PARADIGM FOR SOCIAL JUSTICE & DEVELOPMENT

TALKING ABOUT WHAT'S HARD TO TALK ABOUT



How Values-Based Communication and Storytelling reduced stigma around Adolescent SRHR in Wakiso District

Learning Brief

September 2026

With support from

AMPLIFY CHANGE

Contents

INTRODUCTION 3
Project at a glance 4
What was different about the approach? 4
The approach at a glance 5
SECTION 1: WHY A VALUES-BASED APPROACH 6
How the messages were framed 7
The Pathway to change 8
SECTION 2: HOW THE APPROACH WORKED IN PRACTICE 9
Entering the community through trusted people and existing structures 9
Framing the conversation with parents 10
Engaging adolescents 12
Adapting to each setting 13
SECTION 3: STORYTELLING: MAKING THE ISSUES REAL 15
The stories CORPs told 15
Matching the story to the audience 15
How stories were told 16
The power of lived experience 17
A note on safeguarding 17
SECTION 4: WHAT MADE IT WORK 18
Materials that built trust, not just carried messages 18
Support that helped CORPs grow 19
Flexibility 19
SECTION 5: WHAT CHANGED 20
Parents who talk, and listen 20
Adolescents who ask, and share 20
Trust that carries into services 21
Communities that ask for more 21
WHERE THE APPROACH HAD LIMITS 22
SECTION 6. WHAT WE LEARNED 23
1. The CORP role is to listen and connect, not to know everything 23
2.Protection opens the door; rights can follow 23
3. Stories of consequences need a way forward, and real anonymity 23
4. Family communication and confidential access both matter 24
5. Some challenges need solving at design stage 24

6. Communication is a pathway, not a single intervention 24
7. Much of the most valuable work is informal 25
CONDITIONS FOR REPLICATION 25
SECTION 7: RECOMMENDATIONS FOR PRACTITIONERS 27
Messaging 27
Storytelling and materials 27
Selecting and supporting CORPs 28
Gender and inclusion 28
Sustainability 28
QUESTIONS PSD IS STILL EXPLORING 30
SECTION 8: LOOKING AHEAD 31
ABOUT THIS LEARNING BRIEF 33
ACKNOWLEDGEMENTS 34
A PRACTITIONER'S QUICK CHECKLIST 35

Introduction

In many communities in Wakiso District, adolescent sexual and reproductive health is something people would rather not talk about. Parents worry that information will encourage early sexual activity. Religious and community leaders are cautious about content they perceive as inconsistent with local values.

Adolescents fear being judged, laughed at or reported to their parents if they ask questions or seek services. The result is silence, and in that silence, leaving adolescents to rely on friends, social media and other sources for information that may be inaccurate or incomplete.

Between September 2023 and September 2026, with support from AmplifyChange, PSD implemented the project Empowering communities to reduce stigma towards Young Adolescents accessing SRHR information and services in Wakiso District.

At the heart of the project were 30 Community Resource Persons (CORPs), including parents, Village Health Team members (VHTs), local leaders and other trusted community members, trained to facilitate conversations about adolescent SRHR through community community dialogues, schools, homes and health facilities.

This brief documents what PSD learned about how CORPs used values-based communication and storytelling to make

difficult conversations more possible: how they entered communities, adapted messgaes to different audieneces, responded to resistence, created safer spaces for questions and connected adolescents to appropriate information and services.

The learning draws on reflections from CORPs in Mende, Wakiso, Kasanje, Bussi, Kakiri and Kyengera sub-counties; the experience of PSD's programme team; and the perspectives of adolescents and parents engaged through the project. CORPs are identified by sub-county only to protect confidentiality.

The brief is intended for CSO partners and peer organisations, district stakeholders, SRHR advocates and development partners interested in adapting community-based approaches to reducing stigma around adolescent SRHR in Uganda and the wider Eastern and Southern African region.

An important note on the evidence

This is a learning brief, not an impact evaluation. The changes described here are drawn primarily from programme experience, CORP reflections and accounts from community members and adolescents.

They demonstrate how participants experienced and understood the approach, and identify patterns that PSD considers important for future programming. They should not be interpreted as proof that the project alone caused every reported change.

About the Evidence

This is a learning brief, not an independent impact evaluation. The learning presented here draws on CORP reflections, PSD programme experience, and perspectives shared by adolescents and parents engaged through the project.

The brief documents how the approach was experienced in practice, what appeared to work, what remained difficult and what PSD would adapt in future programming. Reported changes should therefore be understood as programme learning rather than evidence that every observed outcome was caused by the project.

Project at a glance

Project	Empowering Communities to Reduce Stigma towards Young Adolescents Accessing SRHR Information and Services in Wakiso District.
Implementation period.	September 2023 – September 2026.
Community Resource Persons.	30
Location	Wakiso District, Uganda
Core community actors	Parents, Village Health Team members, local leaders and other trusted community members
Main engagement spaces	Communities, schools, households and health facilities

Communication approaches	Values-based communication, storytelling, dialogue, listening, community engagement and referral
Core learning	Accurate information is necessary, but it becomes more actionable when adolescents and adults encounter it through trusted relationships, safe dialogue and opportunities to ask questions, seek support and act.

What was different about the approach?

PSD did not treat stigma primarily as an information gap. The project combined accurate SRHR information with values-based communication, trusted community messengers, storytelling, dialogue and referral pathways.

Rather than asking only:

What message should we deliver?

CORPs increasingly learned to ask:

"What does this audience value, what are they worried about, what do they already know, and what would make it safer for them to talk and act?"

This changed the role of the CORP from simply delivering information to listening, facilitating reflection, correcting misconceptions, creating safe spaces and connecting people to appropriate information and services. The approach was therefore less about finding the perfect message and more about creating the conditions in which difficult conversations could happen.

The approach at a glance

Start from shared values, not technical messages. Dignity, confidentiality, community ownership and inclusion shaped how every conversation was held, not simply what was said.

Let trusted people carry the message/conversation. CORPs who were already VHTs, parents or local leaders often entered conversations with greater legitimacy. Simplify identity materials such as ID tags and reflector jackets also helped make their role visible.

Meet parents where their concerns are. Rather than dismissing parental fears, CORPs acknowledged them and connected SRHR information to parents' existing responsibilities to guide, protect and support their children.

Use stories to open discussion and match them to the audience. Stories helped people discuss sensitive situations without having to disclose their own experiences. CORPs learned to match stories to the audience and end with questions rather than predetermined conclusions.

Listen more than you speak. CORPs became more effective when they moved from trying to deliver every message to listening, answering questions, creating safe spaces and connecting people to appropriate services.

Pair information with an opportunity to act. Information became more meaningful when adolescents had trusted people to approach, confidential pathways to services and supportive adults with whom they could communicate.

SECTION 1: WHY A VALUES-BASED APPROACH

PSD chose a values-based approach because information alone does not necessarily change how people communicate, make decisions or seek services.

For adolescents, questions about sexuality, relationships, health and identity can be difficult to raise where stigma, fear or judgement are present. Parents, leaders and service providers may also have accurate information while holding concerns or assumptions that make open communication difficult.The approach therefore placed values such as respect, dignity, equality, empathy, responsibility, inclusion and non-discrimination at the centre of engagement with adolescents, communities and service providers. Rather than simply telling adolescents what to do, PSD created spaces where they could reflect, ask questions, challenge harmful beliefs and understand how their choices affect themselves and others.

The project therefore placed values such as respect, dignity, equality, empathy, responsibility, inclusion and non-discrimination at the centre of engagement with adolescents, families, communities and service providers. Rather than simply telling adolescents what to do, CORPs created opportunities for people to ask questions, reflect on existing beliefs, challenge misconceptions and consider how their choices and relationships affect themselves and others.

PSD's starting point was that accurate information is necessary

but not sufficient. Young people also need supportive social environments, trusted sources of information, confidence to seek help and services where they can expect respectful treatment. Parents, leaders and service providers likewise need opportunities to reflect on the attitudes and norms that can make it difficult for adolescents to ask questions or seek care. The approach therefore treated adolescents not simply as beneficiaries, but as rights-holders with the capacity to seek information, make informed decisions and participate in shaping the environments and services that affect them.

Table 1. The values behind the approach, and how they showed up in practice

VALUE	WHAT IT MEANS	WHAT IT LOOKED LIKE IN PRACTICE
Dignity and non-judgement	Adolescents deserve respectful engagement rather than correction or moral instruction.	Normalising body changes and opening conversations by recognising positive choices rather than beginning with warnings.
Confidentiality and safety	Adolescents need to feel able to ask questions and seek information or services without unnecessary exposure.	Anonymous written questions in schools; removing identifying details from stories; discussing confidentiality before referrals.
Community ownership	Stigma reduction is more sustainable when communities participate in shaping the response.	Working through community structures, local leaders, VHTs and other trusted community actors.

VALUE	WHAT IT MEANS	WHAT IT LOOKED LIKE IN PRACTICE
Inclusion	Different adolescents experience barriers differently and should have meaningful opportunities to participate.	Adapting language and engagement approaches for out-of-school adolescents and making deliberate efforts to involve fathers and other adults who may be less engaged.
Respect for rights and responsibilities Adolescents have rights while families and institutions also have responsibilities to support their wellbeing. Framing SRHR information as part of responsible parenting, protection, dignity and access to information.	Respect for rights and responsibilities Adolescents have rights while families and institutions also have responsibilities to support their wellbeing. Framing SRHR information as part of responsible parenting, protection, dignity and access to information.	Respect for rights and responsibilities Adolescents have rights while families and institutions also have responsibilities to support their wellbeing. Framing SRHR information as part of responsible parenting, protection, dignity and access to information.

The approach therefore sought not only to change what people knew, but also to influence the relationships, confidence and social conditions that determine whether knowledge can be discussed and acted upon.

How the messages were framed

Four framing choices were particularly useful in the Wakiso context.

The first was to normalise help-seeking, presenting SRHR information and services as part of growing up and looking after one's health rather than as something exceptional or shameful.

- The second was to share responsibility. Stigma was treated as a community-level barrier involving parents, teachers, health workers, leaders and peers, rather than as a problem adolescents had to solve alone.
- The third was to speak the local language. CORPs avoided unnecessary clinical or programme terminology and used words and expressions familiar to the communities they served.
- The fourth was community ownership. CORPs came from the communities where they worked, helping people experience the conversations as community-led rather than externally imposed.

This also helped put a face to services. Teachers, health workers and CORPs became identifiable people whom adolescents and parents could approach, rather than representatives of abstract institutions.

Storytelling followed naturally from these principles. Stories made difficult issues relatable, allowed people to consider sensitive situations without having to disclose personal experiences, and created opportunities to explore what could have been done differently.

The Pathway to change

The project experience suggests a pathway through which

values-based communication can contribute to changes in communication, confidence and help-seeking:



The pathway was not necessarily linear. A young person might first approach a CORP because of an existing relationship, then ask a question, receive information, gain confidence and later seek a service. In other cases, a parent's concern could become the starting point for a conversation that gradually changed how they communicated with their child.

The project therefore suggests that information is one part of the change process, rather than the entire process.Trust, relationships, social norms, confidence, confidentiality and access to appropriate services can influence whether information becomes actionable.

SECTION 2: HOW THE APPROACH WORKED IN PRACTICE

Across community dialogues, school sessions, home visits and health-facility interactions, CORPs did not follow a single script. They worked from shared values and adapted the conversation according to the people, setting and concerns in front of them.

The approach was adapted rather than delivered as a fixed script. What remained consistent was the underlying commitment to dignity, respect, inclusion and safe dialogue.

Entering the community through trusted people and existing structures

Before a message could be discussed, CORPs needed a legitimate way into the community. The most useful entry points were structures that already existed and were familiar to community members: Local Council village meetings, organised community groups, schools and existing health roles. In schools, an introduction letter from the District Education Officer helped establish legitimacy.



Community Resource Persons (CORPs) that were trained to implement the project in their communities

Working through existing gatherings also reduced the mobilisation burden because CORPs could engage people where they were already meeting.Health concerns could provide another entry point. HIV-related questions, for example, created opportunities for some CORPs who were also VHTs to discuss broader adolescent SRHR.

The messenger mattered. CORPs who were already known as VHTs or local leaders often encountered less resistance because community members already associated them with health, community service or local leadership. In Kasanje, one CORP described working alongside a respected local leader as a way of creating an easier entry point for sensitive conversations.

Framing the conversation with parents

One framing that worked repeatedly with parents was generational change.

Parents were reminded that adolescents are already exposed to information through social media and peers, some of which may be false or incomplete. The question was therefore not simply whether adolescents would encounter SRHR information, but whether trusted adults would also be available to help them interpret what they encountered.



CORP from Wakiso Kyebando engaging parents in a discussion

> *"I told parents that we should appreciate generational change. Our children have a lot of exposure to social media platforms; they get a lot of information, some false and some incomplete. As a way of guiding them, we as parents have to sensitise them about SRH."*
>
> **— CORP, Mende sub-county**

A related protective framing addressed a concern expressed by some parents: that discussing SRHR might encourage sexual activity. CORPs explained that the purpose was to help adolescents understand changes they were experiencing, make informed and responsible decisions and reduce avoidable harm.

For some religious leaders and more conservative audiences, CORPs used a faith-sensitive framing, connecting knowledge, responsible parenting and care for young people to values already recognised within the community.

Others used a parental responsibility and children's rights framing, presenting SRHR information as part of the responsibility to guide, protect and prepare children.

> *"I talked to them about the need for SRH education and told them that it is the right of the children to get such education. I further told them that teaching them SRH lightens their duty as parents."*
>
> **— CORP, Kyengera sub-county**

Importantly, CORPs did not always try to win an argument. Some changed their approach by asking questions and allowing parents to identify problems they were already experiencing.

One CORP described approaching parents as a fellow parent seeking solutions rather than as someone arriving to tell them how to raise their children.

> *"I would put myself in the shoes of the group I would be meeting. While meeting parents, I would talk to them as a fellow concerned parent aiming to seek a solution to help the young ones and the community at large."*
>
> **— CORP, Kyengera sub-county**

This suggests that how a conversation begins can be as important as the technical content of the message.

Engaging adolescents

With adolescents, the guiding value was normalisation. CORPs described beginning conversations by acknowledging that puberty, body changes, relationships and questions about health are normal parts of growing up.

One CORP described starting with encouragement rather than warnings:

> *"I found that starting with encouragement made the adolescents more comfortable and willing to listen and participate. It also helped them understand that the purpose was not to accuse or judge them, but to give them information that could help them continue making good decisions".*
>
> **— CORP, Mende sub-county**

With out-of-school adolescents, some CORPs adapted their language to the expressions young people used in their everyday lives.



Adolescents sharing during a monitoring visit in Bussi subcounty

In schools, CORPs often began by asking what students already knew or believed rather than assuming they knew nothing. This mattered because some adolescents' existing knowledge was partly correct. The task was therefore often to clarify and build on existing understanding rather than replace it completely.

Anonymous written questions were particularly useful for adolescents who were uncomfortable speaking publicly.



In school adolescents engaged in an awareness session in a safe speaking environment

Adapting to each setting

Table 2. What CORPs learned to do in each setting

SETTING	WHAT WORKED
Community dialogues	Two or three key messages rather than trying to cover everything; enough time for discussion; small mixed groups that brought different perspectives together.
Schools	Session plans agreed with teachers in advance; interactive discussions; anonymous questions; starting from students' existing knowledge.
Home visits	Greeting the family, asking about the home environment and listening before introducing SRHR; one-to-one conversations allowed concerns to emerge privately.
Health facilities	Reassuring adolescents about confidentiality and referring them to the appropriate person rather than attempting to answer every question.
Engaging fathers	Starting from parenting and their role as fathers rather than assuming opposition to SRHR information.
Out-of-school adolescents	Adapting language and meeting young people in spaces where they were comfortable.

One CORP described how their own communication changed over time:

> *"At first, I would go directly into the health message, but some parents felt that you were coming to tell them how to raise their children. I learned to first greet them, ask how things are at home and allow them to explain their concerns. Then I would introduce the topic based on what they had shared".*
>
> **— CORP, Wakiso sub-county**

The lesson is not that one communication sequence will work everywhere. Rather, effective communication required CORPs to understand the audience, listen first and adapt without abandoning the underlying values of dignity, respect and inclusion.

SECTION 3: STORYTELLING: MAKING THE ISSUES REAL

Stories were one of the most versatile tools used by CORPs. They allowed people to discuss sensitive situations without immediately having to disclose their own experiences. They also turned abstract concerns into situations people could recognise and discuss.

The stories CORPs told

Anonymised community stories based on situations raised in communities, with names and identifying details removed.

Current local and national issues such as events and issues that people already recognised from their communities, media or social media.

"Missed opportunity" stories in which a young person asks a question or seeks support but an adult dismisses the request. These helped parents consider the consequences of shutting down communication.

Stories about consequences and support about pregnancy, school dropout, unsafe situations or other harms. These were most useful when they also explored what support, information or adult response might have prevented or reduced the harm.

Personal and lived-experience narratives. Some CORPs chose to share experiences from their own lives or describe how their own thinking had changed. Such sharing was voluntary and should always be guided by safeguarding considerations.

Matching the story to the audience

No single story worked for everyone. Through practice, CORPs learned which stories spoke to which audience.

Table 3. Which stories resonated, and with whom

AUDIENCE	STORIES THAT RESONATED	WHY THEY WORKED
Parents	Everyday household situations, menstruation, difficult questions from children and stories about parents changing their approach.	Parents could recognise situations from their own homes and reflect without being directly accused.
Adolescents	Stories about stigma, relationships, body changes, seeking information and experiences at health facilities.	Young people could consider situations similar to their own and discuss possible responses.
Leaders	Community-level situations showing the consequences of silence and the potential value of support and services.	Helped connect individual experiences to broader community responsibilities.

How stories were told

The most effective CORPs used stories to open a discussion, not close one.

They described a situation and then asked:

- ***What could have been done differently?***
- ***What would you do?***
- ***What support would have helped?***

This shifted storytelling from persuasion alone towards reflection and dialogue.



CORPs and parents from Kasanje Town Council share their journey of embracing the project and its impact on their communities.

The power of lived experience

Personal stories could be powerful because they reduced the distance between messenger and listener.

> *"With the community at large, I found that my personal stories were more effective in changing people's minds. When I shared experiences from my own life and the challenges I had faced while growing up, people listened more closely because they could relate to a real person from their own community."*
>
> **— CORP, Kasanje sub-county**

Another CORP described changing their own views as a parent:

> *"Before these discussions, I thought that talking to children about sex would encourage them to start having sex. But when I attended the sessions, I realised that if you don't give them information, they will get it somewhere else. I started talking to my children about body changes and relationships."*
>
> **— CORP, Wakiso sub-county**

But lived experience should never become an expectation placed on CORPs. Personal disclosure can create privacy, emotional and safeguarding risks. Storytelling should remain an informed choice, and anonymised or fictionalised stories should always be available as alternatives.

A note on safeguarding

Personal storytelling can build trust, but it should never become an expectation placed on CORPs or community members. Sharing personal experiences can create privacy, emotional and safeguarding risks.

Future programmes should ensure that CORPs can choose whether to use lived experience and have anonymised, composite or fictionalised alternatives available. Stories involving pregnancy, HIV, sexual violence, unsafe abortion or other sensitive experiences should be carefully adapted to avoid identifying individuals or reinforcing blame and stigma.

SECTION 4: WHAT MADE IT WORK

Materials that built trust, not just carried messages

Some of the most useful materials carried little or no technical SRHR content. Their value was relational.

Table 4. The different jobs materials did

MATERIAL	THE JOB IT DID
Reflector jackets and ID tags	Made CORPs identifiable and signalled that they had a recognised role within the project..
Guidebooks	Gave CORPs structure, reference information and confidence when facilitating discussions.
T-shirts	Became conversation starters and created opportunities for people to ask what project messages meant.
Posters	Provided visual prompts for discussion.

On Bussi Islands, for example, a project T-shirt reportedly helped create an opening for a boy to revisit puberty questions with his parents.The lesson is broader than branded materials: programme materials can serve relational and trust-building functions as well as information functions.





Reflector jackets and T-shirts were among the IEC materials used to support project visibility and community engagement during implementation.

Support that helped CORPs grow

CORPs identified three forms of support as particularly useful:

- Refresher training helped them revisit key messages, correct areas where they needed improvement and learn from one another.
- Follow-up visits by the project officer helped CORPs work through challenges and reinforced the legitimacy of their work.
- Guidebooks and monthly discussion topics provided structure and supported consistency.

The experience also suggests that community communication is not sustained by training alone. It depends on continued mentoring, trusted relationships, practical referral systems and the confidence of community communicators to adapt their approach to what they encounter.



Flexibility

Implementation did not always proceed as planned. School calendars, periods of restricted community activity and other contextual disruptions required CORPs to move between entry points.

When schools were unavailable, CORPs relied more on household visits and existing community groups.

The lesson is that community communication models need planned flexibility rather than a rigid delivery pathway.

SECTION 5: WHAT CHANGED

The evidence collected through the project suggests changes in attitudes, communication and relationships among people who participated in the project's activities. These changes should be understood as reported programme learning rather than independently verified attribution of all observed outcomes.

The changes described below are based primarily on programme experience and accounts shared by CORPs, adolescents and parents. They illustrate changes that participant observed or experienced; they should not be interpreted as evidence that every reported outcome was caused by the project.

Parents who talk, and listen

CORPs frequently described parents becoming more willing to talk about puberty, menstruation and relationships. Some parents reportedly became more comfortable responding to questions rather than immediately shutting conversations down. Some fathers also became more involved.

> *"Some parents are no longer immediately angry when they hear that their child has a question about sex or relationships. They first try to understand what the child wants to know. We cannot say every parent has changed, but the attitude is different among those who have participated repeatedly in the dialogues."*
>
> **— CORP, Kasanje sub-county**

This account is important because it illustrates a shift not simply in knowledge, but in the quality of parent–child communication.

Adolescents who ask, and share

CORPs reported that some adolescents became more comfortable asking questions about relationships, body changes, pregnancy and contraception and approaching trusted people privately.

Some CORPs also reported increased requests for HIV testing and referrals to health facilities.

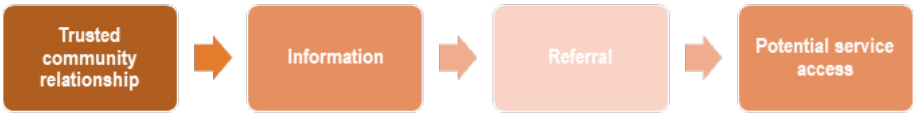
Where CORPs associated the project with broader changes such as reduced drug use, fewer school dropouts or fewer early pregnancies, these should be treated as reported observations requiring stronger outcome-level evidence before causal claims are made.

Trust that carries into services

Some CORPs became trusted links between adolescents and health services. Adolescents reportedly sometimes mentioned the name of a CORP when reaching a facility, using the relationship as a bridge to services.

> *"Some of them now come to me on their own when they need information, counselling or services. I also refer those who need further support to the health facility. When they go to the medical centre, they sometimes mention my name when accessing the services I have referred them for."*
>
> **— CORP, Mende sub-county**

This illustrates an important pathway:



However, a referral should not be treated as evidence of successful service uptake unless the programme has appropriate data confirming what happened after referral.

Communities that ask for more

CORPs described a change in the direction of engagement. At the beginning, they often had to seek out parents and adolescents. Later, some parents reportedly brought children to CORPs, schools invited CORPs to speak, and health clubs were introduced in some schools.

For PSD, this suggests that repeated, trusted engagement can help move SRHR communication from a project activity towards a more normal community interaction.

Where the Approach had Limits

Values-based communication helped open conversations, but it could not resolve every barrier adolescents faced.

Some challenges persisted throughout implementation, including transport costs, expectations of material incentives, difficulties following up referrals, limited resources for some outreach activities and the continuing challenge of engaging fathers.

The approach also could not by itself resolve wider structural barriers such as the availability, affordability or responsiveness of services.

The experience also showed that trusted community relationships are both a strength and a sustainability consideration. Where a CORP was well known and trusted, communication could become easier. However, programmes need to consider how knowledge, relationships, materials and referral systems can be sustained beyond individual project staff or volunteers.

Finally, not every change reported during implementation can be attributed to the project. Adolescents, families and communities were also experiencing wider social, economic, digital, cultural and health influences.

For PSD, this is an important methodological lesson:

Community experience can provide powerful evidence of what appears to be changing and why, but reported change should not automatically be presented as proof of project impact.

SECTION 6. WHAT WE LEARNED

The CORP role is to listen and connect, not to know everything

Many CORPs initially understood their role as delivering information and having the answers. Over time, they came to understand the role differently: listening, creating safe spaces, correcting misconceptions and connecting people to appropriate information or services.

> *"In the beginning, I thought being a good CORP meant having all the answers. As we continued, I realised my role was also to listen, create a safe space and connect people to the right information or service. I became less focused on finishing the messages and more focused on whether people understood and could apply what we were discussing."*
>
> **— CORP, Wakiso sub-county**

Lesson: community communicators should be trained not only in content, but also in listening, facilitation, safeguarding and referral.

Protection opens the door; rights can follow

In practice, some parents responded first to concerns about protecting children from harm. Rights-based arguments sometimes became easier to discuss after trust had been established. This does not mean that rights should be treated as secondary. Rather, PSD learned that the same rights-based objective may need different entry points for different audiences.

Stories of consequences need a way forward, and real anonymity

Stories involving pregnancy, dropout, unsafe abortion or other harm can make risks visible, but they can also unintentionally reinforce stigma particularly when girls or young women become examples of what went wrong.

Future programmes should therefore:

- avoid blaming or shaming individuals;
- remove identifying details;
- explain what support could have helped;
- identify available services or protective responses;
- avoid presenting pregnancy, HIV or other SRHR experiences as moral failures; and
- give people an opportunity to reflect rather than simply fear the consequence.

In small communities, anonymity requires more than removing names. Details that allow a family or individual to be recognised should also be changed or omitted.

Family communication and confidential access both matter

Parent–child communication is important, but it should not become the only route to adolescent SRHR information

and services. Some adolescents may not feel safe discussing particular issues with parents. Others may fear being recognised or judged by a teacher, health worker or community member.

A strong model therefore needs both: supportive family communication and confidential, adolescent-responsive pathways to information and services.

Some challenges need solving at design stage

Several challenges did not disappear during implementation: transport costs for reaching remote communities; expectations that participation should be rewarded with money, food or other items; difficulties following up referrals; limited equipment for some school sessions; challenges reaching fathers; and the continuing need for refresher support for CORPs.

These should not be left entirely for individual community volunteers to solve. They need to be considered during programme design, budgeting, supervision and partnership planning.

Communication is a pathway, not a single intervention

The project reinforced that information, communication, relationships and action are connected but distinct. A message may increase knowledge without increasing confidence;

a trusted relationship may increase confidence without guaranteeing service access; and a successful referral may still depend on the quality and accessibility of the service.

Future programmes should therefore monitor not only how many people were reached, but also whether people felt able to ask questions, communicate with trusted adults, seek support and access appropriate services.

Much of the most valuable work is informal

As trust developed, more engagement reportedly took place through informal conversations, home visits and walk-in requests. These interactions are difficult to capture through conventional activity counts.

This creates an important monitoring question for future programmes:

How can programmes capture meaningful informal engagement without turning every community interaction into a burdensome reporting requirement?

PSD sees this as an area for further learning and adaptation.

CONDITIONS FOR REPLICATION

The Wakiso experience does not suggest that the approach can simply be copied from one community to another. Instead, several conditions appear important for adaptation.

- Trusted messengers: Community communicators need

recognised and legitimate relationships with the people they serve.

- Existing structures: Working through local leadership, VHT networks, schools and community groups can support access and local ownership.
- Safe and confidential engagement: Adolescents need to know where they can ask questions and seek support without unnecessary exposure.
- Functional referral pathways: Communication has limited value if adolescents cannot access appropriate services after seeking support.
- Audience-specific communication: Messages and stories need to respond to different concerns and experiences.
- Ongoing support: Community communicators require refresher training, mentoring, supervision and accurate referral information.
- Gender and inclusion: Programmes should examine who has access to information, who speaks, who makes decisions and who is likely to be excluded.
- Community ownership: Adaptation is more likely to succeed when communities see the approach as responding to concerns they already recognise rather than as an externally imposed campaign.

SECTION 7: RECOMMENDATIONS FOR PRACTITIONERS

The recommendations below reflect PSD's experience in Wakiso. They should be adapted to local context rather than treated as a universal formula.

Messaging

- Open with generational change and protection when working with parents, and introduce rights language once trust is established.
- Start with the concerns people already have.
- With parents, generational change, protection and responsible parenting created useful entry points in this context.
- Ask before you tell.
- Questions about problems people already recognise can create space for reflection before introducing technical information.
- Use locally meaningful language.
- Avoid unnecessary programme or clinical terminology.
- Keep rights at the centre while adapting the entry point.
- Different audiences may need different ways into a rights-based conversation.

- Do not assume fathers/men are opposed.
- Engage men through their existing identities and responsibilities as fathers and community members.
- Work with faith, not around it, where communities are religious; knowledge-seeking and responsible upbringing are values, most faiths already hold.

Storytelling and materials

Support CORPs who are willing to share their own stories, as an informed choice, with attention to their comfort and safety.

Plan materials by the job they do: identity (jackets, ID tags), conversation-starting (T-shirts, posters) and reference depth (guidebooks).

Use stories to open reflection rather than close debate: Match stories to the audience.

A household story may resonate with parents while an adolescent's experience may be more relevant to young people. Use consequence stories carefully.

Avoid reinforcing stigma and always include a pathway towards support, prevention or action.

Protect anonymity beyond names. Change or omit details that could identify people or families.

Make personal storytelling voluntary. CORPs should

never feel required to disclose their own experiences.

Use anonymous questions where adolescents may fear public disclosure.

Design materials according to their purpose.

Some materials establish identity, some start conversations and others provide technical reference information.

Selecting and supporting CORPs

Recruit people who already have trusted community roles, including VHTs, parents, local leaders and, where appropriate, young people.

Train for facilitation, not only information delivery.

Build in refresher training and mentorship.

Ensure CORPs understand confidentiality and safeguarding boundaries.

Supervise community sessions periodically to support quality and problem-solving.

Have supervisors attend some sessions in person; it supports quality and adds weight to the CORPs' work.

Give CORPs a clear referral pathway and a simple way to confirm that adolescents reached the service.

Gender and inclusion

- Do not equate inclusion with attendance. Assess who speaks, who makes decisions, who has access to information and who is able to use services.
- Deliberately engage fathers and other men who may be less visible in SRHR programming.
- Consider the different experiences of girls and boys.
- Adapt approaches for out-of-school adolescents and other groups facing additional barriers.
- Integrate disability inclusion into training, materials, participation and monitoring rather than treating it only as a reporting requirement.

Sustainability

- Build on existing community roles and structures where appropriate.
- Clarify what CORPs can continue doing after project funding ends.
- Agree expectations around incentives from the beginning.
- Strengthen links between CORPs, schools and health facilities.
- Establish practical confidentiality protocols.
- Find light-touch ways of capturing informal engagement.
- Make disability inclusion explicit in CORP training, materials and reporting.

QUESTIONS PSD IS STILL EXPLORING

The project generated important learning, but it also raised questions that PSD considers relevant for future programming and research:

1. Which elements of the approach are most important for sustained changes in parent–adolescent communication?
2. How long do changes in attitudes and communication practices continue after project support ends?
3. What enables adolescents to continue using trusted community referral pathways?
4. How can fathers and other less-engaged caregivers be reached more effectively?
5. How can programmes strengthen disability inclusion beyond participation numbers?
6. How can informal community conversations be documented without creating excessive reporting burdens for CORPs?
7. What makes a community communication model sustainable within existing VHT, school and community structures?
8. Which elements of the approach can be adapted to other sensitive rights issues beyond adolescent SRHR?

SECTION 8: LOOKING AHEAD

For PSD, this project has changed how the organisation understands storytelling. What began mainly as a way of showing results has become a way of learning, advocating and demonstrating how changes in knowledge, attitudes, confidence and participation lead to better SRHR outcomes for young people.

For PSD, the project has changed how the organisation understands storytelling.

Storytelling began primarily as a communication and documentation technique. Through implementation, it became something broader: a way to listen, learn, challenge assumptions, facilitate dialogue and identify pathways towards change.

The experience also reinforced a broader lesson for PSD's work on rights and social justice:

People do not necessarily act on information simply because they have received it.

The pathway between information and action can depend on trust, relationships, social norms, confidence, institutional responsiveness, safety and the availability of practical opportunities to act.

This has implications beyond adolescent SRHR.

For PSD, values-based communication can contribute to a

broader organisational approach to:

- community-led learning;
- rights-based communication;
- gender-responsive programming;
- evidence generation;
- safeguarding;
- community accountability;
- policy engagement; and
- knowledge translation.

For PSD, this learning also reinforces the value of connecting community voice, evidence, learning and policy influence. The experience provides a foundation for applying values-based communication beyond adolescent SRHR, while recognising that each issue requires its own context analysis, safeguarding considerations and communication strategy.

Under PSD's Strategic Plan 2025–2030, the organisation will continue strengthening its ability to turn community-level experience into evidence, learning and policy influence, while working through partnerships and coalitions rather than alone.

The CORPs remain central to this learning. Their experience demonstrates that community communication is not simply about delivering messages. It is about creating the conditions in which people feel able to ask, listen, reflect, decide and act.

ABOUT THIS LEARNING BRIEF

This learning brief documents PSD's practical experience from the implementation of the project *Empowering Communities to Reduce Stigma towards Young Adolescents Accessing SRHR Information and Services in Wakiso District* between September 2023 and September 2026.

The learning draws on reflections from Community Resource Persons working in Mende, Wakiso, Kasanje, Bussi, Kakiri and Kyengera sub-counties, experience from PSD's programme team, and perspectives shared by adolescents and parents engaged through the project.

The brief is intended as a practice-learning product rather than an independent impact evaluation.

Its purpose is to document how the communication approach was experienced in practice, identify recurring lessons, acknowledge limitations and provide practical considerations for organisations seeking to adapt similar approaches.

Quotations are attributed to CORPs by sub-county only. Personal names and identifying details have been omitted to protect confidentiality.

The brief should therefore be read as evidence of programme

experience and learning, rather than as evidence that every reported change was caused by the project.

THE CENTRAL LESSON

Values-based communication is most useful when accurate information is combined with dignity, trusted relationships, safe dialogue and meaningful opportunities for people to act on what they learn.

The Wakiso experience does not suggest that one communication approach will eliminate stigma or produce the same results in every community.

It suggests something more practical:

When difficult conversations begin with respect, are carried by trusted people, make room for questions and reflection, and connect information to real opportunities for support and action, silence can begin to give way to dialogue.

ACKNOWLEDGEMENTS

PSD thanks the Community Resource Persons whose dedication, creativity and honesty made this work possible and made this learning brief possible; the adolescents, parents, teachers, health workers, religious and local leaders of Wakiso District who opened their homes, schools and meetings to these conversations; district and health facility partners for their collaboration; and AmplifyChange for its support.

A PRACTITIONER'S QUICK CHECKLIST

Before starting

- Who does the community already trust?
- What concerns do parents and caregivers have?
- What do adolescents already know or believe?
- Which adolescents are most likely to be missed?
- What services and referral pathways actually exist?
- How will confidentiality and safeguarding be protected?

During engagement

- Listen before presenting messages.
- Use locally meaningful language.
- Adapt the conversation to the audience.
- Use stories to open reflection rather than close discussion.
- Provide opportunities for anonymous questions where appropriate.
- Avoid judgement, blame and unnecessary disclosure.
- Know when to refer rather than attempting to answer everything.

After engagement

- What questions are people still asking?
- Did people know where to seek further support?
- Did referral pathways function?
- What did the CORP learn?
- Who was not reached?
- What should be adapted next time?
- What evidence is needed to determine whether changes are sustained?

Plot 2522, Bombo Road,
Opp. Kawempe Police Station
P.O.Box 6305 Kampala
+256 393 194573
Paradigmforsocialjusticeanddevelopment
@ForParadigm
@paradigmforjustice
info@paradigmforjustice.org
www.paradigmforjustice.org