical to establishing exact obligations and commitments of duty bearers to upholding youth SRH and related rights. Without this analysis, it would be impossible to identify the obligations and commitments, curtailing meaningful engagement with both the right holders and the duty bearers. Once the rights, commitments and obligations are known, then the engagement with different stakeholders becomes purposeful.

## SESSION 2: RIGHT AWARENESS AND SENSITIZATION

<b>Session objective</b>	By session's end, facilitators should equip participants to raise YWCV awareness of their rights and entitlements, sensitize duty-bearers to their SRH obligations, and deepen both groups' understanding of how the ICSC supports youth SRH and related rights.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Identify relevant YWCV and duty-bearers for awareness and sensitization.</li> <li>• Schedule separate meetings at agreed venues.</li> <li>• Agree the meetings' rules and objectives.</li> <li>• Conduct awareness sessions for YWCV and sensitization sessions for duty-bearers.</li> </ul>
<b>Input and resources</b>	Flipcharts, markers, projector, slide presentations, and Q&A. Where possible, include rights experts (e.g., child protection) in awareness and sensitization sessions.
<b>Time</b>	8 hours
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Know the target audiences and adapt content for different groups.</li> <li>• Match sessions to participants' literacy and use accessible language.</li> </ul>

	<ul style="list-style-type: none"> <li>• Highlight specific rights and entitlements for targeted vulnerable youth. Be explicit e.g., under Law X and Policy Y, adolescent girls with disabilities are entitled to free specialist prenatal care from months 3–9.</li> <li>• Use the mapping of rights violations and the policy ecosystem from the previous session (module 4, session 1) in duty-bearer sessions to strengthen the intersectional focus, turning them into Intersectional Rights Awareness sessions.</li> </ul>
<b>Reference materials</b>	SRH country context; laws, policies, guidelines and regulations for SRH at global, continental, regional, national, subnational and local levels
<b>Tools to be used</b>	Examples of the Input tracking/Rights Analysis Matrix (See Annex 6A and 6B),

### Session Content

Session content should be tailored to the existing audience. In the case of duty-bearers, it should be towards sensitizing them on existing SRHR laws, policies and regulations which they should abide by. In the case of YWCV, it should be to raise their awareness on the frameworks for promoting their right to AAAQ SRH services.

## MODULE 4: YOUTH ASSESSMENT OF SRH SERVICES

**Learning outcome:** By module's end, facilitators should equip participants to help YWCV generate evidence reflecting their perceptions of government performance on SRH and related rights.

### SESSION 1: ISSUE GENERATION

<b>Session objective</b>	By session's end, facilitators should enable participants to support YWCV in assessing SRH services at target facilities.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Meet identified vulnerable youth/YWCV at the agreed venue and confirm objectives and ground rules.</li> <li>• Divide participants into FGDs by identity/dynamics (age, location, gender) for in-depth discussion.</li> <li>• In plenary, ask youth to list broad issues related to the ICSC objective.</li> <li>• Ensure a safe space so further-marginalized youth (e.g., youth with disabilities, LGBTQ+ youth) can speak. Make sure that participation in that safe space can be discreet.</li> <li>• Each FGD selects 8–10 priority issues for the ICSC.</li> <li>• Reconvene in plenary and have each group present their chosen priorities.</li> </ul>
<b>Input and resources</b>	Flip charts, markers, ball stick
<b>Time</b>	60 mins
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Refer to the problem analysis and SEGA when mobilizing youth participants.</li> </ul>

	<ul style="list-style-type: none"> <li>• Use gatekeepers with networks among vulnerable youth/YWCV as primary entry points; without them, facilitators may struggle to gain community acceptability.</li> <li>• Monitor group dynamics, as these should guide group formation.</li> </ul>
<b>Reference materials</b>	Problem analysis report; SEGA report; facility service charters, facility records and materials (patients charter, cost breakdown records etc.)
<b>Tools to be used</b>	<a href="#">Example FGD guide to adapt</a>

## Session Content

Refer to the process above.

## SESSION 2: ISSUE PRIORITIZATION<sup>6</sup>

<b>Session objective</b>	By session's end, facilitators should enable participants to prioritize identified issues and select the most critical ones for the ICSC process.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Create a square grid with rows and columns equal to the number of issues.</li> <li>• Label both axes with the issues.</li> <li>• Have participants compare and vote each issue against the others.</li> <li>• Tally votes for each issue.</li> <li>• Rank issues from most to least votes.</li> </ul>
<b>Input and resources</b>	Flip charts, markers
<b>Time</b>	60 min
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Ensure participants know how to pair issues so lower-priority items are not elevated.</li> <li>• If there are six or fewer issues, all can be taken to the interface meeting.</li> <li>• Split youth into subgroups when some issues have unique causes or effects.</li> <li>• Merge scores for common issues at the end, but document the diverse reasons behind each score.</li> <li>• Group-specific problems (e.g., related to AAAQ of SRH services) should be scored by those groups; afterwards pool common and group-specific issues into a single summary scorecard that notes the 'why'.</li> <li>• Best practice: give young people safe sub-groups for identification and scoring, then bring groups together to share. E.g., Ethiopia (by sex) and Mansa, Zambia (youth with disabilities and LGBTQ+).</li> </ul>
<b>Reference materials</b>	Scoring matrix examples (Annex 7A and 7B)
<b>Tools to be used</b>	Pairwise ranking matrix (refer to Annex 8)

<sup>6</sup> In our experience in Zambia during the ICSC roll out using manual 1.0, prioritisation of issues came after scoring. For the other four countries (Kenya, Ethiopia, Uganda and Rwanda), prioritisation of issues came before scoring. The consensus under this version of the manual is to prioritise issues before scoring them.

## Session Content

Refer to the process above.

### SESSION 3: ISSUE SCORING

<b>Session objective</b>	By session's end, facilitators should enable participants to quantify the magnitude of YWCV challenges/issues they face by scoring issues and explaining their reasons.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Agree on the main issues and introduce a scoring matrix with these columns: Issue, Indicator, Score, Reason.</li> <li>• List 5–7 agreed issues in the Issue column. In Indicator describe the ideal outcome if resolved.</li> <li>• In Score have participants rate the current situation (1 = very bad to 5 = very good).</li> <li>• In Reason note a brief explanation for each score.</li> </ul>
<b>Input and resources</b>	Flip charts, markers, ball stick
<b>Time</b>	60 min
<b>Tips for facilitators</b>	Ensure participants convene at a neutral venue to allow them to speak out freely.
<b>Reference materials</b>	Problem analysis report, SEGA report, facility service charters, records and materials (patients charter, cost breakdown records etc.)
<b>Tools to be used</b>	Score matrix (see Annex 7A and 7B)

## Session Content

Refer to the process above.

### SESSION 4: CHOICE OF ANIMATORS

<b>Session objective</b>	By session's end, facilitators should equip participants to select animators to present issues at the interface meeting.
<b>Process</b>	Lead participants to vote on who can present issues raised during the interface meeting. Choose no more than 2 animators to present the issues.
<b>Input and resources</b>	None
<b>Time</b>	15 min
<b>Tips for facilitators</b>	Pay attention to presenters who are able to articulate issues as they do the presentations. Ensure the animators chosen are confident enough to speak in front of duty bearers.
<b>Reference materials</b>	None
<b>Tools to be used</b>	None

## Session Content

The animators are chosen from groups identified during mobilization. They will represent each group of people participating in the ICSC process. Chosen from both service users and service providers, they're charged with representation of the views of the rest of the group members during the interface meeting.

# MODULE 5: DUTY BEARERS' SELF-ASSESSMENT

By module's end, facilitators should equip participants to guide frontline staff and other duty-bearers in conducting facility performance self-assessments.

## SESSION 1: ISSUE SCORING

<b>Session objective</b>	By session's end, facilitators should enable duty-bearers and providers to self-assess YWCV-raised issues.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Explain the ICSC process and its modules to service providers and duty-bearers.</li> <li>• Present the issues raised by YWCV and outline the expected responses.</li> <li>• Allow providers to discuss their scores and justify each rating.</li> </ul>
<b>Input and resources</b>	Markers, flip charts, ball stick.
<b>Time</b>	40 – 60 min
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Choose a conducive venue and schedule when all relevant duty-bearers can attend.</li> <li>• Explain the scoring process and agree the score range.</li> <li>• Keep discussion focused on youth-raised issues; defer detailed defenses to the interface meeting.</li> <li>• Mobilize relevant service providers whose offices serve youth and ensure they understand scoring is based on youth-generated issues.</li> </ul>
<b>Reference materials</b>	Problem analysis report, SEGA report, service charters Facility records and materials (patients charter, cost breakdown records etc.)
<b>Tools to be used</b>	Scoring matrix developed by the YWCV (as service users)

## Session Content

*Refer to the process above.*

## SESSION 2: CHOICE OF ANIMATORS

<b>Session objective</b>	By session's end, facilitators should enable participants to select service-provider/duty-bearer animators to present self-assessments at the interface meeting.
<b>Process</b>	Lead service providers to vote on two animators to present their self-assessment scoring matrix during the interface meeting.
<b>Input and resources</b>	Flip chart, marker
<b>Time</b>	10 minutes
<b>Tips for facilitators</b>	Ensure the people chosen can articulate issues comprehensively.
<b>Reference materials</b>	None
<b>Tools to be used</b>	None

### Session Content

#### Choice of animators and finalizing of Step 4

Like Module 4, Module 5 is finalized by informing service providers/duty-bearers of the ICSC's next steps (see Module 6). Service providers should select an animator from among themselves to represent their issues at the interface and attend the interface meeting to help develop a joint action plan addressing concerns of both providers and vulnerable youth (YWCV). Duplicate the providers' scoresheet and leave a copy with their animator. Inform animators and duty-bearers of the interface venue, date, and expected outputs.

## MODULE 6: INTERFACE MEETING, ACTION PLANNING, ADVOCACY, FOLLOW UP AND CLOSURE

**Learning outcome:** by module end, facilitators should enable participants to run an Interface Meeting, create Joint Action and Advocacy Plans, form a Joint Monitoring Committee, and close ICSC.

### SESSION 1: PREPARATION FOR INTERFACE MEETING

<b>Session objective</b>	By session's end, facilitators should enable participants to prepare an interface meeting where users and providers discuss improving SRH services.
<b>Process</b>	<ul style="list-style-type: none"> <li>• The interface meeting brings users and providers together to jointly resolve SRH service obstacles; strong facilitation ensures productive outcomes.</li> <li>• In groups, ask how to make the meeting: safe for free speech, inclusive and representative, comfortable, engaging, time-aware, and issue-focused (no personal attacks).</li> <li>• Have groups present, address clarifications in plenary, and use a slide to reinforce key preparation points.</li> </ul>
<b>Input and resources</b>	PPT slide on preparing for interface meeting, sticky notes, Flip Charts, Masking Tape
<b>Time</b>	30 min
<b>Tips for facilitators</b>	The interface meeting must resolve SRH obstacles and produce a Joint Action Plan owned by all stakeholders. Consider:

	<p><b>Facilitation:</b> Choose a lead (and co-facilitator) skilled in conflict resolution and managing diverse groups to reduce power imbalances; arrange non-hierarchical seating (circle/café).</p> <p><b>Animators:</b> Peers select animators; use role-play to surface exclusion while protecting identities.</p> <p><b>Invitees:</b> Include strategic local stakeholders (e.g., CSOs led by or working with PWDs) for technical input and legitimacy.</p> <p><b>Logistics and safety:</b> Confirm all attendees, ensure safety, comfort, enable free expression, clarify issues, and set timing for outcomes.</p>
<b>Reference materials</b>	Any material on facilitation skills for meeting
<b>Tools to be used</b>	ICSC manual

## Session Content

The interface meeting is central to the ICSC, without it the process is incomplete. During preparation, selected vulnerable youth (YWCV) and duty-bearers must be informed of the agenda, date, venue, time, and expectations. Facilitators should visit the site beforehand to assess suitability. Check: (a) accessibility for all participants, including PWDs, (b) seating suitability, (c) a wall or vertical surface for displaying score sheets, (d) venue free from interference and confirm logistics, accessibility, privacy, lighting, and clear acoustics.

### Agenda setting in the Interface Meeting

- Opening prayer (where appropriate)
- Introduce facilitation team and roles
- State meeting purpose and expected outputs
- Review the SRH Code of Conduct
- Present issues from Steps 3 and 4 (animators)
- Discuss emerging issues
- Develop a segmented action plan (short-, mid-, long-term)

## SESSION 2: FACILITATING THE INTERFACE MEETING

<b>Session objective</b>	By session's end, facilitators should enable participants to lead an interface meeting that produces a jointly agreed action plan to improve SRH services for YWCV.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Open the meeting (prayer, national anthem, or both as appropriate).</li> <li>• Acknowledge both users and providers.</li> <li>• Review the agenda: purpose, items, and timing.</li> <li>• Confirm animators from users and providers.</li> <li>• Set ground rules for presentations and responses.</li> <li>• Users' animator posts the score sheet and presents, discussing each issue fully and calling on participants to add or clarify.</li> <li>• Ensure providers have a full, uninterrupted opportunity to respond.</li> <li>• After the users' presentation, the providers' animator presents in the same way.</li> </ul>
<b>Input and resources</b>	Flip charts, masking tape, marker pens

<b>Time</b>	60 minutes
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Minimize confrontation and antagonism.</li> <li>• Allow sufficient time for participants to explain their scoring reasons.</li> <li>• When presenting youth scores to duty-bearers: <ul style="list-style-type: none"> <li>○ Preserve and share minority “why” explanations—low scores from a few may reflect intersecting vulnerabilities.</li> <li>○ Recognize identical scores can mask different reasons.</li> <li>○ Document and present the diversity of experiences behind scores so actions address specific needs.</li> </ul> </li> </ul>
<b>Reference materials</b>	Vulnerable youth and Service Provider Scoring Matrix
<b>Tools to be used</b>	Notepad to record presentations and discussion

### Session Content

#### Seating arrangement

Seat users and providers opposite each other with facilitators between them to mediate and protect vulnerable youth. If the group feels safe, mixed seating is acceptable.

#### Roles & responsibilities

- Lead facilitator guides the discussion and clarifies issues.
- Assisting facilitator records emerging points and supports the process.

#### Facilitation and discussion

- Youth animators present the YWCV score sheet first, explaining issues, scores, and reasons with examples.
- Service providers present and explain their scores next.
- Facilitate a joint discussion, prioritizing actions for items with the lowest scores.

## SESSION 3: JOINT ACTION PLANNING

<b>Session objective</b>	By session’s end, facilitators should equip participants to create a Joint Action Plan improving SRH services.
<b>Process</b>	To conclude the interface meeting, agree activities to address issues from the scorecards and record them in a visible Action Plan Matrix. Steps: <ul style="list-style-type: none"> <li>• Introduce the matrix while discussing low-scoring issues from users and providers.</li> <li>• Display the matrix where everyone can see it and explain how to complete it.</li> <li>• Ensure all participants contribute.</li> <li>• Guide the group to fill out the Action Plan Matrix.</li> </ul>
<b>Input and resources</b>	Flip chart, Marker Pens
<b>Time</b>	30 minutes
<b>Tips for facilitators</b>	Include a note-taker or a policy/advocacy representative in the interface meeting to record issues and gather details for escalation.
<b>Reference materials</b>	Score sheets from the users and providers
<b>Tools to be used</b>	Action Plan Matrix (refer to Annex 9)

## Session Content

### Identifying actions for the Action Plan

Display a flipchart between score sheets to record solutions. Separate locally addressable actions from those needing policy-level discussion (county or national). Return to evidence (step 5) when forming the plan and address diverse drivers of poor AAAQ to ensure systemic, equitable change. Adapting HIV testing hours can help youth, but groups like sex workers may need other times. Frame actions, e.g., "Facility X shift HIV testing 8–9 to 9–10 and add weekly 1–2 pm testing."<sup>7</sup>

## SESSION 4: FORMATION OF JOINT MONITORING COMMITTEE

<b>Session objective</b>	By session's end, facilitators should equip participants to form a Joint Monitoring Committee (JMC) to follow up the Joint Action Plan.
<b>Process</b>	<ul style="list-style-type: none"> <li>• Confirm and clarify agreed actions so everyone understands and commits.</li> <li>• Introduce the JMC, its purpose, duties, and responsibilities.</li> <li>• Ask participants to propose JMC members—ensure an odd number with both users and providers represented.</li> <li>• Facilitate proposing and seconding of representatives.</li> <li>• Have JMC members agree the date, time, and venue for their first meeting.</li> <li>• Inform new members they will use the first meeting to set the JMC's full meeting schedule and activities.</li> </ul>
<b>Input and resources</b>	Flip chart, Marker pens, PPT slide on the JMC and its importance
<b>Time</b>	15 minutes
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Keep JMC membership odd-numbered.</li> <li>• Include service providers from youth-friendly centres or with direct youth contact.</li> <li>• Elect a chair with influence or the highest office at the facility.</li> </ul>
<b>Reference materials</b>	Action Plan Matrix
<b>Tools to be used</b>	Flip chart, Notebook

## Session Content

Form a Joint Monitoring Committee (JMC) after the Joint Action Plan is agreed. The JMC should have 5–11 volunteers advocating for youth SRH, include facility staff, and at least one facility management committee/board member.

### JMC role:

1. Hold monthly meetings to review progress.
2. Monitor and follow up with responsible parties.
3. Report to Collaborating Partners.
4. Conduct advocacy at community and higher levels.
5. Feed into the facility annual workplan.

<sup>7</sup> Best practice suggestion: implementers review progress through an inclusion lens and engage duty-bearers on omitted concerns.

**Membership:**

- ICSC participants who attended the Interface Meeting.
- A community service user or provider.
- Trusted community representatives committed to SRH improvements.

**To function:**

- Link to existing structures (e.g., facility committee).
- Provide advocacy and tracker training.
- Support basic logistics temporarily, as funds allow.
- Offer technical support until self-sustaining.
- Connect YWCV to advocacy platforms.
- Hold periodic reviews and repeat scorecards every 6–9 months.
- JMC members should be volunteers committed to youth rights and accountability work.

**SESSION 5: ADVOCACY PLAN, FOLLOW UP AND CLOSURE**

<b>Session objective</b>	By session's end, facilitators should equip participants with skills to use ICSC issues to advance SRH advocacy goals, develop a JMC follow-up schedule, and formally close the ICSC process.
<b>Process</b>	<p><b>After the Joint Action Plan is agreed and the JMC formed:</b></p> <ul style="list-style-type: none"> <li>• Review the Plan's issues with the JMC, facility staff, and Make Way advocacy staff (if present).</li> <li>• Separate facility-level issues from those needing external intervention.</li> <li>• Convert external issues into an advocacy strategy: issue, key actions, target actors, message, and expected change.</li> <li>• Share these with the Make Way advocacy team for escalation.</li> <li>• Set a JMC follow-up schedule (weekly, monthly, or quarterly as appropriate).</li> <li>• Agree a final meeting date to close the follow-up—ideally after issues are resolved.</li> <li>• Upload the advocacy issues and follow-up schedule to the D4A hub for storage, access, and tracking.</li> </ul>
<b>Input and resources</b>	Extra time after the interface to review the Joint Action Plan and separate facility-level from advocacy issues.
<b>Time</b>	45 mins
<b>Tips for facilitators</b>	<ul style="list-style-type: none"> <li>• Invite the policy advocacy team to the interface meeting to identify issues for advocacy strategies and link the ICSC to policy processes. If they cannot attend, facilitators should gather advocacy-level issues and forward them.</li> <li>• Establish confidential reporting channels so duty-bearers can receive feedback from vulnerable groups without risking identification. Animators and the JMC should manage these channels and use the information to inform the ICSC while ensuring strict confidentiality.</li> </ul>
<b>Reference materials</b>	The Joint Action Plan, the MW Advocacy Strategy
<b>Tools to be used</b>	The Data for Advocacy (D4A) Hub

**Session Content**

### Turning scorecard issues into an advocacy plan

The scorecard generates facility-level and systemic issues. Local problems (staff conduct, cleanliness) are usually solved onsite. Systemic problems—low staffing, weak infrastructure, commodity shortages—require escalation to policy-makers via an advocacy strategy and tracking on the D4A Hub.

### The Data for Advocacy (D4A) Hub

The D4A Hub is a digital social-accountability platform paired with the mobile CSC app (KwantuGo) and a dashboard. It lets youth-led advocates collect and use data to influence government performance on family planning, reproductive health. The Hub is accessible to all at <https://www.d4ahub.org/portal/vso-hub>

### Structure of the Hub

- 1) Mobile CSC app (KwantuGo): offline data entry by youth volunteers and partners.
- 2) Web-based management portal: coordinates volunteers and project managers.
- 3) Public data portal: for analysis and data use.

### Objectives of the Hub

- Digitize youth voice by simplifying data collection.
- Centralize ICSC data via synchronization.
- Speed analysis through pre-arranged indicators.
- Archive user experiences for evidence.
- Enable trend comparisons across locations and time.
- Link with other dashboards.

### The Process of Uploading Advocacy Plans into the D4A Hub

<b>Step 1</b>	Community Score Card in a health facility	Youth volunteers and primary actors identify issues to form indicators for assessing service delivery at target facilities. Service users and providers independently score these indicators, then jointly develop and agree on actions to address them. (Following all ICSC steps)
<b>Step 2</b>	Enter data from CSC into mobile app	Youth volunteers log issues, group descriptions, scores, agreed actions, and track completion in the app.
<b>Step 3</b>	Data reviewed and approved by VSO	Mobile app syncs to the web when online then VSO reviews uploaded data to ensure data quality.
<b>Step 4</b>	Analyze data on D4A Hub	Approved data is anonymized and automatically sent to the D4A Hub. Youth volunteers use dashboards that summarize average scores by country/county/district or nationally, show action-plan status and counts per indicator, and offer filters by disability, youth group, and gender. Dashboards flag incomplete actions.
<b>Step 5</b>	Relay relevant actions for advocacy	For incomplete actions, analyze which indicators they affect and the implementation challenges, then send findings to the VSO advocacy team for follow-up.

## ANNEXES

### ANNEX 1A: ADDITIONAL GUIDANCE ON PREPARATIONS FOR THE ICSC PROCESS

Relevant ICSC Step	Content
Step 1: Prep	<p><b>1. Adaptation:</b> Implementers should adapt the ICSC manual to local realities (e.g., fragile settings where the full process isn't feasible) and to policy constraints (e.g., if SRHR terminology is contested).</p> <p>Best practice suggestion: reframe the ICSC/manual to align with government guidelines to secure buy-in.</p> <p>Also adapt language for your audience. Use national or local languages and simplify technical terms that lack direct translations (e.g., "duty bearers"), finding paraphrases that convey the same meaning. Language choices matter because participants will co-facilitate and must understand the process.</p> <p>Best practice suggestion: train youth facilitators on language use and simplification of ICSC terminology, making it easier for them to explain the ICSC to others.</p> <p><i>Note: Actions 2, 3 &amp; 4 below are applicable to all ICSC steps but should be considered and proactively planned during the preparation phase.</i></p> <p><b>2. Accessibility:</b> When planning ICSC implementation, consider participants' capacities and practical needs. Where, when, how long, and how sessions are facilitated. After recruitment, build in a short one-to-one needs check to capture individual needs and shape delivery.</p> <ul style="list-style-type: none"> <li>• <i>Day/time:</i> Schedule sessions to avoid clashes with work, caring duties, or study.</li> <li>• <i>Venue:</i> Choose a safe, neutral, and physically accessible space (consider transport, distance, and mobility).</li> <li>• <i>Communication:</i> Use jargon-free language; provide interpreters (including sign language) as needed; ensure materials are accessible for low-literacy participants.</li> <li>• <i>Session length:</i> Keep sessions age-appropriate, punctual, and mindful of participants' other commitments.</li> <li>• <i>Costs:</i> Reimburse travel and meal costs where needed.</li> <li>• <i>Support needs:</i> Plan for carers or accompaniment for people with disabilities and for young parents who cannot leave children.</li> </ul> <p><b>3. Do No Harm considerations</b> In the social accountability risk (including safety and security) analysis, identify how the ICSC could unintentionally harm each vulnerable group during the process or as a result of participation, with attention to gender dynamics and highly marginalized groups. Potential harms include:</p>

	<ul style="list-style-type: none"> <li>• Social: damaged relationships or networks, discriminatory retaliation, reduced access to SRH services, stigma, job loss.</li> <li>• Physical: assault, abuse, or health risks from travel.</li> <li>• Psychological: distress, guilt, fear, or retraumatization.</li> <li>• Dignity: humiliation, coercion, manipulation.</li> <li>• Economic: direct or indirect costs to participants.</li> <li>• Legal: exposure to prosecution under discriminatory laws.</li> </ul> <p>Plan and document mitigation steps. Expect some harms to emerge over time and schedule regular reflexivity sessions and ongoing risk assessments throughout the ICSC and be prepared to adapt the approach to protect participants.</p> <p><b>4. Building in reflexivity</b>  Reflexivity in intersectionality keeps the ICSC implementers self-aware and focused on transformative change. It requires recognizing biases, privileges, and positionality so analysis and interventions don't reinforce discrimination. Regular reflection on power and identity helps participants question assumptions and build critical consciousness about why marginalized groups are excluded and denied rights.</p> <p>Tools such as the Power Flower and the Power–Identity–Risk matrix are useful prompts. Schedule reflection sessions after each key ICSC milestone (ICA, mobilization, issue identification, scoring, and interface).  <i>Also see sections on recommendation 2 about intersectional evidence and recommendation 3 on power.</i></p>
<b>Step 2: Rights Awareness</b>	<i>See section on recommendation 2 about intersectional evidence and 4 about the Policy Ecosystem</i>
<b>Step 3: Youth evaluation</b>	<i>See section on recommendation 3 and power</i>
<b>Step 5 Interface</b>	<i>See section on recommendation 3 and power</i>

## ANNEX 1B: ADDITIONAL GUIDANCE ON INTERSECTIONALITY STANDARDS

Proposed Intersectionality Criteria for the ICSC	
Criteria	What does this mean for the ICSC and how does it support intersectionality
<b>Adaptation</b>	The ICSC is responsive and sensitive to different contexts (macro & micro) and targeted groups of vulnerable youth in all their diversity. Underpinned by intersectionality principles: i) identities are socially constructed and ii) fluid, iii) identities and experiences are shaped by context, iv) structural (often context sensitive) factors underpin a problem, v) strategies to support diverse engagement and vi) Do No Harm applies
<b>Accessibility</b>	ICSC must be accessible to all vulnerable youth. Consider time, venue, space, language, travel distance, session length, and participant costs. underpinned by intersectionality principles: i) identities are not neutral, ii) rights are promoted, iii) diversity of engagement is crucial, iv) power imbalances should be dealt with
<b>Safety</b>	Consider youth safety both inside the ICSC (between peers and with duty-bearers) and outside it, e.g., risks of parental backlash or targeting by community members. Underpinned by intersectionality principles: i) Identities are not neutral, ii) are fluid, iii) Rights are promoted, iv) positive change should be promoted, v) diversity of knowledge is crucial, vi) self-reflection is important, vii) Do No Harm applies
<b>Power Dynamics</b>	ICSC identifies and addresses formal and informal power dynamics-horizontal (among youth) and vertical (between youth and duty-bearers). Underpinned by intersectionality principles: i) identities are fluid, ii) rights and iii) positive change should be promoted, iv) diversity of engagement is crucial, v) power imbalances should be dealt with, vi) self-reflection is important, vii) Do No Harm applies
<b>Intersectional Evidence</b>	Intersectionality shows how multiple identities interact with power and systems. The ICSC uses disaggregated data to center youth facing intersecting inequalities. Underpinned by intersectionality principles: i) identities interact to create distinct experiences; ii) rights are promoted; iii) diverse knowledge is crucial.
<b>Trans-formative/ Rights Based</b>	ICSC adopts the AAAQ framework to advance rights and agency through rights awareness. Youth co-facilitate spaces to hold duty-bearers accountable. It tackles inequalities by transforming structures-shifting harmful norms, building coalitions, and advocating fairer resource/power allocation for vulnerable youth and their SRHR. Underpinned by intersectionality principles: (i) identities are social constructs; (ii) rights are promoted; (iii) structural factors drive problems; (iv) positive change is pursued; (v) diverse engagement is essential; (vi) power imbalances must be addressed.

## ANNEX 2: GUIDANCE ON HANDLING ICSC DATA IN AN INTERSECTIONAL WAY

Human Rights Based Approach principles to data (including collection and disaggregation <sup>8</sup> )	
Principle	Meaning for ICSC
<b>Participation</b>	The participation of relevant stakeholders, in particular those most marginalized (i.e., vulnerable youth participating in the ICSC) in data collection exercises, including planning, dissemination, and analysis. <i>(Also see self-identification)</i>
<b>Data Disaggregation</b>	Enables comparison between groups to reveal inequalities. Disaggregate by key human-rights characteristics: sex, age, ethnicity, migration/displacement status, disability, religion, marital status, income, sexual orientation, and gender identity. Collecting data on especially vulnerable, marginalized, or “legally invisible” groups must be done in close partnership with the affected youth or their CSOs to mitigate risks.
<b>Self-Identification</b>	Data collection must follow the human-rights principle of doing no harm. Personal characteristics should be provided voluntarily and allow free-response and multiple identities. Sensitive traits (e.g., religion, sexual orientation, gender identity, ethnicity—especially where legal recognition is lacking or persecution risk is high) should be recorded through youth self-identification.
<b>Transparency</b>	Metadata (describing the data) and paradata (about how data were collected) should be available and standardized across collectors and instruments, where relevant, to improve accessibility, interpretation, and trust.
<b>Privacy</b>	Balance privacy and confidentiality with access to information. Do not publish identifying details or personal characteristics when disseminating data. The ICSC is committed to GDPR compliance.
<b>Accountability</b>	Data collectors are accountable for upholding human rights in their ICSC interventions, and data should be used to hold duty-bearers to account on SRHR issues.

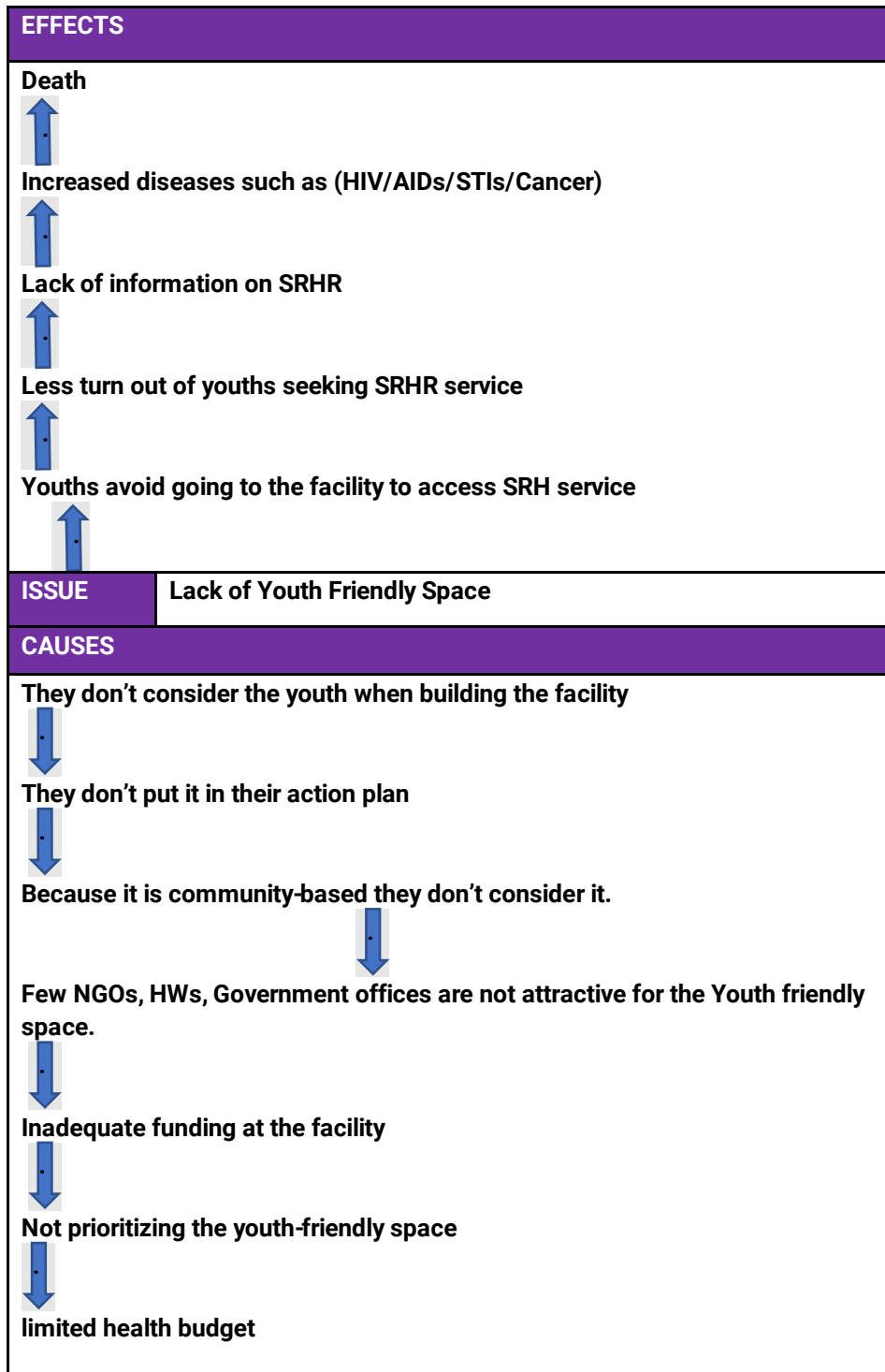
<sup>8</sup> Adapted from OHCHR (2018) *A Human Rights Based Approach to Data – Leaving No One Behind in the 2030 Agenda for Sustainable Development*. See:

<https://www.ohchr.org/sites/default/files/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf>

### ANNEX 3: ESTIMATED COSTS FOR THE ICSC PROCESS

ICSC Step	Activities	Unit cost (KES)	Frequency	Total Cost (KES)
<b>Preparation</b>	Klls- Transport refund	500	1 (40 pax)	20,000
	Issue identification	700	1 (60 pax)	54,000
	Transport refund	200		
	Refreshments			
<b>Rights Awareness</b>	Transport refund Refreshments	700 200	1 (60 pax)	54,000
<b>Youth Evaluation</b>	Transport refund Refreshments	700 200	1 (30 pax)	27,000
<b>Service Provider Self-Assessment</b>	Transport refund Refreshments	700 200	1 (30 pax)	27,000
<b>Interface Meeting</b>	Transport refund Refreshments	700 200	1 (30pax)	27,000
<b>Follow up and Advocacy Actions</b>	Transport refund			20,000
<b>Closure and Next Steps</b>				

## ANNEX 4: PROBLEM TREE ANALYSIS



## ANNEX 5A: ALTERNATIVE TOOL FOR POWER ANALYSIS – THE POWER FLOWER TOOL

<b>Session objective</b>	By session’s end, facilitators should equip participants to analyze SRH stakeholders and assess each stakeholder’s influence and interest.
<b>Process</b>	<p><b>Step 1. Identify the vulnerable group and specific rights violation</b> Use power analysis to note which groups are most affected. Focus on intersectional groups with layered identities and tailor the analysis to each group’s barriers.</p> <p><b>Step 2. Identify who has power</b> List key stakeholders involved in SRHR for young female sex workers, for example: head of clinic, district health officer, parents, religious leaders.</p> <p><b>Step 3. Classify types of power</b> Over: Ability to make decisions affecting others. To: Capacity to act and influence change. With: Collective power through collaboration.</p> <p><b>Step 4. Analyze attitudes and responses</b> Document each stakeholder’s stance toward the group. Examples: <ul style="list-style-type: none"> <li>• Head of clinic: “They’re committing a sin.”</li> <li>• District health officer: “No enforcement of sex workers’ rights.” Parents: “Children should not be given condoms.”</li> <li>• Church/pastor: “Sex outside marriage is a sin.”</li> </ul> </p> <p><b>Step 5. Assess levels of risk</b> Rate the risk each stakeholder poses to vulnerable youth (green = low, orange = medium, red = high). Describe specific risks where possible (e.g., denial of services, social exclusion, legal exposure, violence).</p> <p><b>Step 6. Develop mitigation incentives and strategies</b> Propose measures to mitigate risks and shift attitudes, guided by safety/security best practices. Examples: <ul style="list-style-type: none"> <li>• Build alliances with likeminded groups.</li> <li>• Run training sessions to educate stakeholders on SRHR.</li> <li>• Conduct advocacy and awareness campaigns to reduce stigma.</li> <li>• Collaborate with local/international NGOs for support and resources.</li> </ul> </p>
<b>Input and resources</b>	Large sheets of paper or flip chart paper; Markers (red, amber, green); Pre-printed Power Flower templates (with the service at the center); Sticky notes or smaller sheets of paper for participant comments; Tape or glue sticks; pens/pencils for participants; optional: projector and screen for digital display of instructions
<b>Time</b>	90 minutes
<b>Tips for facilitators</b>	<b>1. Introduction (5 minutes)</b>

	<p>Welcome participants, state the session purpose and objectives, and outline the agenda and timing.</p> <p><b>2. Power Flower overview (5 minutes)</b>  Show a sample diagram and explain components: center = service; petals = identities.  Explain color coding: <b>red</b> = high discrimination, <b>amber</b> = moderate, <b>green</b> = none.</p> <p><b>3. Identifying identities (10 minutes)</b>  Brainstorm identities interacting with the service; record them on a board/flipchart.  Distribute Power Flower templates, markers, sticky notes, and pens.</p> <p><b>4. Completing the Power Flower (15 minutes)</b>  Participants fill their diagrams: write identities on petals, color-code each petal, and add brief notes or sticky-note examples.  Offer assistance to participants with disabilities (e.g., support with color choices or reading/writing).</p> <p><b>5. Small-group discussion (20 minutes)</b>  Form groups of 4–6; compare individual Power Flowers and note similarities, differences, and lived examples.  Each group consolidates findings into one group Power Flower.</p> <p><b>6. Group presentations (15 minutes)</b>  Groups present their consolidated diagram, key patterns, and notable insights to the plenary.</p> <p><b>7. Debrief and reflection (15 minutes)</b>  Reflect on learnings: what the exercise revealed about the service and discrimination, how color-coding helped, and possible steps to address issues. Encourage participants to share reactions and immediate follow-up ideas.</p> <p><b>8. Conclusion and next steps (5 minutes)</b>  Summarize takeaways, explain how findings will be used, outline follow-up actions, and thank participants.</p> <p><b>Facilitator tips:</b></p> <ul style="list-style-type: none"> <li>• Foster a safe, inclusive space and be sensitive when discussing discrimination.</li> <li>• Provide support and referral options for participants affected by the discussion.</li> <li>• Consider a co-facilitator to manage group work and provide extra support.</li> <li>• Keep time, encourage respectful sharing, and ensure minority/hidden experiences are recorded and preserved.</li> </ul>
<b>Reference materials</b>	Problem analysis report, SEGA report.

## ANNEX 5B: THE POWER FLOWER TOOL

Forms of Discrimination /Rights Violations being addressed: Access to Contraception by Young Female Sex Workers								
Who has Power over the service/SRHR?	Types of Power			Attitude /Response to vulnerable youth	Level of risk for vulnerable youth			Mitigation/ Shift Incentives (draw on SA safety and security guidelines)
	Over	To	With		Low (ally)	Med (influence)	High (Opponent)	
Head of the Clinic	✓			E.g. Told they are committing a sin			Calls the police on sex worker	
District Health Officer				No enforcement of sex workers rights	✓			
Parents				Children should NOT be given condoms		✓		
Religious leader				Sex outside of marriage is a sin		✓		

## ANNEX 6A: SRHR ANALYSIS MATRIX: EXAMPLE FROM CHONGWE, ZAMBIA

Group (from ICA's SEGA section)	Major problems faced (from ICA's problem analysis section)	Most relevant rights	Frameworks/Level (from the ICA's actors, structures, and factors section)				
			Global (UN)	Continental (AU)	National	Subnational	Local
Persons with Disabilities	Limited access to the services due to communication barriers -Not recognized by the peers, caregivers and service providers	Universal access to SRHR and protection against discrimination, equality and inclusion	<p>Convention on the rights of persons with disabilities (CRPD) 2010</p> <p>SDG 3: ensuring health lives and promoting wellbeing for all at all ages.</p> <p>International convention on the Elimination of all forms of racial Discrimination (ICEARD) 1972</p> <p>SDG 5: Achieving gender equality and empowering all women and girls</p>	<p>Ouagadougou Declaration on primary health care and health systems in Africa (ODPHCHSA) 2008</p> <p>African Charter on Human and Peoples Rights (ACHPR) 1984</p>	<p>1. Disability Act, 2012</p> <p>2. Pregnancy Termination Act, 1972 (rev. 1984)</p> <p>3. Gender Equity Act No. 22</p> <p>4. National Youth Policy, 2015</p> <p>5. National Health Policy, 2012</p> <p>6. National Reproductive Health Policy, 2017–2021</p> <p>7. National Social Protection, 2014–2018</p> <p>8. National Assembly of Zambia – Sexual Reproductive Health Rights, HIV/AIDS &amp; Governance Phase II, 2019–2022</p>	District programs for advancing PWD rights	<p>Health facility regulations, memos and service charters on services for PWD.</p> <p>Chongwe rural health center Patients Charter</p>

## ANNEX 6B: SRHR RIGHTS ANALYSIS MATRIX: EXAMPLE FROM UGANDA

### Introduction

Sexual health (WHO): “a state of physical, emotional, mental and social well-being in relation to sexuality.”

Reproductive health (ICPD): concerns the ability to reproduce and the freedom to make informed, free, and responsible decisions; it includes access to the information, goods, facilities, and services needed to support those decisions.

**Table 1: Relevant SRHR Frameworks at different levels**

Right	National	Regional	Global
<p><b>1. The Right to Life</b> Protecting women from risks related to pregnancy, gender, or lack of access to health information and services, and ensuring the right to a safe, satisfying sex life.</p>	<p>The Constitution of Uganda (1995, as amended) prohibits unlawful deprivation of life, including the unborn, and bans discrimination based on sex, birth, religion, social or economic status, or disability. It also guarantees access to information, education, and the right to health.</p>	<p>The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women for Africa (Maputo Protocol) Article 14 Health and Reproductive Rights 1. States Parties shall ensure that the right to health of women, including sexual and reproductive health, is respected and promoted. This includes:</p> <ul style="list-style-type: none"> <li>a) the right to control their fertility;</li> <li>b) the right to decide whether, when, and how many children to have, and their spacing;</li> <li>c) the right to choose any method of contraception;</li> <li>d) the right to protection against sexually transmitted infections, including HIV/AIDS;</li> <li>e) the right to be informed of one's and one's partner's health</li> </ul>	<p>The right to sexual and reproductive health includes freedoms and entitlements.</p> <p>Freedoms: the ability to make free, responsible decisions about one's body and SRH without violence, coercion, or discrimination.</p> <p>Entitlements: unobstructed access to health facilities, goods, services, and information necessary to realize SRH under Article 12 of the Covenant (UN CESCR, General Comment No. 22, 2016).</p>

		status in line with international standards; f) the right to family planning education.	
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**Table 2: Facility SRH Service Standards**

	Input standard	Standard			
		Availability (goods, services and personnel)	Accessibility (physical, affordable, information)	Acceptable (respectful of the culture of people and sensitive to gender, age, disability, sexual diversity and life cycle)	Quality (scientifically and medically appropriate and up to date)
1		Counselling (sex and sexuality; relationships)			
2		Contraceptives (counselling, oral contraceptive pills, condoms, injectables, at least one long-acting and reversible contraceptive, Intra Uterine device/system or implants; at least one emergency contraceptive method-pill-based or IUD)			
3		Safe abortion care (induced surgical, induced medical, and monitoring lab test; condoms, incomplete abortion treatment; pre- and post-abortion counselling)			
4		HIV (pre and posttest counselling; HIV Sero status lab test or HIV staging; treatment).			
5		Gynecology (guide pelvic examination for symptomatic clients; guide breast examination; pap smear or other cervical screening method)			
6		Prenatal and postnatal care (confirmation of pregnancy; essential prenatal care; essential postnatal care)			
7		Sexual and gender-based violence SGBV (screening for SGBV; referral mechanisms for clinical, psychosocial and protection services)			
8		Referral services (including outside of the health sector, such as legal and social services)			

**Source:** The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, 2006

## ANNEX 7A: SCORING MATRIX EXAMPLE FROM UGANDA

Issue	Indicator/Expectation	Scale (☺ or ☹ or ☹) or Score (1 – extremely bad; 2- bad; 3 – average/fair; 4 – good/satisfactory; 5 – extremely satisfactory)	Reason for the Score
Drug stock outs for family planning, treatment of UTI and STDs, ARVs	Availability of Enough medicines treating various diseases	3 or average	Panadol and ART services are usually available; Drugs for STI treatment are intermittently available; Condoms are never available.
Inadequate health workers	More health workers	1 or extremely very bad	Only one health worker covers the maternity ward; The youth corner has a single clinician; Staff are sometimes present but not working.
Poor hygiene in the labor suit	Proper hygienic practices in the labor suit	2 or bad or poor	When a woman uses a kaveera during a bed check-up, it is removed and the next woman is examined on the same bed without disinfection, putting patients risking additional infections.

## ANNEX 7B: YOUTH ISSUE SCORING MATRIX (ETHIOPIA)

S/no	Issues	Indicator or Expectation	Score Scale (😊 or 😐 or 😞) or Score (1 – extremely bad; 2 – bad; 3 – average/fair; 4 – good/satisfactory; 5 – extremely satisfactory)	Reason for Score
1	Gap in Card room service and service provider Ethics	<i>To have modernized Card room Service</i>	1	Card room service providers have gaps in ethics. Sometimes they do not follow the flow Gap in respecting working hours
2	Gap in respecting working hours especially off/on time	<i>To use working hours appropriately</i>	3	Even if there is mismanagement of time, we got the services and some staffs are on time and some not
3	Shortage of Supplies	<i>To have sufficient supplies</i>	1	Prescribed drugs are often unavailable, forcing costly private purchases. Condoms are frequently out of stock. Patients are referred to private labs No ultrasound services.
4	Shortage of trained health professionals	<i>To have enough trained health service providers/professionals</i>	1	The shortage of trained health professionals leads to additional health problems and costs.
5	Provider commitment varies; some are negligent.	<i>To have committed health providers</i>	2	Diagnoses are sometimes made without laboratory tests, causing further health problems and extra costs.
6	Unavailability of Adult Youth Health service on weekends	<i>To have 24/7 service</i>	3	There are some services on the weekends also

### ANNEX 8: EXAMPLES OF PAIRWISE RANKING

	Discrimination	Communication barrier	Stigmatization	Inadequate Medical Resources	Under Staffing and KSL	Poor Services	Inadequate Information	Lack of privacy and confidentiality	Long distance to YFC	Unfriendly Service Providers	
DISCRIMINATION	///	19	0	1	5	2	11	15	23	2	78
COMMUNICATION BARRIER	11	///	16	0	6	0	11	2	17	0	63
STIGMATIZATION	30	14	///	1	7	5	15	3	19	5	99
INADEQUATE MEDICAL RESOURCES	29	30	29	///	18	5	15	15	22	5	168
UNDERSTAFFING AND KSL	25	24	23	12	///	6	20	5	16	3	134
POOR SERVICES	28	30	25	25	24	///	24	15	13	6	190
INADEQUATE INFORMATION	19	19	15	15	10	6	///	2	9	2	97
LACK OF PRIVACY AND CONFIDENTIALITY	15	28	27	15	25	15	28	///	17	8	178
LONG DISTANCE TO YFC	7	13	11	8	14	17	21	13	///	6	110
UNFRIENDLY SERVICE PROVIDERS	28	30	25	25	27	24	28	22	24	///	233

**Youth identified ten issues:** discrimination, communication barriers, stigmatization, inadequate resources, understaffing and lack of KSL interpreters, poor services, inadequate information, lack of privacy/confidentiality, unfriendly providers, and long distances to facilities.

**Pairwise ranking** prioritized five issues for scoring: unfriendly providers, poor services, lack of privacy/confidentiality, inadequate medical resources, and understaffing/no KSL interpreters.

DISC = 18, TM = 4, PH = 14, LYP = 10, RF = 12, SO = 20, NEG = 8

### Pairwise Ranking

Issue	CO	DIS	NA	IHW	TM	SO	NEG	OD	RF	PH	LYP
CO	X										
DIS	DIS	X									
NA	NA	NA	X								
IHW	IHW	IHW	IHW	X							
TM	TM	TM	TM	TM	X						
SO	SO	SO	SO	SO	SO	X					
NEG	NEG	NEG	NEG	NEG	NEG	NEG	X				
OD	OD	OD	OD	OD	OD	OD	OD	X			
RF	RF	RF	RF	RF	RF	RF	RF	RF	X		
PH	PH	PH	PH	PH	PH	PH	PH	PH	PH	X	
LYP	LYP	LYP	LYP	LYP	LYP	LYP	LYP	LYP	LYP	LYP	X

**Legend:**

- CO-** Lack of confidentiality by health workers
- Dis-** No follow up of patients
- NA-** Negative attitudes of health workers towards the youth
- IHW-** Inadequate health workers
- TM-** Poor time management by health workers
- SO-** drug stockouts
- Neg-** Negligence of duty
- OD-** unfavorable Operational days

**RF-** Request for funds from youth who seek services

**PH-** Poor Hygiene in the labor ward

**LYP-** Lack of youth peers in the youth corner.

**Prioritized 5 issues to be scored:** drug stockouts, inadequate health workers, poor hygiene in the labor ward, request for funds from youth who seek services, negative attitudes of health workers towards youth who seek for services.

## ANNEX 9: SAMPLE OF AN ACTION PLAN MADE AT AN INTERFACE MEETING

Issue	Indicator	Solution	Action to be taken	Timelines	Person accountable (individual mandated to see the action effected)	Resources (resources available within the community to address the action)	Person monitoring (chosen from among the JMC)

## ANNEX 10: SAMPLE FACILITATOR REPORTING TEMPLATE

Focus	Details
<b>The ICSC event:</b>	Building Rights Awareness to marginalized youths
<b>Date of the event:</b>	10/10/2023
<b>Main objective of the event:</b>	To raise awareness and educate marginalized youths about their SRHR
<b>Key outputs from the event:</b>	<ul style="list-style-type: none"> <li>Increased awareness of SRHR and clearer understanding of these rights.</li> <li>Improved knowledge of available SRHR services, access routes, and related rights.</li> <li>Reduced stigma and discrimination around SRHR, fostering a more inclusive community.</li> <li>Marginalized youth more likely to advocate for their rights and better SRHR services.</li> <li>Testimonies and community feedback documented for analysis and to guide the next ICSC steps.</li> </ul>
<b>Step in the ICSC process:</b>	2
<b>Number of participants attending the event:</b>	M: 15; F: 18; PWD: 4 Ages: (19 – 24): 15; (25 – 35): 18
<b>Name of facilitator(s):</b>	Fidelis
<b>Venue:</b>	Amphitheatre within Greenpark in Wote town, Makueni County
<b>Next course of action:</b>	<ul style="list-style-type: none"> <li>Analyze collected data to assess marginalized youths' SRHR awareness, knowledge, and attitudes.</li> <li>Gather participant feedback to inform planning of the next phase.</li> <li>Mobilize resources to sustain the ICSC and related initiatives.</li> </ul>

	<ul style="list-style-type: none"> <li>Document and report activities, progress, and outcomes for transparency and accountability.</li> </ul>
<b>Report submitted to:</b>	Charles VSO
<b>Date of submission of the report:</b>	21/10/2023

**Note:** When reporting actions from Modules 4–6, the facilitator **must photograph the scoresheets and attach them** to the one-page report.

## ANNEX 11: ICSC TRAINERS OF TRAINEES SCHEDULE

Time	Session	Content	Methodology	Responsibility
<b>Day One</b>				
09:00 – 09:30	<b>Agenda setting</b>	General Introduction and welcome Participant expectations Training objectives	Plenary	VSO
09:30 – 10:40	<b>Intersectionality</b>	Understanding the concept of intersectionality	PPT slides on the concept of intersectionality	Loretta
10:40 – 11:00	<b>Health Break</b>			
11:00 – 13:00	<b>Introduction to ICSC Manual</b>	ICSC Manual – Table of Contents Background and purpose of the Manual Key features: abbreviations, definitions, and core concepts Structure for operationalizing the Manual Overview of the ICSC steps	Handouts from the Manual Plenary PPT slides on structure and steps in the ICSC Manual	Edgar
13:00 – 14:00	<b>Lunch Break</b>			
14:00 – 16:00	<b>Step One: Preparing for the ICSC</b>	Problem/Solution Tree SEGA Stakeholder and Power Analysis Safety and Security Analysis Mobilization of Key Stakeholders and Preparation for the Data Collection phase	Handouts from the Manual Flip charts and sticky notes PPT slide summary of the CSC Step One deliverables	Judith
<b>Day Two</b>				
09:00 – 09:30	<b>Recap</b>	<b>Lessons and course correction from previous day</b>		<b>All</b>
09:30 – 10:40	<b>Background to Step One: The Context of SRHR in Uganda</b>	Overview of Uganda’s health sector and SRH subsector challenges. Identify who is excluded—who, where, and why. Map SRH decision-making and implementation structures, actors, influencing factors, and actors’ incentives. Outline challenges and opportunities for using citizen-generated data, lobbying, and advocacy to influence SRH decision-making and implementation.	PPT slides on SEGA and PEA of SRH in Uganda Q&A Plenary	Consultants
10:40-11:00	<b>Health Break</b>			

11:00-13:00	<b>Step Two: Rights Conscientization</b>	Building Awareness of Rights	Handouts from the Manual Flip charts and sticky notes PPT slides on Rights Awareness	Gilbert
13:00 – 14:00	Lunch Break			
14:00-1600	<b>Step Three: Service Evaluation by target Minoritized Youth</b>	Issue generation Scoring on issues and generation of Community evaluation sheet Animators	Manual handouts Flip charts and sticky notes PPT slides on Community Evaluation process	Gilbert
<b>Day Three</b>				
09:00 – 09:30	<b>Recap</b>	<b>Lessons and course correction from previous day</b>		<b>All</b>
09:30-10:40	<b>Step Four: Duty Bearer Self-Evaluation</b>	Duty-bearer issue evaluation Duty-bearer issue scoring and generation of duty bearer score sheet Animators	Manual handouts Flip charts and sticky notes PPT slide on Duty Bearer Self-Evaluation	Gilbert
10:40-11:00	Health Break			
09:30-10:40	<b>Steps Five &amp; Six: The Interface Meeting &amp; Joint Action Plan and Follow Up</b>	Preparations for the Interface Meeting Management of the Interface Meeting Outcomes of the Interface Meeting Key Actions Joint Monitoring Committee Links to Lobbying and Advocacy	Manual handouts Flip charts and sticky notes PPT slides on Interface and Follow up actions	Gilbert
13:00 – 14:00	Lunch Break			
14:00-16:00	<b>Practical Application</b>	Intersectional Community Scorecard in practice	Field work to a local health facility	All
<b>Day Four</b>				
09:00 – 09:30	<b>Review of the ICSC practical experiment</b>	Dos and don'ts based on the practical ICSC experiment in a local health facility	Manual handouts Flip charts and sticky notes	All
09:30-10:40	<b>ICSC Data Management</b>	Ways of managing the ICSC data	PPT slides on the ICSC data analysis and management	All
10:40-11:00	Health Break			
11:00 – 13:00	<b>Next Steps and Close</b>	Finalization of field action plans Closing Remarks	Plenary presentations	All

## ANNEX 12: POST INTERFACE INTERVIEW GUIDE

**Interview guides to be used to collect feedback from community facilitators, duty bearers and vulnerable youth at the end of the process:**

**Guide for community facilitators to be administered after the interface meeting. Record and transcribe.**

1. What was your overall experience of the exercise?
2. How often did you need support from master trainers, and when was it most needed?
3. Which ICSC phase was hardest to facilitate? Give examples and how these challenges could be avoided.
4. What additional training content or methods would help you?
5. Were there moments that made you uneasy? Please give examples.
6. What improvements would you suggest for the ICSC tool, and what value does it add for SRHR compared with other scorecards?

**Collect feedback from vulnerable youth immediately after the Step 3 evaluation; record and transcribe.**

1. What is your overall reflection on the ICSC exercise?
2. Have you experienced something similar before?
3. Did you feel free to express yourself during the session?
4. Did you feel safe? What would improve your safety?
5. Were your issues captured as you wanted? What were your main concerns and suggested solutions?
6. What stood out or felt unique about this exercise?

**Guide for duty-bearers who participated in the self-evaluation – collect immediately, record and transcribe.**

1. What is your overall reflection on the exercise?
2. Have you taken part in a similar exercise before? How does this compare?
3. Were you aware of issues raised by minoritized youth, and were any actions taken?
4. What new perspectives or relevance does the ICSC bring to your work?
5. Would you support repeating this exercise? If yes, how often?
6. What should be improved to increase the exercise's effectiveness?