

LASER PULSE

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Partners for University -Led Solutions Engine (PULSE)

Developing Locally -Relevant Measures of Commitment

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About LASER PULSE

LASER (Long-term Assistance and Services for Research) PULSE (Partners for University-Led Solutions Engine) is a five-year, \$70M program funded through USAID's Innovation, Technology, and Research Hub, that delivers research-driven solutions to field-sourced development challenges in USAID interest countries.

A consortium led by Purdue University, with core partners Indiana University, the University of Notre Dame, Makerere University, and Catholic Relief Services, implements the LASER PULSE program through a growing network of 2,300+ researchers and development practitioners in 56 countries.

LASER PULSE collaborates with USAID missions, bureaus, and independent offices and other local stakeholders to identify research needs for critical development challenges, and funds and strengthens capacity of researcher-practitioner teams to co-design solutions that translate into policy and practice. For more information, please visit laserpulse.org.

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List of Acronyms

COVID-19	Coronavirus Disease 2019
EPI	Everyday Peace Indicators
IP	Implementing Partner
IRB	Institutional Review Board
JLMC	Just Like My Child
LASER PULSE	Long-term SErvices for Research, Partners for University-Led Solutions Engine
M/B/IO	Mission/Bureau/Independent Office
MEL	Monitoring, Evaluation and Learning
NGO	Non-Governmental Association
PMP	Performance Management Plan
SHG	Self-Help Group
SPSD	Standardized Program Structure and Definition
USAID	United States Agency for International Development

Executive Summary

This collaborative research study was designed to provide guidance to USAID staff and other stakeholders to further articulate potential indicators and approaches for understanding “commitment” as a component of the Journey to Self-Reliance in a way that is operationalizable at the project or activity level. The study explores local level commitment in two sectors, education and health, as well as from a gender perspective in a local Ugandan community.

The research generated two outputs which are described below along with potential users of this research:

Output 1: Highly contextualized documentations of how program participants and other stakeholders (including Ugandan beneficiaries, community leaders, and local partners) conceptualize and assess the commitment of themselves and other actors ([Annex 1](#); [Annex 4](#)).

Users: May be of particular interest to USAID Uganda Program, Health, Education, and/or Gender Officers for adapting to other USAID-funded programs that seek to support commitment as either a programmatic outcome or to assess locally-appropriate levels of commitment as a context monitoring indicator - this will be left up to those officers/ Mission guidance if the findings are applicable.

Output 2: “Ground truthing” of a pilot study approach for developing indicators of commitment that are locally relevant to stakeholders in other contexts (using Output 1 as the test case for the approach) ([Annex 2](#)), to be used in concert with the [Measurement Matrix](#) of known capacity and commitment indicators.

Users: May be of use to any M/B/IO or IP seeking to develop locally-relevant indicators of commitment as either a programmatic outcome or a context-monitoring indicator.

This codesigned study adapted the [Everyday Peace Indicators](#) (EPI) methodology to come up with locally-sensitive commitment indicators and followed a qualitative case study methodology. The EPI is an ideal approach to develop indicators for difficult-to-measure concepts like commitment, as it is built on participatory research methods where local communities are best placed to conduct research to understand the local-level context using observable behaviors and/or a qualitative case study method.

Case subjects were participants of *Just Like My Child* (JLMC), an NGO training program at the local level in Laredo, Uganda. JLMC is not funded by nor otherwise related to USAID and thus provided an opportunity to explore locally-relevant definitions of commitment without “contamination” of those locally-relevant concepts by donor-generated frameworks. The focus of the case was not in evaluating JLMC interventions, but rather in capturing social and community responses to commitment initiatives that were supported by the Government of Uganda. While speculative in nature, this ground truthing approach offers rich perspectives and insights that can lead to an in-depth, locally-relevant understanding of commitment variables, issues, and problems, as well as generate a number of candidate indicators of commitment in one context. For example, if *women’s participation* was coded as a possible commitment indicator, we converted it into a measurable indicator by assessing its ability to be observed and measured

(such as, *the number or percentage of women participating in self-help groups*). This produced a small selection of candidate commitment indicators from the qualitative data that could be used by USAID staff or implementing partners in Uganda to assess changes in commitment over the course of a program.

In order to better contextualize the findings, the research team developed four personas to characterize the commitment that community leaders and members perceive and expect, respectively. The four personas reflected the aggregate of different program participants' and community leaders' perspectives and priorities regarding commitment data - a complex construct.

While the study tried to elicit "sector-specific" conceptualizations of commitment (e.g., observable behaviors that indicate a commitment to girls' education), many candidate indicators appear to be sector-agnostic or relatively easy to adapt to different sectoral programs and outcomes.

This study also produced candidate evaluation and research questions to consider when interrogating the locally-relevant conceptualization of commitment, and from a subset of these, candidate commitment indicators ([Annex 1](#)). The intent is for these questions and candidate indicators to be used to provide rich descriptions of the Ugandan context, community-level characteristics, events, and other variables for a local definition of commitment.

These specific indicators are not necessarily expected to be generalizable to other contexts and countries, though in a cursory review many could be easily adapted. However, the research team has also documented their pilot process for developing these indicators that could be used by USAID staff or their implementing partners to develop locally-relevant indicators of commitment that are relevant to their specific context. Developing these indicators of commitment in a participatory manner as outlined in this approach may help measure and understand changes to commitment that result from programmatic interventions, and/or changes to commitment that may influence the relative success of a given program.

Objectives

Following on from [earlier work to outline candidate indicators for capacity and commitment across sectors and levels of scale](#), both as programmatic outcomes (performance indicators) and enabling conditions (context monitoring indicators), this study piloted ways to identify locally-relevant indicators of commitment across different sectors. The aim was to further articulate potential indicators and approaches for understanding commitment as a component of the “journey to self-reliance” in a way that is operationalizable at the project or activity level. The intended outputs and users of this research are:

1. **Output:** Highly contextualized documentations of how program participants and other stakeholders (including Ugandan beneficiaries, community leaders, and local partners) conceptualize and assess the commitment of other actors ([Annex 1](#); [Annex 4](#))
 - a. **User:** May be of particular interest to USAID Uganda Program, Health, Education, and/or Gender Officers for adapting to other USAID-funded programs that seek to support commitment as either a programmatic outcome or to assess locally-appropriate levels of commitment as a context-monitoring indicator - this will be left up to those officers/ Mission guidance if the findings are applicable
2. **Output:** “Ground truthing” of a pilot study approach for developing indicators of commitment that are locally relevant to stakeholders in other contexts (using Output 1 as the test case for the approach) ([Annex 2](#))
 - a. **User:** May be of use to any M/B/IO or IP seeking to develop locally-relevant indicators of “commitment” as either programmatic outcome or a context monitoring indicator

Research Methods

Approach

This study explores local expressions and conceptions of commitment in two sectors, education and health while applying a gender lens. This work is critical for understanding commitment as a component of the *Journey to Self-Reliance* in a way that is operationalizable and measurable at the project or activity level.

An adapted [Everyday Peace Indicators](#) (EPI) approach generated the locally sensitive commitment indicators based on data collected from a qualitative case study methodology. The EPI is an ideal approach to develop indicators for difficult-to-measure concepts like peace, or commitment as it is built on participatory research methods, where local communities are best placed to leverage their own observed behaviors and judgments to articulate measurable proxy indicators of changes to individual commitment.

Context

The research team decided to look at in-depth descriptive information from the education and health sectors through a gender lens within the context of Uganda. The case subjects were participants and stakeholders of the “Girls Power Project” program by *Just Like My Child* (JLMC), an NGO at the local

level in Laredo, Uganda. It is important to note that JLMC is not related to USAID, which provides an opportunity to look at a truly local conceptualization of commitment, uncontaminated by the influence of USAID policy and funding. The research team's pre-existing relationship with this organization meant that both researchers and interviews were able to operate with a high degree of trust in one another's work, which was especially important as most data collection was conducted remotely due to COVID-19 travel restrictions. The focus of the case was social and community responses to health and education initiatives supported by the government of Uganda. While speculative in nature, this ground truthing approach offers rich perspectives and insights that can lead to an in-depth, locally-relevant understanding of commitment variables, issues, and problems, as well as generate a number of key characteristics of commitment indicators in one context.

Design and sample

For the case study, data were collected from multiple sources, at different levels of social authority, in order to explore perspectives of measuring commitment at the individual level, focusing on the education and health sectors.

1. *Interviews with different stakeholders:* The local staff members of JLMC collected data from different stakeholders interested in gender issues within the health and education sectors in Laredo, Uganda. They conducted semi-structured interviews with local community members and leaders about their perspectives on commitment and commitment indicators. To inform the general direction of the interviews, the research team sought feedback from USAID/Uganda Mission staff and USAID Headquarters in DC prior to finalizing interview protocols.

I. Interviews with USAID Mission: Understanding how USAID is conceptualizing and operationalizing commitment in its programming is important for knowing how USAID uses commitment indicators in programming currently. In addition, these conversations provided expert examination of the semi-structured interview questions. The research team spoke with four Mission staff—two from the Education, Youth and Child Development Office at USAID/Uganda, and two from the Program Office Monitoring, Evaluation, and Learning Team, who provided program-level perspectives on understanding and measuring commitments. These interviews lasted about an hour each, and the questions asked were shared ahead of time (see Annex 1 for a complete set of questions).

II. Interviews with USAID HQ officials: The research team also interviewed four individuals from USAID/Washington—a Gender Advisor in the Office of Population and Reproductive Health, an education advisor, an Africa Bureau gender and education expert, and a team leader at the Child Survival and Health unit. The purpose of these interviews was to understand how they see a commitment from the programming side and possible ways to understand to what extent the government and other stakeholders are committed to the program. These people also reviewed interview protocols and provided feedback to improve the questions. These interviews also lasted for an hour each and the research team shared the questions ([Annex 3](#)) prior to the interviews.

2. *Interviews with the local leaders and community members:* JLMC staff members translated the interview questions into the local language in consultation with the research team and USAID activity

manager for this study to ensure fidelity to the intent of the questions, and conducted interviews with ten community leaders and 20 community members who either participated in or were familiar with JLMC training programs. The 30 interviewees were purposively sampled for this study. Working with JLMC helped to identify the possible groups of respondents, as JLMC has been working with them for years on health and education issues. Upon conclusion of the interviews, JLMC staff later prepared the transcripts in English for further analysis by the research team.

The research team conducted five different meetings with JLMC staff members and researchers and provided detailed information on the purpose of the study, the interview questions, and the process for collecting the data. During those meetings, the research team stressed the importance of using local language with interviewees, which conveyed the message that the team was *not* interested in learning about the effectiveness of JLMC education and health programs, but rather interested in learning about personal views and beliefs on commitment and commitment indicators at the local level. During the five meetings, the research team built rapport with JLMC staff members who showed expertise in the subject matter and in the research design. The JLMC staff also had a chance to provide input on the interview questions and suggested minor changes to clarify meaning.

JLMC mobilized its experienced staff who were able to complete the field exercise in a short period of time. The local leaders targeted in the interviews include teachers, administrators, health care workers, and community members, all of whom have dealt with health, education, and gender-sensitive programming. The research team utilized the help of *JLMC* to select individuals at different locations and interviewed 20 individuals who benefited from *JLMC* programs that help, train, and support younger women in Uganda. The remaining ten interviewees were leaders from the same community. About 50% of these individuals were female.

Mode of data collection

While it is ideal to interview the respondents in-person, it was challenging to conduct in-person interviews amid the COVID-19 crisis. The staff at *JLMC* managed to conduct interviews using mobile phones. Each interview lasted for about 30 minutes and was conducted in the local language, Luganda. Two different interview protocols were used for community leaders and community members ([Annex 3](#)). The research protocol was reviewed and approved by Texas A&M University's IRB board. After each interview, the interviewers transcribed the entire interview to English and shared the transcripts with the research team. After a few interviews, and based on observations from the interviewers, the research team and interviewers agreed to make minor changes to the interview questions to further clarify concepts and questions about commitment. For example, questions asking about how to measure *the support the community members received from the family and community while attending the program* and *the efforts the community members put to complete their participations in the program* needed some changes. While answering these questions, community members offered a semi-quantitative estimate of numbers to represent the support, e.g., 80 out of 100. JLMC staff clarified in later interviews that we were not looking for a number, but their thought process on how they might arrive at that assessment, in order to understand what observable behaviors indicated commitment to them.

Data analysis

Upon receiving the transcripts, the research team reviewed them for their completeness before further analysis. The team used two methods for qualitative data review and coding: open coding and structured coding.

Structured coding: Structured coding was based on pre-selected codes from two sources: a) codes that were identified previously by the research team through conducting a literature review and generating a matrix for commitment indicators; and b) based on USAID's standardized program structure and definition (SPSD) codes and the units of scale articulated in USAID's Journey to Self-Reliance Policy Framework and Learning Agenda. The researchers extracted the codes from those documents and used them as a methodological guide to analyze the data. They structured the codes into four different levels of scale—regional, national, subnational, and local levels, and covered three sectors, Education, Health and Gender.

Open coding: The open coding system did not follow any pre-existing theory. Open coding helped discover new patterns in the data without preconceived ideas. While structured coding was based on preconceived ideas of commitment indicators and looked for a particular response in the text that fit in already identified codes, open coding provided themes that surfaced frequently in the interviews. One of the advantages of open coding was that it captured new indicators which were missing in structured coding. In that sense, open coding was less biased. Using the Atlas.ti Cloud version, the research team was able to identify and generate 17 codes from community members and 21 codes from community leaders in the transcripts, which were later captured and shared with the other research sub-team for further analysis. A detailed list of the codes is presented in the findings section.

The research team used Atlas.ti for data analysis and put the codes into relevant segments of transcripts that indicated commitment. A summary table was generated after the coding process completed and is presented in the findings section.

Most of the data collected were coded under the local level of scale because the interviewees were all local community leaders and/or members. Data that fit under the subnational and national levels was scarce and non-existent at the regional level, which was expected due to the study design and interview protocol focus on locally-relevant indicators.

Codes generated from two methods were cross-walked and definitions refined, and then used for developing candidate commitment indicators. For example, if *women's participation* was coded as a possible commitment indicator, the research team converted it into a measurable indicator by assessing its possibility to make a measurable commitment (as in, number or percentage of women participating in, for example, self-help groups). Furthermore, we used a Venn diagram to see how two methods of analysis—open and structured coding—yielded overlapping codes that represent the intersection between how USAID and other donors might describe and conceptualize commitment, and how local community members and leaders in Laredo, Uganda might describe and conceptualize commitment. As a result, the research team created suitable measurable commitment indicators from these codes that could be used by the USAID staff under this specific context. In addition, the team developed four personas to characterize the commitment that community leaders and members perceive and expect respectively. The research

team created four personas based on the research conducted and the data collected from community leaders and members in a local Ugandan community. These four personas reflected the data analysis and helped understand respondents' endogenous experiences and approaches/expectations regarding commitment- a complex construct. The research team created two female personas, Community Leader Lindia and Program Participant Pasua and two male personas, Community Leader Mukasa and Program Participant Ochen, based on reflections of local individuals from the data analysis ([Annex 4](#))

As a final product, the team developed evaluation and research questions to consider when to interrogate locally-relevant conceptualizations of commitment, and from a subset of these, candidate commitment indicators. The intent is for these questions, and candidate indicators, to be used to provide rich descriptions of the Ugandan context, community-level characteristics, events, and other variables for a local definition of commitment.

Limitations of the study

This exercise was done in a single community, with a small sample in a Ugandan district. The findings are not expected to be wholesale generalizable to other contexts and countries, though upon cursory review, many appear to be easily adaptable. Furthermore, the responses from the respondents might be influenced by how JLMC designs and implements its program. The findings and the indicators proposed for measuring commitment should act as guiding tools for future research.

Findings

In this context, leaders perceived the concept of commitment as driven by the presence or absence of quantifiable and observable practices and documents like monitoring, evaluation and learning (MEL) plans, committee engagement, the presence of bylaws, documentation and record-keeping, equal representation of men and women in committees, and women's empowerment via savings self-help groups. This is consistent with the ways that USAID and other donors understood and measured organizational and institutional commitment in the past. Leaders talk more in terms of laws implemented by the organization, women's empowerment in terms of equal gender representation, committee engagement, equal distribution of resources, and monitoring plans.

On the other hand, for community members commitment is driven by hard-to-measure concepts like motivation, confidence, trust, and social capital. Community members think more in terms of factors that directly affect their lives. For example, they provided the following factors affecting commitment:

- social support, from family members and community members, helped members participate in the program
- small monetary benefits helped increase participation
- non-monetary benefits, such as recognition, that participants received from one another motivated them to complete the program
- trust among members of society was instrumental in building a safer society
- non-cognitive skills, like self-confidence and self-esteem, boosted participants' commitment

Community leadership is one of the important topics that came up frequently in interviews with both groups. In the Ugandan context, engaging the community leader in the development process is one of the most important factors to mobilize people. Community participation is driven by community leadership. In the health and education context, many of the behaviors are driven by social norms prevalent within the society for example, sending girls to schools and using prophylactics to prevent the spread of sexually transmitted diseases. Research has shown that social norms drive human behaviors. But they are often sticky and hard to change thereby impeding positive changes in human behaviors. However, leadership can play an important role in changing societal norms and changing behaviors by being a positive deviant. Topics like the importance of leadership in mobilizing people, leaders acting as role models and influencing people's behaviors, emerged from the interviews as well.

Interestingly, community members spoke about corruption among leaders and how that inhibits development progress. On the other hand, leaders spoke about the equitable distribution of resources and feedback systems, but hardly mentioned corruption and how that impedes fairness and the efficient allocation and distribution of resources. A summary table illustrating the commonalities and differences between leaders and community members is provided in this report.

Community participation, particularly in terms of providing feedback, communally maintaining resources, and ownership of resources, was also emphasized in both of the interviews. An environment of openness, receptiveness, and democracy is imperative for community participation. Community members mentioned the need for this environment in bringing accountability to the systems such that they can fearlessly state their concerns without worrying about backlash. According to them, privacy and receptiveness are imperatives for open dialogues. Leaders do talk about accountability and transparency in the systems being important to engage every stakeholder in the project, but they ignore the environment that breeds this. For example, they speak more about systems like meetings, record-keeping, documentation, and information sharing sessions, but do not mention the need for an open, receptive, and democratic environment to be nurtured to sustain such efforts.

Community members strongly emphasize the importance of capacity building via training/workshops to grow human capital. Community members emphasized the impact that training workshops conducted by JLMC had in their daily lives both financially and psychologically. It helped them understand finances and also encouraged them to start kitchen gardens. They used the produce from kitchen gardens not only for personal consumption but also sold the extra harvest and earned extra cash. Training not only helped in building human capital but also empowered both women and men with self-confidence. Community leaders emphasized the role that capacity building plays in bringing about community ownership. Often, we found that empowering community members with the knowledge and technical expertise to fix broken resources brings community ownership.¹ This suggests a positive feedback relationship between capacity and commitment, but further exploration of this relationship was beyond the scope of this research.

The necessity of a needs assessment (and donors' commitment to acting on the community's needs) was also raised during interviews with community members. Often, development project implementation suffers from a lack of community participation. According to community members, if the interventions

¹ World Development Report, 2015, "Mind, Society and Behavior," World Bank.

address local problems then it will encourage local ownership and community participation. Also, providing small monetary benefits to community members can encourage people to participate in programs.

Lastly, issues regarding gender inequality were brought up both in leadership and community member interviews. Leaders emphasized the importance of having equal representation of men and women in committees. However, tactics for bringing more women into leadership roles or into decision making positions was not emphasized in either interview. Both leaders and community members discussed the importance of women's financial independence. Leaders emphasized the roles of community-based organizations like savings groups to help women's empowerment. Female community members emphasized how participating in JLMC has helped them gain the respect and support of family members and the community, as well as built up their self-confidence and self-esteem. They spoke of how participating in JLMC helped them actively participate in financial and childcare decision making in the family.

Sectoral differences in commitment indicators

The primary objective of our project was to find locally relevant indicators of commitment for the health and education sectors from cross-cutting gender perspective. However, while analyzing the data we do not find sector specific codes emerging. Rather we see a sector agnostic set of themes emerging. One of the primary reasons might be that JLMC works hand in hand in health and education in a holistic manner rather than sector-specific interventions. Alternatively, this may reflect a perspective that concepts of individual commitment look the same, no matter which sector the programming might serve. Though we do not find sector specific differences in overall commitment indicators, we do formulate few sector specific indicators when appropriate and when different units of analysis can be extrapolated for different sectors.

Barriers and Enablers

Barriers to and enablers of commitment are potential sociopolitical and contextual factors that can provide a better understanding about the degree of commitment within a community. At the same time, measuring commitment and/or indicators of commitment may or may not be possible or expected depending on whether these barriers and enablers are present or absent.

Barriers to commitment

Some of the codes that emerged from the interviews can be viewed as barriers to commitment. One of these barriers is gender differences in commitment indicators. Although the study sample size is small, we found gendered differences in the barriers that hindered the participation of women in the program. Women community members mentioned that they had to spend a significant amount of time each day on household chores and childcare, which hindered their participation in the program. They had less decision-making power in the household, but participating in the JLMC program helped them gain confidence and self-esteem. Sometimes, their family members were less supportive of them participating

in JLMC programs. However, their persistence, self-motivation, and confidence eventually helped them earn the trust and support of their family members and their neighbors. JLMC’s training helps both men and women gain skills needed to work on the project. The training not only helps both men and women perform more productively, but also helps them gain the trust of community members, as well as self-confidence and self-esteem. This further enhances their commitment to the project.

Enablers of commitment

Some of the codes that emerged from the interviews can be viewed as enablers of commitment, though the interviewees did not directly refer to them as enablers to commitment. As researchers we think that trainings provided to local committee members, intrinsic motivation, the communication skills of leaders, improvements in self-confidence, any kind of cash or in-kind benefits provided to community members, and the social support and recognition that community members by participating in the JLMC also provide an enabling environment to enhance their commitment.

Summary of codes from open coding system

Codes only in Leaders	Common Codes	Codes only in Community
Equitable distribution	Awareness	Social support
Equal representation	Capacity building	Provision of benefits
MEL plan	Community leadership	Trust
Financial support from government	Community participation	Needs assessment
Women empowerment	Feedback system	Recognition
Community based organizations	Self/Intrinsic motivation	
Communication skills		
Planning		
Committee engagement		
Presence of bylaws		

Summary of codes from open coding system and their frequency

Leaders' Interviews	Community Members' Interviews
<p>High frequency codes:</p> <ul style="list-style-type: none"> A. Awareness creation B. Presence of bylaws C. Committee engagement D. Planning E. Feedback system F. Equal representation/Equitable distribution G. MEL Plan H. Community based organization I. Women empowerment J. Community engagement/Community ownership K. Community leadership 	<p>High frequency codes:</p> <ul style="list-style-type: none"> A. Social support B. Awareness creation C. Capacity building D. Community leadership E. Community participation/community ownership F. Provision of benefits G. Self-Motivation H. Trust
<p>Low frequency codes:</p> <ul style="list-style-type: none"> L. Capacity building M. Communication skills N. Financial support O. Intrinsic motivation 	<p>Low frequency codes:</p> <ul style="list-style-type: none"> I. Needs Assessment J. Empowerment with self confidence K. Equal representation L. Feedback system M. MEL plan N. Recognition

Comparison of structured coding and open coding system

Deductive analysis codes	Common codes	Inductive analysis codes
Buy-in from local community	Community participation and engagement	Capacity building through training
Utilizing local resources	Empowering women (within family authority and as a voice in the community)	Social support structure
Transparency of donor health/education programs	Community leadership	Awareness creation
Availability of quality programs	Trust	Provision of benefits
Implementing existing policies	Needs assessment/Feedback system	Self-motivation
		MEL plan

Details of Codes from Leadership Interviews

The codes that emerged from the open coding process of the interviews of leaders are the following:

High frequency codes

- A. **Awareness Creation** - This code is very specific to JLMC. One of the major activities of JLMC is to generate awareness among community members about good behaviors in health and education. Both the leaders and community members frequently mentioned increasing awareness among people as one of the prime activities. Though this cannot be directly translated to an indicator of commitment, it suggests the importance of sensitization for health and education related projects. Often, spreading information and awareness is the first step to changing norms

which leads to changing behaviors. Awareness among people can act as an enabler of commitment.

- B. **Presence of Bylaws** - This code indicates the presence/absence of laws and regulations needed to create a gender equal environment, rules to increase transparency of an organization, and government guidelines for equal representation or transparency.
- C. **Committee Engagement** - This refers to activities that improve committee members' engagement, such as conducting frequent meetings with various stakeholders of the organization and involvement of different stakeholders in these processes.
- D. **Planning**- The community leaders have emphasized the importance of having a strategic plan, record-keeping, budgets and financial planning, transparency and accountability of systems, and participatory planning processes, as driving factors for bringing sustainability into programs.
- E. **Feedback System** - This code reflects the activities that encourage communication between stakeholders to gather feedback on the activities conducted by the organization, for example, via participatory meetings or frequent reports.
- F. **Equal Representation/Equitable Distribution** - Leaders have emphasized the importance of having equal representation of men and women in the committees. However, what was missing was the importance of having women in decision making roles. Resources should be distributed equally among all types of community members including marginalized groups such as handicapped people and women.
- G. **MEL Plan** - Having a MEL plan has been emphasized by most leaders for tracking the project's progress and ensuring that the program is delivered effectively.
- H. **Community Based Organization**- Leaders have suggested the presence of community-based women's organizations for engaging women in economic activities and decision-making processes. This is an important tool for increasing women's empowerment in societies where women are marginalized.
- I. **Women's Empowerment** - Leaders have suggested financially empowering women via self-help groups like savings groups. Also, they have suggested self-defense classes to empower women with tactics to defend themselves when faced with physically abusive situations.
- J. **Community Engagement/Community Ownership** - Community engagement was emphasized by leaders via activities like participation of parents in activities at school and participation of community members in meetings and decision-making activities. This is very important in terms of establishing a project within the local community and encouraging community ownership.
- K. **Community Leadership** - This is a key component that was emphasized frequently by leaders and community members. In the Ugandan context, informing local leadership, particularly traditional authorities, about the program and also involving them in the planning process and important decisions is crucial for a successful implementation. Local leadership can enable the mobilization of people and the proper distribution of resources. Community leaders' participation can also act as an enabler in the process.

Low frequency codes

- L. **Capacity Building** - This code refers to capacity building activities, like trainings, to build the skills of an organization's members and leaders. Capacity building acts as an enabler to commitment as well.
- M. **Communication Skills**- This refers to how information is communicated from the leaders to the community. It is an important skill that leaders need to communicate effectively to people. However, this was mentioned in only one interview. This also acts as an enabler.
- N. **Financial Support** - Having financial resources from the government helps implement a project effectively.
- O. **Intrinsic Motivation** - Few leaders mentioned the intrinsic motivation of volunteers who identify with the cause as one the key driving factors to bring change, i.e., the wish to do something for their society.

Codes from community members/community member interviews

High frequency codes

- A. **Social Support** – The majority of interviewees said that the support they received from family, villagers, and JLMC has provided them with the motivation to continue their volunteering.
- B. **Awareness Creation** - Coded similar to the leaders' interviews.
- C. **Capacity Building**- This code refers to the training and other capacity building activities that were provided by JLMC to improve community members' skills. This increases community members' commitment as they now feel more motivated to work and it can also be an enabler for commitment.
- D. **Community Leadership** - Same as the leaders' interviews. None of the leaders mentioned the issue of corruption which was emphasized frequently by the community members.
- E. **Community Participation/Community ownership** - Coded similar to the leaders' interviews. Community engagement was emphasized by leaders via activities like the participation of parents in activities at school and the participation of community members in meetings and decision-making activities. This is very important in terms of establishing a project among the local community and encouraging community ownership.
- F. **Provision of Benefits** - Community members mentioned that having a small monetary benefit might help motivate people to participate in programs.
- G. **Self-Motivation**- Many community members have articulated that the mission of JLMC aligns with their beliefs and it has motivated them to participate in the program. This is an enabler for an individual's commitment.

- H. **Trust** - They mentioned that having trust within the society is very important for program sustainability. They said that once villagers trust them, they listen to their advice and participate in the program.

Low Frequency Codes

- I. **Needs Assessment** - Few community members pointed out that people can be involved only when the programs address the local problems and people understand the benefits of the program.
- J. **Empowerment with Self-Confidence**- Community members mentioned the confidence that they gained by participating in various activities, training, and workshops, as well as how that has helped them gain self-confidence and respect from villagers. This acts as an enabler.
- K. **Equal Representation** - Similar to leaders' interviews.
- L. **Feedback System** - Similar to leaders' interviews.
- M. **MEL Plan** - Similar to leaders' interviews.
- N. **Recognition**- Community members said that participating in the JLMC earned them recognition and respect from the villagers. This motivates them to participate in the program.

Enablers

- A. Awareness creation
- What type of awareness activities are carried out in local communities?
 - Who is the audience?
 - How does local leadership facilitate these activities?
 - What is the local community's participation level in these activities?
 - What kind of knowledge is created among people?
 - Was there a noticeable change in perceptions about norms/behavior?
- B. Training; for example, are trainings provided to locals to maintain resources when they break down (e.g., water pumps)?
- C. Communication skills
- D. Intrinsic motivation
- E. Financial support from the government
- F. Improvements in self-confidence and self-esteem through trainings, workshops, and participation in program activities.
- G. Women's empowerment through income-generating activities
- H. Cash or in-kind benefits
- I. Recognition from villagers, (e.g., respect)
- J. Self-motivation
- K. Social support
- L. Trust levels in society

Barriers

- A. Time spent in household chores, childcare by women
- B. Financial dependency of women
- C. Patriarchal societies norms
- D. Corruption

Annex 1: Possible research and evaluation questions to consider when attempting to measure commitment in a Ugandan community

These research, evaluation, and learning questions, along with candidate indicators (in italics), emerged from a case study on developing participatory measures of commitment using a small purposive sample of community leaders and community members in Laredo, Uganda. Participants were program participants or stakeholders of a non-USAID funded NGO focused on girls' and women's empowerment in health and education.

Presence of Bylaws

- What are the rules regarding the equal representation of marginalized groups in the organization?
Is there a quota system for marginalized groups?
Example indicator:
 - *Percentage of leadership positions occupied by women (or other marginalized group representatives) in your community*
- What are the rules related to decision making in the organization?
- How does the program ensure transparency between various actors of the organization?
- What are the service fees for the services provided to the clients?
- What are the guidelines regarding whom to provide health service to? Are these guidelines documented?
- Are there any government rules present to ensure transparency/equal representation? What are they? Are they used locally? Are there any checks and balances to ensure that they are implemented at local level?

Committee Engagement

- Is there a committee?
Example indicator:
 - *Frequency of committee meetings within a specific period of time*
- How inclusive is the committee?
Example indicators:
 - *Are the meetings participatory i.e., bottom up or top down?*
 - *Degree to which community members report that their leadership provides an environment for free and open expression of ideas/opinions/beliefs/etc.*
 - *Degree to which community members report that their leadership regularly makes information about how diverse the representatives in leadership team(s) are available to the public.*
 - *Degree to which community members report that they/women/other special interest groups can voice a contrary opinion without fear of negative consequences.*
 - *Level of engagement of different stakeholders in the organization or, how are they informed? (i.e., via meetings or quarterly reports?)*
 - *Number of community meetings*
 - *Number of participants in the meetings*
 - *Number of participants in the decision-making process*
 - *Number of participatory meetings*
 - *Number of reports published and publicly available*
 - *Number of readers*

Planning

- How do organizations plan for activities? Is the planning process participatory? Who is involved in the planning process? How are the decisions made: collectively or individually?
Example indicators:
 - *Degree to which community members perceive that their leaders meet the needs of women/marginalized individuals when planning community activities.*
 - *Degree to which community members perceive that their leaders seek feedback from women/marginalized groups when making decisions that affect the community.*
 - *Degree to which leaders engage community members in the process of implementing community activities.*
- What systems are in place to make processes transparent and accountable, for example, budget transparency, information dissemination, etc.?
- Does the organization emphasize record keeping and what types of things do they track?
- During the planning process, what goals are important: short term or long run outcomes?
- Does the organization think about the sustainability of the outcomes? And what steps are taken to ensure sustainability?
- How are the budgets decided: collectively or individually by leaders?
Example indicators:
 - *Number of participants (apart from leadership) in the planning process, budgeting, and decision-making process.*
 - *Number of records that are publicly available.*

Feedback System

- Are there reports produced to track the progress of organizations?
- Are these reports publicly available?
- Are there annual/monthly meetings/open dialogues with stakeholders to get feedback on project progress?
Example indicator:
 - *Degree to which leaders are transparent about how they intend to use the feedback information community members share with them.*
- Are there participatory planning meetings?
- What does conflict resolution look like?
- Number of participatory meetings.
- Number of records that are publicly available.

Equal Representation

- Example indicators:
- *Degree to which leaders support equal representation of women in leadership positions.*
 - *Number/percent of male and female candidates in the committee.*
 - *Number/percent of women in leadership roles.*
 - Is there a quota system?
 - How are resources distributed to marginalized sections of the population? Is there a preference for redistribution, like rationing?
 - Do parents send both girls and boys to school?
Example indicator:

- *Percentage of boys vs girls in a given family that are sent to school.*
- Are there specific rules for serving older, disabled, and adolescent groups at health clinics?

National-level Policies

- Government policies about the representation of marginalized members, for example, quotas.

MEL Plan

- Does the organization have a MEL plan?
- What type of indicators are measured via the monitoring system?
- How frequently is it updated?
- Is there a budget allocated for the monitoring process?
- Do the community members participate in coming up with the MEL plan?

Example indicator:

- *Degree to which the program or organizational MEL plan is designed with participation from community members.*

Community Based Organizations

- Are there self-help groups for women present?
- What is the participation rate of women in these groups?
Example indicator:
 - *Number/Percentage of women participating in self-help groups.*
- Have women benefited from these self-help groups (SHGs)?
- What types of benefits have they received?
- What does the past data tell us about the benefits of these SHGs to women?

Women's Empowerment

- What types of women's empowerment activities is the community engaged in?
Example indicator:
 - *Degree to which women participate in a self-help group*
- What type of policies does the government have to empower women?
Example indicator:
 - *Percentage/number of women that have savings/financial assets separate from their husbands?*

Community Engagement/Community Ownership

- Were the community members informed about the program, its goals, its community members, and its intended benefits and limitations?
- Are there frequent dialogues organized between organizations and communities?
Example indicators:
 - *Frequency of organized dialogues with community members*
 - *Percentage/number of community members who participate in leadership meetings to discuss community related issues*
- Are the communities involved in the organization's decision-making process? What is their involvement type? What types of actors are present in the decision-making processes?
- Do the community members feel comfortable/safe voicing their opinions? Is there some protection provided to members of the community to facilitate this process?
- What do the young girls want? How can the programs deliver them? Is there a needs assessment conducted?
- Are the men involved in programs/activities related to women? What is their level of engagement?
- Do men accompany women to the health center?
- Are parents and teachers meeting at school? Do parents engage in school activities? What is the type of engagement?
Example indicator:
 - *Percentage of time/number of hours parents spend on school activities*
- Are parents involved in the decision-making process for school activities?
- Are there training programs for parents to guide them? What type of training is provided? Are they free or paid? What is the participation level and the benefits?

Community Leadership

- What is local leadership's level of engagement in community activities?
Example indicator:
 - *Degree to which community leaders get involved in community activities*
- Are the community leaders informed about the various activities in the community?
- How does local leadership facilitate these activities?
- How are resources redistributed in communities? What are leaders' levels of engagement in this process?
- Do the local communities complain about corruption?
- Is the decision of resource distribution transparent to the locals?
- Do the locals think that the distribution of resources is conducted fairly by leaders?
- What is the level of corruption in the country?

Capacity Building

- Are there training or workshops organized to improve skills?
- How do they improve the quality of service provided by the organization?
Example indicators:

- *Degree to which community members have access to training programs/activities to improve certain skills*
- *Percentage of time/number of hours per week individuals spend on learning a new skill*

Needs Assessment

- Was there a needs assessment of the community?
- How did the organization decide upon the intervention- top down or bottom up?
- Was there an open dialogue between the local community and the organization regarding the interventions?
- Did that influence the intervention's design and planning?

Benefits

- Are there any in-kind, cash benefits, or services provided to the community members? Who provides this?
- Amount of cash benefit
- Type of in-kind benefit
- Types of services provided

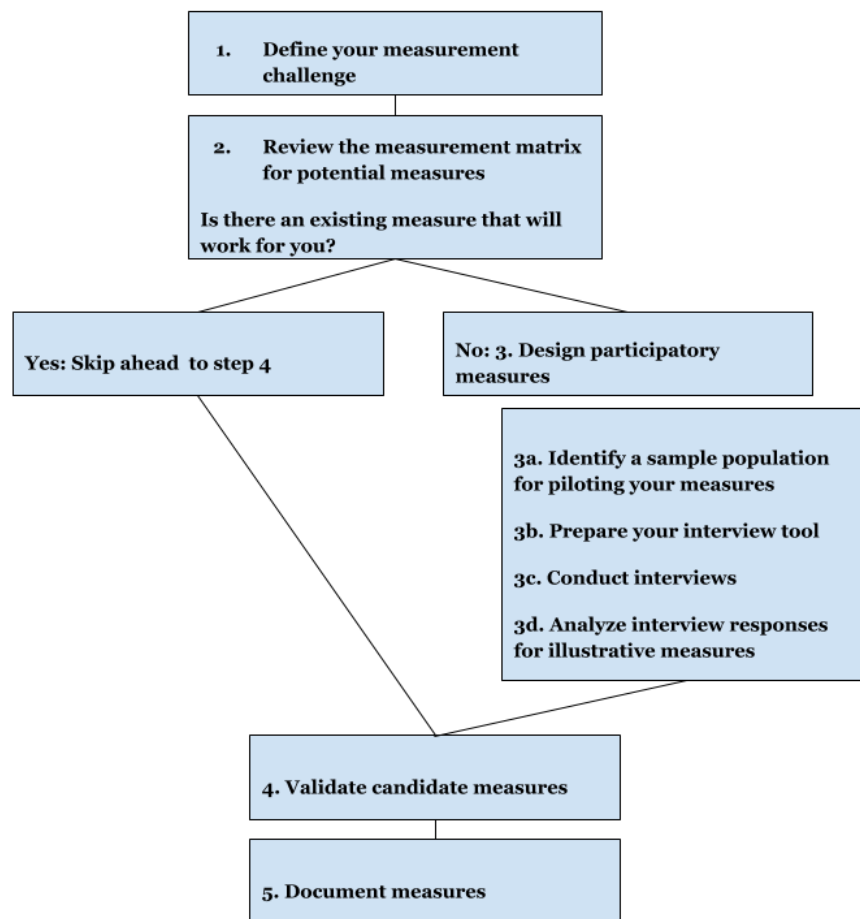
Trust

- Trust measures from [world value survey](#)

Annex 2: Participatory Process for Developing Locally Sensitive Commitment Measures

This step-by-step guide will help you identify commitment indicators at the local level. As the indicators for local level commitment are context specific, we don't expect that a generalizable set of indicators can be used across all countries or contexts. Thus, it is necessary to develop localized sets of commitment indicators. Any interested person can use these instructions to capture and develop local level and locally-relevant commitment indicators.

Steps:



1. Define your measurement challenge: During program development and implementation, you may come across different measurement challenges. One of those challenges could be how to understand local level commitment in the area where the program is being implemented and how to discern if it is changing over the course of program implementation. First, try to understand what the program expects from local people in terms of their commitment to the program. Equally important, but often overlooked, is *what local people would like themselves, their community members and leaders, and donors and implementers to commit to*. This guide is meant

to help you focus on that second perspective of commitment, so that you can best align your program with local priorities and have a better chance of making that commitment “stick”. Second, this is also an opportunity to develop research questions you want to address with a special focus on *whose commitment matters* and their commitment to *what, specifically?* Who is the intended user of the indicators you will develop (yourself, your implementing partner, local government officials, or program participants)? How do you want them to use the indicators? What is the change in behavior you’d like to see as a result of their use?

2. Review the Measurement Matrix: After identifying your measurement challenge, review the [Measurement Matrix](#) to see if there are any indicators that suit your needs. This will help you to understand what already exists and will help you determine what you need to do in order to refine existing indicators or design locally-relevant indicators. Based on the sector(s) for which you choose to develop locally sensitive commitment indicators, you can do exploratory research and document all the major commitment indicators you come across, which can be used for coding the original inputs from interviews or focus groups with local people later, once you have data collected from the field.

-OR-

3. Design participatory indicators: You can look at the methodology employed in [Everyday Peace Indicators](#) (EPI) and adapt it to come up with the locally sensitive commitment indicators and follow a qualitative case study methodology. EPI is a good approach for developing indicators for difficult-to-measure concepts like commitment as it assumes that local communities are best placed to conduct research to understand local level context using their own intuition and everyday decision-making frameworks, which can then be extrapolated and analyzed using qualitative methods. Your participatory measurement design should include interviewing community members or program participants to understand how they understand commitment and if there is any pre-existing method for measuring commitment (or a pre-existing intuitive marker of commitment, which you can then help to convert into an indicator). Furthermore, you can also conduct interviews with community leaders to understand how they perceive commitment and measure it; these groups may have very different perspectives and it will be important to understand their similarities and differences in order to know which dimensions of commitment your program should target as outcomes.

3a. Identify a sample population for gathering data about local perceptions of commitment: For the collection of primary data, you need to identify the data source. Your data source depends on the type of question(s) you are asking. If you are interested in knowing how community leaders understand and measure commitments, you could select 15-20 community leaders, such as, teachers, health workers, volunteers, and elected officials, to interview. By including 15-20 community leaders, you can get diverse perspectives and responses. This number is also easy to handle in terms of data collection and analysis. If you want to understand how the community members view and understand commitment, you can select around 20-30 community members for your interviews. Your sample can be a purposive sample depending on who is available. Try to diversify the respondents by gender, age, income, education, and ethnic groups so that you will

have variations in responses. Intentionally seeking out the perspectives of people from vulnerable, marginalized, or underrepresented groups is also instructive and essential.

3b. Prepare an interview tool: Prepare a short interview tool, containing less than 10 questions, for the interview so that you can complete the interview in about 30 minutes. Train and deploy local people, who are familiar with place, language, and culture, for data collection. Although there is a possibility of social desirability bias, employing local people in data collection helps to identify and interview community people in a short period of time. Contact the intended respondent prior to the interview and find an appropriate time that works best for them for the interview. Do not take more than 30-45 minutes for the interview.

3c. Conduct your interviews: Take notes or record the conversation after participants give their consent so that you can refer back to the interviews for analysis later. The questions for community leaders should be different from the questions for community members because the engagement and contribution of community leaders and community members is often different. Where possible, train and employ local people or partners to conduct the interviews. Be sure to budget for interview translations or focus group transcripts, if required.

3d. Analyze the interview responses for illustrative commitment indicators: There are two ways to analyze your qualitative data: open coding and structured coding. Open coding helps to discover new patterns in the data without preconceived ideas. On the other hand, structured coding is based on preconceived ideas of commitment indicators, mainly using the same codes that you found during your desk review, and looking for a particular response in the text that fits into already identified codes. One of the advantages of open coding is it can capture new indicators which are missed by structured coding.

Codes generated from two methods should be cross-walked, refined, and used for developing measurable commitment indicators. Given the nature of identified codes, you can decide if they can be translated into measurable indicators. For example, if *participation* is coded as a possible commitment indicator, you can convert it into a measurable indicator, such as, the number/percentage of women participating in self-help groups.

4. Validate the candidate indicators: The next step is to validate key indicators with local people, which entails going back to the same communities and testing the indicators with the community leaders and community members. Following the procedure from EPI, it is important to validate your new indicators by presenting them to stakeholders and ask for confirmation. Key indicator findings should be conveyed through a presentation or poster so that everybody sees the indicators and provides their approval/disapproval. Based on feedback from the validation process, you can finalize the indicators.

5. Document the indicator: Documentation of locally-relevant commitment indicators should be short and consistent with the Mission's other records on measurement and monitoring. For instance, you may choose to include information about locally-relevant indicators in relevant sections of your PMP and other Mission-wide systems for managing monitoring data. Locally-

relevant commitment indicators could also be integrated into activity MEL plans. Remember, the expectation is that these candidate indicators will provide rich descriptions of the context from the perspective of local stakeholders, including community-level characteristics, events, and other variables contributing to local perceptions of commitment.

In addition, you might also consider developing personas to characterize the different perceptions and expectations of commitment held by different stakeholder groups (see example personas in [Annex 4](#)).

Annex 3: Interview Guides

Community Leaders

Greetings

My name is ... and I am a member of a research team from Texas A&M and Notre Dame University in the US. We aim to collect information about different approaches and methods to understand commitment across the health and education sectors in relation to gender. This approach will (a) offer rich perspectives and insights that can lead to in-depth, locally-relevant understanding of commitment variables, issues, and problems, and (b) generate a number of key characteristics of commitment indicators in different levels.

We are contacting you as a _____ (community leader) because your perspectives are important to provide insights that can lead to in-depth understanding of some of the characteristics of commitment and possibly of some commitment indicators.

This interview is voluntary and you can refuse to participate and/or answer any questions at any time during this session. However, we encourage you to stay until the interview ends. The interview includes open-ended questions and will take around 30 minutes of your time. We will do everything in our power to protect the confidentiality of your responses. Your answers will be grouped with the answers of other people.

Do you have any questions, or need clarifications about anything?

Do you agree to participate in the interview? Can we record this conversation?

Key questions:

1. Tell me a little bit about yourself.
 - o Your position and affiliation
2. What are the main activities that you are involved with related to health and/or education in the community? Why are you providing this program in the community?
3. What strategies do you have, or you recommend, to increase participation of women and men in the community? (based on your program activities in order to increase the program benefits to women and disadvantaged groups?)
4. Do you have any guidelines/bylaws in your organizations that ensure the benefits are distributed **evenly** to all? Could you please give an example/illustrate?
 - a. Do you have similar guidelines to ensure benefits are distributed with **transparency**?
 - b. What about **accountability** guidelines/bylaws for those who are responsible for distributing the benefits?
5. Who is the source of funding for your activities?
 - a. Government
 - b. Locally generated resources/local government
 - c. Donors
 - d. Beneficiaries pay the fee

- e. Other, if any?
6. Is there any local committee that provides strategic guidance in your program?
 - a. If yes, what is the gender composition of the committee?
 - b. How often does the committee meet?
7. What type of activities would you suggest for alleviating specific issues in women's health and education in your community?
 - a. Why do you think these activities would alleviate issues in women's health and education in your community?
 - b. Can you provide examples of activities/actions/services/policies that support continuance of women's health and education programs in your community?
8. Given the various activities/services that are provided by different entities (schools, health clinics, non-governmental organizations, etc.) in your community:
 - a. Are you aware of using any methods to measure your engagement in the community?
 - b. Are you aware of using any methods to measure your commitment to:
 - i. education
 - ii. health
 - iii. supporting women
9. Are people volunteering in any of your programs?
 - a. What do you think motivates them to volunteer/ Why do you think they volunteer?
10. What is the common practice of making decisions on what/where/how/who to provide services?
 - a. Is there participation of community members in the decision-making process?
 - b. In case of conflict in accessing services/resources, how do you solve the problem?
11. What is your approach to make your program/activities sustainable? inclusive? transparent? accountable?

Community members

Greetings

My name is ... and I am supporting a research team from Texas A&M and Notre Dame University in the US who are looking at different indicators of commitment indicators. I am collecting information about your participation in the Just Like My Child JLMC program. The purpose of this exercise is NOT to evaluate the JLMC program. This is a research project to explore the ways that you experience commitment when you participate in JLMC activities related to health, education and gender. We are contacting you as a program participant because your perspectives are important for understanding some of the characteristics of commitment.

This interview is voluntary and you can choose not to answer any question or to stop the interview time during this session. The interview includes open-ended questions and will take around 30 minutes of your time. We will do everything in our power to protect the confidentiality of your responses. Your answers will be grouped with the answers of other people.

Do you have any questions, or need clarifications about anything?

Do you agree to participate in the interview? Can we record this interview?

Key questions:

1. Tell me a little bit about yourself.
 - Age, education, what do you do for a living?
2. Tell me your story as it relates to the JLMC program.
 - Why did you get involved in the JLMC program?
 - What JLMC program did you participate in?
 - Health related program.
 - Education related program.
3. Your understanding of why certain things happen/don't happen in your community.
 - What do you think about this expectation?
 - Has it changed over time?
4. Now, I'd like to ask you about your experiences you've had after completing the JLMC program.
 - How has your personal and professional experiences changed since you completed the JLMC program/training?
 - How did you use your experiences that you learned from JLMC in your daily life?
 - In health
 - In education
 - Please provide an example of how you used what you learned from JLMC in your daily life. And, why?
 - What are the factors that changed your engagement with your community?
 - tell us about your engagement process related to health (personal health, family health, community health)
 - tell us about your engagement process related to education (continuation of your own education, children's education, community education, collaboration)

- What aspects of your experience at JLMC you learned from helped you most in your current context (family/work/community)? Why?
 - What type of support you received from your family and community while participating in the program?
 - Supports you received from family
 - Supports you received from community
 - Do you think there is a way to measure these?
5. What efforts did you put in to complete your participation in the program?
- What made this effort sustainable?
 - What did you do to make it sustainable?
 - Do you think there is a way to measure it?
6. Now, let's go through the experience you have within your community in relation to health and education. So, what was your experience?
- What did you like about that experience? Why do you think so?
 - What are some of the incidents that influenced your experience?
 - Did they make you more or less interested in participating in the JLMC program?
 - Did they make you more or less likely to do (insert one or more of the actions they described in question 4)?
7. Was there any challenge to implement your learning in your personal environment?
- Was there any resistance within your house to your involvement in the community?
 - Was there any resistance in your community to your involvement in the community?
 - If yes, what were those challenges?
8. Thinking about your overall experience in your community after finishing the program, do you have any advice to the implementer to improve the programing so that there will be higher engagement of the participants in the program?
9. Thinking about your overall experience in your community after finishing with JLMC, how would you increase your involvement/engagement in the community?
- Do you feel you have any commitments to your community in the coming days? If yes, why do you think so? What are those?
10. Based on everything we have talked about, how do you describe the support you received from your family and community to implement change/experience? Example peers' support?
11. In your opinion what are the most important factors that influence peoples' engagement for the change in the community?
- What makes them more likely to be transparent with these engagements?
 - What makes them more likely to be accountable to other community members?
 - What makes them more likely to be inclusive with their engagements?
12. Is there anything else you want to add to what we were talking about today?

USAID Staff

Greetings

My name is ...and I am a member of a research team from Texas A&M and Notre Dame University in the US. We aim to collect information about different approaches and methods to understand commitment across the health and education sectors in relation to gender.

We are contacting you as a _____ (program implementer/policy maker/USAID mission representative) because your perspectives are important to provide insights that can lead to in-depth understanding of some of the characteristics of commitment and possibly of some commitment indicators.

This interview is voluntary and you can refuse to participate and/or answer any questions at any time during this session. However, we encourage you to stay until the interview ends. The interview includes open-ended questions and does not take more than 60 minutes of your time. We will do everything in our power to protect the confidentiality of your responses. Your answers will be grouped with the answers of other people and your name will not be used in the report.

Do you have any questions, or need clarifications about anything?

Do you agree to participate in the interview? Can we record this conversation?

Key questions:

1. Tell me a little bit about yourself.
 - o Your name, gender, position and organization?
2. What are your main roles related to health/education programs in your organization?
 - a. Authority in your organization and roles in collaboration and coordination
 - b. Motivating factors for working in this area
 - c. Personal values, believes
 - d. How closely do the policies of your organization reflect your personal values?
3. How do you plan and prepare for your program? (Policy and programs)
 - a. Agenda settings and prioritization (equitable participation)
 - b. How do you include input from country/region/local people in your programming?
 - c. In what ways are you transparent, accountable and inclusive?
 - d. How do you set targets, areas and coverage?
4. Who is the source of funding for your activities?
 - a. Government
 - b. Co-funding (money comes from two governments, foundations, private sectors, etc.)
 - c. Other in-kind support
5. Do you have any guidelines/bylaws in your organizations that ensure the benefits are distributed **evenly** to all? Could you please give an example/illustrate?

- a. Do you seek any commitment from the central/sub-national/local level to increase the program benefits to women and disadvantaged people?
 - i. If yes, how do you implement it?
 - b. Do you have similar guidelines to ensure benefits are distributed with **transparency**?
 - c. What about **accountability** guidelines/bylaws for those who are responsible for distributing the benefits?

6. Do you have a plan for promoting partnerships between the private sector and government in program planning and implementation? Why/why not?

7. How do you align the requirements of your program with the country's development strategies in relation to gender in the health policy/education sector?
 - a. Why is it important for you?
 - b. What are some of the challenges for this?

8. How do you make sure to increase the participation of women and men in your program/activities? What about marginalized groups?
 - a. Are there any requirements for balancing the participation?

9. Given the various programs/activities/services that are provided at different levels, is there a good (or better?) way to measure government/community/people's commitment to the program?
 - a. How can we measure the commitment of government/local level/communities in education?
 - b. How can we measure the commitment of these entities in health?
 - c. What could be the better measure for measuring commitment for gender?
 - d. How do you currently assess or measure commitment?

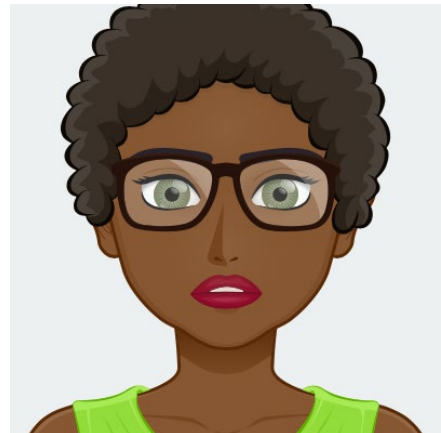
10. What is your approach to make your program sustainable? Do you have any strategies to increase the ownership of your program at country/regional/local level?
 - a. Ownership strategy for country government
 - b. Ownership strategy for local people

11. What would alleviate relevant issues in women's health and education in your program areas? Why?


Annex 4: Personas for understanding commitment in a Ugandan community

These four personas are based on the research conducted and the data collected from different people (leaders and participants) in a local Ugandan community. These four personas reflect the aggregate data analysis and help understand respondents’ indigenous experiences and approaches/expectations regarding commitment- a complex construct.


Detailed below are two female personas, Community Leader Lindia and Program Participant Pasua, and two male personas, Community Leader Mukasa and Program Participant Ochen, based on reflections of local individuals according to data analysis.


Persona	About the Person	What the person thinks needs to happen regarding commitment
 <p>Community Leader Lindia</p> <p>Female local community leader. Leads a local clinic turned into a teaching hospital officially recognized by the Ugandan government’s Ministry of Health</p> <p>Well-educated individual, in her late 40s/early 50s. Married with four kids, three teenage girls and a young boy, and a supporting husband. A credible individual in the community and her status enables her to understand local health, education, and gender issues</p> <p>Emotionally intelligent, understands the local norms and traditions and understands the rule of law. She also</p>	<p>Works effectively to create awareness within the community (community sensitization)</p> <p>Understands effectiveness of group/committee work</p> <p>Takes personal responsibility towards women’s health issues</p> <p>Empowers parents/women/young adults by involving them in community-based activities such as connecting low-income, young women (who are pregnant or mothers of young children) with existing educational and health services or with other families who can directly provide services to the young women</p> <p>Supports giving and receiving feedback to teachers and</p>	<p>Implementing rules and bylaws</p> <p>Building individuals’ capacity in the local community</p> <p>Effectively communicating and engaging individuals about:</p> <ul style="list-style-type: none"> - benefits of programs - challenges of programs <p>Building community support for women’s health and health insurance</p> <p>Participatory planning with community engagement to solve more urgent issues</p> <p>Systematically assessing learning and using evidence to set priorities and inform policies</p> <p>Building accountability through assessment and feedback loop and following transparency procedures</p> <ul style="list-style-type: none"> - Periodic meetings - Check-ins - Board meetings - Having a budget - Maintaining attendance - Record keeping - Generating reports

<p>understands how these factors sometimes are in conflict and become challenges for education and health among locals, especially among women and young females</p> <p>Supports group work as an effective way for community development/change. Very savvy with financial numbers, independent, and does not shy away from voicing her opinion</p>	<p>doctors/health providers and implements mechanisms to provide ongoing support to local families and local teachers and doctors</p> <p>Believes planning is the key to success</p> <p>Understands local culture/norms</p> <p>Understands rule of law</p> <p>Worries about disease outbreaks</p> <p>Comfortable with navigating between the local culture and the rule of law.</p> <p>Advocates for women’s empowerment within family and community</p> <p>Financially savvy</p>	<p>Understanding that procedures should be built into a system, so community “participants” do not have to create them or raise concerns on their own!</p> <p>Working on having available and accessible community health and education centers/institutions</p> <p>Building trust with the local community for families to buy-in (such as parental buy-in to send kids to school)</p> <p>Empowering women to take control (within their own families) and make decisions</p> <p>Having budgets that reflect programs’ attention to women</p>
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Persona	About the Person	What the person thinks needs to happen regarding commitment
 <p>Program Participant Pasua</p> <p>Female local community participant</p> <p>Pasua means “a child delivered by cesarean operation.” While this represents the pain and challenges women face in a patriarchal social system it also represents how they are actively working within their communities to create change and a better future for themselves and their families!</p> <p>Pasua is in her thirties, literate/basic education, got married at age 18 and has two daughters and two sons. Her husband is the sole breadwinner and she mainly takes care of her kids and the house. Her older daughter helps with house chores and with taking care of the younger siblings</p> <p>Pasua, has hope for her kids to have better educational opportunities and understands that higher education levels will help her kids attain a better life and earn respect in the community. At the same time, she worries for her family’s health especially after the pandemic</p>	<p>Understands the importance of awareness and awareness creation among families to help improve the health and educational status of family members and individuals in the community</p> <p>Actively supports and sometimes participates in capacity building trainings and learning activities such as parent education programs and preventing pregnancy complications awareness programs</p> <p>Participates in community activities such as volunteering to provide health related support to young females and/or involvement in school governance</p> <ul style="list-style-type: none"> - Supports the empowerment of locals - Self-confident and financially literate <p>Encourages kids’ education</p> <p>Has relative power in family relations and decision making, which is not usually the norm in Ugandan families but trending up</p>	<p>Willingness of local parents to send students to school</p> <p>Availability of:</p> <ul style="list-style-type: none"> - resources (health and education) - information about service programs such as services provided, where to access them, target population, and how to get enrolled <p>Accessibility of programs to all locals</p> <p>Understanding programs’ benefits</p> <p>Having a support structure within the family and/or minimal barriers to education and health services</p> <p>Being able to trust the system because funding/decisions are transparent</p> <p>Transparency of program goals, especially funded programs</p> <p>Having self-motivation for change</p> <ul style="list-style-type: none"> - Engagement with local leaders’ initiatives - Active participation in different health and education activities <p>Giving authority to women (within kinship and in a male dominant society):</p> <ul style="list-style-type: none"> - to make decisions related to the education and health of their kids - to take leadership roles in implementing programs especially those that are gender based

<p>Usually attends/participates in local events that focus on women’s issues such as health and education. She respects and trusts the local leaders, especially the few local female leaders</p>	<p>Worries about the health of her family and community, especially after the spread of COVID-19, and the availability of health facilities (and financial resources) for care if family members get sick</p> <p>Suspicious towards donors and non-local NGOs working on gender-based issues due to past experiences with politically driven agendas or due to promises not fulfilled</p> <p>Supports female leadership and women’s authority to make decisions</p>	
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Persona	About the Person	What the person thinks needs to happen regarding commitment
 <p>Community Leader Mukasa</p> <p>Male local community leader.</p> <p>Mukassa means “chief administrator of the gods,” which represents the characteristics of male community leaders in the context of Uganda.</p> <p>Mukasa is in his 40s, married with three kids. Mukasa is an educated male and comes from a literate family, he was influenced by his parents, especially his strong mother who pushed him to go to school and change his life through education.</p> <p>Mukasa promotes gender sensitive practices such as shared decision making and fights violence against women and children.</p>	<p>Understands the relative influence of patriarchal systems (such as the absence of women’s mobility) and is comfortable with challenging the status quo</p> <p>Supports implementing robust government strategies because he believes they provide a systemic and effective way to produce lasting health and education outcomes. Especially, strategies that are gender related such as teen pregnancy programs and violence against women awareness programs</p> <p>Supports implementing existing policies related to health and education</p> <p>Supports women’s empowerment based on his own experiences growing up in a stable household where women (his mother) had a voice/say</p> <p>Supports kids’ education</p>	<p>Leadership endorsement and support of:</p> <ul style="list-style-type: none"> - Women’s empowerment to have shared decision making within their families - Women’s mobility <p>Availability and accessibility of education and health systems at the local community</p> <p>Utilization of local resources (such as local facilities) to conduct meetings to raise awareness and have dialogues on family health and education</p> <p>Creating new policies and/or implementing existing policies in education and health (such as girls’ school dropout, child marriage, etc.)</p> <p>Implementing existing government strategies for health and education sectors</p> <p>Increasing local families’ awareness about the importance of education (sending all kids, boys and girls, to school) and health</p>

Persona	About the Person	What the person thinks needs to happen regarding commitment
 <p>Community Member Ochen</p> <p>Male local community Member.</p> <p>Ochens “one of twins,” in this case it is a metaphor for the more dominant ethos among men in the context of Uganda</p> <p>Ochen is in his 30s, married. He is a well-respected man (also called Emanzi in the local language) who is willing to learn and participate in changing some of the local traditions especially those related to gender issues. He gets involved with family planning activities with his wife.</p>	<p>Worries about outbreaks of new diseases especially with new Covid-19 crises</p> <ul style="list-style-type: none"> - Concerned about health care system’s ability to cope due to lack of medical equipment - Concerned that family may get the disease - Concerned that there might not be financial resources to pay medical bills <p>Supports more female involvement in decision making at the family level (financial decisions, health and education, etc.)</p> <p>Worries about the shortage of healthcare resources and/or local healthcare facilities</p>	<p>Buy-in from local communities to participate in:</p> <ul style="list-style-type: none"> - Gender sensitive and gender related activities - Sharing opinions about health and education services in the local community <p>Willingness to send kids to school</p> <p>Willingness of local citizens to pay for health and education services</p> <p>Granting autonomy/authority/trust for schoolteachers and local leaders to make decisions related to curriculum and instructions that are gender related</p> <p>Receiving support from local leaders for educational attainment and healthcare services such as setting aside communal real estate for schools and/or using parts of school facilities as health-serving facilities on weekends and breaks</p>