How to Reach Young Adolescents
A toolkit for educating 10-14 year olds on sexual and reproductive health
DSW gratefully acknowledges the contribution of those who have collaborated on this publication, in particular Silke Kabagambe Kamara, David Kafambe and Jeff Benson. The publication is based on the field experience of the DSW Uganda Youth Truck Team: David Kafambe (team leader), Joyce Ampumuza, Muhamed Kibirango, Flavia Mukungu and Phiona Naigaga.

The preparation and printing of the publication was made possible through the financial contribution of Bayer HealthCare Pharmaceuticals.

Imprint
© DSW 2011
DSW
Goettinger Chaussee 115
30459 Hannover
GERMANY

Telephone: +49 511 943 73 0
Fax: +49 511 943 73 73
www.weltbevoelkerung.de

Photo credits
Cover photo: P.Ginter/Bayer AG
All other photos: DSW

To download materials or learn more, go to http://www.youth-to-youth.org
Acronyms ................................................................................................................................ 5
Glossary ................................................................................................................................... 6
Foreword ................................................................................................................................... 7
About DSW .............................................................................................................................. 9
About the Toolkit .................................................................................................................. 10

**Introduction ............................................................................................................................. 11**
Overview................................................................................................................................. 11
Approaches ............................................................................................................................... 12
Target Audiences .................................................................................................................. 15
Baseline Study and Evaluations .......................................................................................... 17
Results and Challenges ......................................................................................................... 20

**Pupils ..................................................................................................................................... 22**
Why Target Pupils? ................................................................................................................ 22
Approach: Peer Education ..................................................................................................... 24
Activity 1: Youth-to-Youth Clubs ........................................................................................ 25
Activity 2: Peer Educator Camps ........................................................................................ 28
Activity 3: Music, Dance & Drama Preparations ................................................................ 31
Activity 4: Drawing Competitions ......................................................................................... 32
Activity 5: Drama Festivals .................................................................................................... 36
Activity 6: IEC Materials ......................................................................................................... 38

**Teachers ................................................................................................................................ 42**
Why Target Teachers? .......................................................................................................... 42
Approach: Building the Capacity of Teachers to Provide Youth-Friendly Education .... 43
Activity 1: Teacher Trainings ............................................................................................... 45
Activity 2: School Grants ...................................................................................................... 48

**Community Members ......................................................................................................... 50**
Why Target Community Members? .................................................................................... 50
Approach: Creating Awareness and Empowering Communities ........................................... 51
Activity 1: Film Shows .......................................................................................................... 52
Activity 2: Community Dialogue Meetings .......................................................................... 55
Activity 3: Simplified Community Situation Analysis ......................................................... 57
## Parents

Why Target Parents?

Approach: Building Communication Skills

Activity 1: Parent-with-Child Dialogue Workshops

Activity 2: Voluntary Counselling and Testing Family Day

## Health Workers

Why Target Health Workers?

Approach: Building Capacity of Health Service Providers to Offer Youth-Friendly Services

Activity 1: Easing Pupils’ Access to Health Services

Activity 2: Training Health Workers in Youth-Friendly Services

## Annex

APPENDIX 1: Participatory Methods

Icebreakers

Energisers

Team Building Games

Communication Games

Visualisation Methods

Moderating Discussions

APPENDIX 2: Forms and Schedules

Club Leaders’ Training Camp Schedule

True/False Quiz

Peer Educators’ Training Camp Schedule

Sample Budget

Sample Drama Jury Evaluation Forms

Parent-with-Child Dialogue Workshop Schedule

Teachers’ Training Schedule

Grant Agreement Template

Sample Grant Proposal

Health Centre Referral Voucher
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC:</td>
<td>abstain, be faithful, use condoms</td>
</tr>
<tr>
<td>AIDS:</td>
<td>acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ARVs:</td>
<td>antiretrovirals</td>
</tr>
<tr>
<td>GBV:</td>
<td>gender-based violence</td>
</tr>
<tr>
<td>HCI-HCV:</td>
<td>health centre 1-5</td>
</tr>
<tr>
<td>HIV:</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>IEC:</td>
<td>information, education and communication</td>
</tr>
<tr>
<td>IPPF:</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>LQAS:</td>
<td>Lot Quality Assurance Sampling</td>
</tr>
<tr>
<td>MDD:</td>
<td>music, dance and drama</td>
</tr>
<tr>
<td>MoES:</td>
<td>Ministry of Education and Sports (Uganda)</td>
</tr>
<tr>
<td>MOH:</td>
<td>Ministry of Health (Uganda)</td>
</tr>
<tr>
<td>NGO:</td>
<td>nongovernmental organisation</td>
</tr>
<tr>
<td>OI:</td>
<td>opportunistic infection</td>
</tr>
<tr>
<td>P4-P7:</td>
<td>Primary years 4 -7</td>
</tr>
<tr>
<td>PATH:</td>
<td>Program for Appropriate Technology in Health</td>
</tr>
<tr>
<td>PEP:</td>
<td>post-exposure prophylaxis</td>
</tr>
<tr>
<td>PEPFAR:</td>
<td>President’s Emergency Plan for AIDS Relief (US)</td>
</tr>
<tr>
<td>PIASCY:</td>
<td>Presidential Initiative on HIV/AIDS Strategy for Communication to Youth (Uganda)</td>
</tr>
<tr>
<td>PMTCT:</td>
<td>preventing mother to child transmission (of HIV)</td>
</tr>
<tr>
<td>PTA:</td>
<td>parent-teacher association</td>
</tr>
<tr>
<td>SMC:</td>
<td>safe male circumcision</td>
</tr>
<tr>
<td>SRH:</td>
<td>sexual and reproductive health</td>
</tr>
<tr>
<td>STI:</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>USAID:</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT:</td>
<td>voluntary counselling and testing</td>
</tr>
<tr>
<td>WHO:</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>YAP:</td>
<td>Young Adolescents Project</td>
</tr>
</tbody>
</table>
**family planning:** the planning of how many to children to have and when to have them

**implementor:** a person or group that puts a project into effect

**low birth weight:** “infants born at weights under 2.5 kilograms (about 5.5 pounds) are classified as having low birth weight. They are at increased risk of short- and long-term illnesses or disabilities. Their mothers are often underweight or undernourished.” (IPPF definition)

**obstetric fistula:** “a rupture that results in an abnormal passage linking two areas such as the vagina, rectum, bladder or abdominal cavity. Obstetric fistulae are caused by difficult labour, unsafe abortion and traditional practices such as female genital cutting.” (IPPF definition)

**postpartum haemorrhage:** excessive bleeding after childbirth

**pregnancy-induced hypertension:** higher blood pressure than normal for pregnant women

**premature delivery:** the delivery of an infant before 37 completed weeks of gestation (WHO definition)

**sexuality education:** “education about sexuality and its expressions. It seeks to equip young people with the knowledge, skills, positive attitudes and values they need to determine and enjoy their sexuality - physically, individually and emotionally. Topics include relationships, love and emotions, individual and societal attitudes toward sexuality, sexual roles, gender relations, social pressures, sexual and reproductive rights, information about sexual and reproductive health, services and communication skills training.” (IPPF definition)

**stillbirth:** a fetus that is not alive when it comes out of the mother’s womb

**young adolescent:** a 10-14 year old

---

The rising population of young people in the developing world is the largest in history and will be for at least another 25 years. Many of these young people experience adolescence as an extended crisis that exposes them to life-changing—and sometimes life-threatening—situations. Most are not prepared for the abrupt changes that are coming. They lack information and life skills, protection and decision-making power.

DSW has been implementing adolescent sexual and reproductive health and rights programmes in eastern Africa for over ten years. Working in rural and urban settings with young people, we are aware that the window for successful interventions is only a few years.

Early adolescence, the age between 10 and 14 years, is an opportune time to positively influence young people’s choices through sexuality education. But in order for this education to help young adolescents develop healthy lifestyles, it must answer their questions, provide them space to discuss relationships and their changing bodies, and treat sexuality as a positive part of social development. In addition, young people need home and school environments that are conducive to developing positive attitudes and behaviours. Therefore, capacity building for parents and teachers can contribute to a more supportive environment for young adolescents at home and at school.

With the support of Bayer HealthCare Pharmaceuticals, DSW Uganda implemented a three-year pilot project in Uganda based on these considerations. We were inspired by the enthusiasm of young people, parents, teachers and local governments for the project activities. Overall, the project used a holistic approach to target young adolescents. The overwhelmingly positive response it received demonstrates the high demand for such interventions. We have summarised our approaches and experiences in this toolkit to encourage and assist others to implement similar projects.

We would like to thank Bayer HealthCare Pharmaceuticals and Mango Tree for their constructive cooperation in the realisation of this toolkit.

James Kotzsch
Country Director
DSW Uganda
In 2011, DSW celebrates its 20th anniversary and looks back on nearly two decades of implementing youth-centred projects in Africa and Asia. Our activities aim at empowering young people to improve their sexual and reproductive health, to live healthier lives and to become responsible parents and change agents of tomorrow.

On this special occasion it is my pleasure to introduce this comprehensive toolkit that addresses the needs of a particular age group of young people—young adolescents aged 10-14 years. At this age, young people face a critical transition from childhood to adolescence. They require special support to enjoy healthy social development and adopt responsible and risk-avoiding behaviour regarding their sexual and reproductive health.

The toolkit documents planning steps, activities, experiences, best practices and barriers of the “Young Adolescents Project” that was implemented in Uganda from 2009 - 2011. This unique project is based on a holistic approach: it addresses a whole school setting targeting (and actively involving) pupils, teachers, parents, the surrounding community and health personnel, thus creating a supportive environment for improved sexual and reproductive health and rights education for young adolescents in primary schools.

This approach has proven to be very efficient, sustainable and replicable. As an international development organisation, DSW is therefore grateful for the opportunity to share practical methods and approaches that empower young adolescents in schools, and provide them with knowledge, information and social support to improve their sexual and reproductive health and their ability to positively handle risks and opportunities related to adolescence. The toolkit is designed to serve as a guide, planning tool and inspiration for other national and international development actors and stakeholders.

DSW thanks Bayer HealthCare Pharmaceuticals, especially Klaus Brill, for the vital partnership during the design and realisation of the Young Adolescents Project and the compilation of this innovative toolkit, which contributes to ongoing efforts to design and implement sustainable sexual and reproductive health programmes for young adolescents.

Renate Bähr
Executive Director, DSW
Deutsche Stiftung Weltbevölkerung was founded in 1991 as a private charity foundation by two entrepreneurs from Hannover. As there were no development organisations in Germany at that time addressing rapid population growth and the need for family planning, DSW decided to fill this gap.

By 2011, DSW had become a truly international development and advocacy organisation with headquarters in Hannover; offices in Ethiopia, Kenya, Tanzania and Uganda; liaison offices in Berlin and Brussels; and partnerships with sub-grantees in Burkina Faso, Mali, Mozambique, Niger, Rwanda, Senegal, India, Indonesia, Nepal and Pakistan.

DSW is politically and religiously independent. It has a board of directors as well as an advisory board that monitors its operations. DSW is a member of numerous national and international networks and cooperates with recognised international organisations, nongovernmental organisations, research institutes and experts in disparate policy environments around the globe. It has consultative status with the United Nations Economic and Social Council (ECOSOC) and close relations with local governments, national ministries, members of parliament and other decision makers in the countries in which it operates.

DSW’s vision is of a world population free from poverty, disease and injustice. Therefore, DSW empowers youth and communities to improve their health, address population dynamics and pursue sustainable development.

DSW promotes capacity building of civil society and communities while supporting sexual and reproductive health (SRH) education programmes, family planning projects and health initiatives with partners throughout the world, especially in Africa and Asia. The organisation raises awareness and conducts advocacy dialogue on sexual and reproductive health and rights and the linkages between population dynamics and development at the national and international levels.
This toolkit was designed to be used by implementors such as experienced programme staff from NGOs, government offices or private industries who want to implement an SRH project for 10-14 year olds enrolled in primary school. We call this age group “young adolescents”. The project activities within the toolkit rely on the implementor creating a strong partnership with local schools and community leaders.

The toolkit presents several overlapping approaches to increase young adolescents’ sexual and reproductive health knowledge and improve their sexual behaviours. It is not a step-by-step guide. Rather, it is based on DSW’s own experience piloting the Young Adolescents Project (YAP) in Uganda from 2009 to 2011. While the basic objectives and methods should stay the same for every project regardless of the country, the details are up to the implementor. You may take some ideas for games and activities from this toolkit, but you should use your own knowledge, creativity and resources to plan activities that are relevant to your context.

Throughout the toolkit there are recommendations based upon DSW’s experience in Uganda implementing the Young Adolescents Project. These recommendations are placed in boxed sections. Some may not be practical in your community, but they provide insight into the things you should consider before beginning your project’s activities.
Overview

All countries have certain social norms, cultural practices and religious beliefs that may prevent young people from accessing the information and services they need to protect themselves from STIs/HIV, pregnancy, unsafe abortion, childbirth, sexual abuse and sexual violence. In many societies, sexual activity among young people prior to marriage remains stigmatised and even talking about sex is taboo.

These customs are reinforced by gender inequality. Young women generally lack autonomy, which means that they are often unable to control their sexual experiences, increasing their risk of acquiring HIV or becoming pregnant. Girls and young women are much more negatively affected by HIV than their male peers. Approximately one third of all female adolescents in eastern Africa are pregnant or give birth before they turn 18, which helps explain why girls are more likely to drop out of school than boys.

Recent studies have indicated that early adolescence is an important stage for interventions, even if most young people have not yet had sexual intercourse. There are three main reasons for this. First, sexual maturation begins between the ages of 10-14. Second, their attitudes and behaviours have not yet hardened. Lastly, most 10-14 year olds in eastern and southern Africa are still attending schools, which can be used as venues to reach a large number of young adolescents.

Based on the findings of these studies, the Guttmacher Institute made several recommendations to improve sexual and reproductive health among young people, including the following:

- Provide comprehensive school-based sexuality education to adolescents.
- Start interventions before adolescents have sex (i.e. in primary education).
- Strengthen the healthcare system so that adolescents will be more likely to access services.
- Encourage adolescents who are sexually active to use contraceptives.
- Ensure that adolescents have the specific information and life skills they need to protect themselves from the negative consequences of sex.
- Engage community members.

Few comprehensive SRH programmes take up these recommendations. Many still use an abstinence-only approach while other programmes work with too broad of a target group (e.g. 10-24 year olds), in which young adolescents’ unique needs can hardly be recognised.

---


While the concept of providing comprehensive sexuality education to young adolescents has been discussed in theory, it is difficult to find documented practical experiences. Therefore, in 2009 DSW designed the Young Adolescents Project as a three-year pilot in Uganda. With assistance from Bayer HealthCare Pharmaceuticals, the pilot project was specifically designed to target 10-14 year olds and create a supportive social environment for sexuality education of young adolescents in schools.

The foundation for the YAP was the “Presidential Initiative on HIV/AIDS Strategy for Communication to Youth” (PIASCY), which was implemented by the Ministry of Education and Sports (MoES) in Uganda. The YAP attempted to build from the limited objectives of PIASCY to address adolescent sexual and reproductive health more comprehensively. The MoES and the Ministry of Health (MOH) supported the project to ensure that all of the activities were in line with relevant Ugandan policies.

The secondary aims of the pilot were to test and document tools, approaches and results of working with young adolescents. Based on this pilot, DSW-Uganda developed recommendations and documented best practices for future SRH projects.

Over a period of 12 months, the project worked in three districts in Uganda (Masindi, Tororo and Wakiso) with students from 10 primary schools, as well as teachers, parents, community leaders and healthcare workers. The 10 schools DSW targeted for the project were:

- Walyoba, Bweyale, Bulima (Masindi)
- Kwapa, Okwara, Tororo Prison (Tororo)
- Lubugumu Umea, Kazo West, St. Josephs, St. Achilles (Wakiso)

Five aspects of the YAP gave the project its model character:

1) It worked specifically with 10-14 year olds (P4-P7).
2) It incorporated peer education.
3) It worked within primary school settings and in close cooperation with district education authorities and health centres.
4) It addressed reproductive health communication and sexuality education within and between different target groups (including teachers, health workers, parents, community members and pupils).
5) It involved community leaders in activities.

The assumption that boys and girls under 15 are “too young” to need SRH information and services ignores reality and denies them the practical knowledge and skills they need to protect themselves and their partners.
In some societies, girls as young as 10 years old are perceived as young women ready for marriage and childbearing, while boys of the same age have to support their families. Yet at a time when correct and gender equitable information is so important, studies show that most young adolescents lack the knowledge and skills to reduce risks associated with puberty. Therefore, young adolescents are vulnerable to sexual violence and coercion, unplanned pregnancy and early marriage.

Treating family planning as a comprehensive concept that includes youth empowerment can help to reduce the risk of teenage pregnancies and early marriages. The YAP and the approaches used are based on the assumption that family planning as an early prevention intervention does not mean only talking about contraceptives. This pilot project focused on creating a supportive environment with informed and open teachers and parents, a concerned and responsible community, and helpful health workers. The major objective of the project was to empower young people to make informed family planning choices later in life when they are ready to engage in sexual activities. As such, the YAP addressed gaps in several crucial areas:

Growth and Development
During puberty, children begin to adopt their society’s sexual attitudes and behaviours. They can start to see sex as a way of gaining social acceptance, but because they are still young, they cannot fully appreciate the risks that having sex entails. This combination is dangerous because it leads many boys and girls to engage in risky sexual behaviour like unprotected sex.

Adolescents need to understand the emotional, physical and psychological changes their bodies are beginning to go through. If they receive proper education about their maturing bodies, they will be better able to make good decisions regarding their sexuality. The YAP worked with all target audiences to improve sexuality education.

HIV and STIs
40% of all new cases of HIV around the world are among young people aged 15-24 and some young people are already sexually active before the age of 15. Young people need to be educated about sex before they start having it so that they can protect themselves from HIV. Sexuality education must deal with risks and prevention in a culturally appropriate, age appropriate and gender sensitive manner. The YAP focused heavily on HIV and STIs, covering the following topics with all target audiences:

- Signs and symptoms
- Modes of transmission
- Myths and misconceptions

Planning for the Future
20% of women give birth before they reach the age of 18—before their bodies

are physically ready for pregnancy. When young girls become pregnant before their pelvic bones and birth canals are fully developed, they face an increased risk of other serious health problems.

One of the objectives of the YAP was to enable young adolescents to access and use family planning resources to both prevent early pregnancies and maintain their sexual and reproductive health as they become adults. The YAP improved young adolescents’ knowledge of family planning methods and improved their access to these services by working with all target audiences.

**Children’s Rights**

Young adolescents have a right to receive the same information and access to health services as anyone else. More than this, they have a right to grow up in a safe environment where they are not abused or sexually harassed by parents, teachers or other community members. The YAP operated with the conviction that children’s rights are human rights.

It worked with teachers to create safer schools, with pupils to provide them with life skills to protect themselves from sexual advances and with parents to build communication skills so that they better handle the responsibilities they have toward their children.

**Life Skills**

Young adolescents, especially girls, are vulnerable to violations of their sexual rights by peers and adults, including members of their own families. 10-14 year olds often lack life skills and sexuality education, both of which are needed to protect themselves from SRH-related risks. Life skills training increases their self esteem, their ability to communicate with others and their ability to independently make informed decisions. These skills, together with sexuality education, will help them protect themselves from sexual violence and unwanted early pregnancies. The YAP provided extensive life skills training to pupils and worked with teachers to use these techniques in the classroom.

The YAP in Uganda integrated the topics of HIV and sexual violence into adolescent SRH activities. While from the beginning it was obvious that the project should include HIV prevention activities, the need to address sexual violence became more and more visible during the implementation. Students made statements during project activities and evaluations that confirmed that sexual harassment takes place in schools, making it even more of a challenge for young people to change their sexual behaviour. After discovering that sexual harassment in schools is quite common, the project involved teachers and parents in fighting sexual harassment.
Target Audiences

Young adolescents are not being effectively reached by SRH projects for a number of reasons. Although sexuality education is part of most national curricula, young adolescents may lack an accurate understanding of SRH issues and spread misinformation to their peers. Many teachers do not have the skills, time or motivation to adequately teach sexuality education and are often uncomfortable teaching about SRH. Parents can have difficulty clearly communicating with their children about SRH issues and thus expect teachers to do this for them. Community members are often unsupportive of sexuality education projects. Health workers can scold youth instead of giving them the SRH services they need, making health centres the last place young people want to go.

Given these challenges, the Young Adolescents Project aimed to address all the potential obstacles to positive SRH practices. This entailed five separate approaches—one each for pupils/young adolescents, teachers, parents, community members and health workers. Each of these approaches reinforced the others.

Pupils
The project trained pupils (aged 10 to 14) to be peer educators who employ interactive methods to talk with their peers about sexual and reproductive health. It also reached pupils through interactive activities based around sexual health themes.

Teachers
The project built the capacity of teachers to provide practical and youth-friendly sexuality education.

Parents
The project improved parents’ communication skills so that they could become active parents who listen to and talk with their children.

Traditionally in Uganda, children have been educated about sex by their grandparents. With modernisation, fewer extended families are living together, creating a gap in the transfer of sexual health knowledge. However, since this information was not always accurate, it also provides an opportunity to provide accurate SRH information to a new generation.
Introduction

“I appreciate the DSW YAP project for involving all the stakeholders. It’s only DSW–of all the NGOs in Masindi district–that involves us, the district officials, in all their activities.”

— District Education Officer of Masindi District

Before the pilot began, some Ugandan teachers lacked sufficient SRH knowledge themselves. Therefore, it is best to not take for granted that teachers have already been well trained in the subject. Our baseline study found that almost all teachers discuss reproductive health with pupils. However, many teachers’ understanding of reproductive health was poor. In one district only 38% of teachers were able to mention four or more reproductive health topics that they discussed with students. The most common topics they brought up were personal hygiene and HIV, but they rarely mentioned important reproductive health topics, such as puberty, menstruation and family planning. We built the capacity of teachers to competently discuss all the major SRH topics, including:

- Sexuality
- Family planning
- Puberty & body changes
- Menstruation
- Pregnancy
- Hygiene
- HIV/AIDS
- Sanitation
- Healthy living

Community Members

The project increased the community’s understanding of the issues involved with sexual and reproductive health and rights so that they could provide an open environment for all the interventions and begin planning interventions themselves.

Health Workers

The project trained health workers to make services more youth-friendly and accessible.
DSW conducted a baseline study in order to assess the situation of existing reproductive health information and communication in the targeted communities for the project. The specific objectives of the baseline study were to:

1. Provide data from young adolescents on their knowledge, attitudes and practices with regard to SRH information and services.
2. Assess the perceptions and practices of community leaders, teachers and parents with regard to SRH communication to young adolescents.
3. Establish the types and quality of youth-friendly services and VCT services provided to young adolescents by the nearest health centres and service providers at sub-county level (HC III).

The baseline study was based on Lot Quality Assurance Sampling (LQAS). LQAS is a sampling and analysis method that was originally used in businesses to assess industrial batch production. It was later adapted in the mid-1980s to manage integrated public health programmes in developing countries. It can be used locally in “supervision areas” to:

1. Identify priority areas that have not achieved a set performance benchmark.
2. Make informed management decisions.
3. Share information across supervision areas.

In this case, LQAS was used to evaluate the 10 selected schools and their surroundings (including community leadership and health centres) as individual units so as to identify and verify project indicators and establish baseline figures. In total, five different groups of respondents were identified as being attached to each school unit: pupils, parents, teachers, community...
leaders and health workers. DSW designed questionnaires to collect data and identified classified data collectors to conduct interviews.

In total, 190 pupils, 186 parents, 104 teachers, 64 community leaders and 33 health workers were interviewed in the 10 different primary school settings. Using LQAS, the target sample size was 19 respondents per unit target group. The benchmark coverage was set at 50% (equal to 7 right answers out of 19), which is the predetermined level of coverage that the project aims to reach at a specific time period.

According to the results of the baseline study, pupils had a particularly poor understanding of HIV transmission and prevention, family planning and contraception. Their knowledge about children’s rights was also below average. These results contradicted reports from parents, teachers and community leaders, who claimed to discuss SRH topics and children’s rights with young adolescents. This is because parents, teachers and community leaders themselves lacked a comprehensive understanding of these issues. Therefore, they were unable to deliver adequate SRH information to young adolescents. This explanation was verified by the results of parents, teachers and community leaders in the baseline study questionnaire.

Further discussions with teachers regarding the PIASCY implementation also revealed that the methods of communication they use are not always appropriate. Often health messages are delivered as slogans without detailed explanations (e.g. “There is no cure for HIV” or “Delay sex”). There was also clear miscommunication about children’s rights between pupils and their parents, teachers and community leaders.

Another important finding of the baseline study was that neither teachers nor parents had a correct understanding of life skills or how to support young adolescents to acquire and apply them. As life skills start being developed in the stage of young adolescence and are crucial for adolescents to form their personalities and find their independence, the lack of these skills can contribute negatively to a person’s development and ability to live a healthy life.

In general, open communication between young adolescents and their parents about reproductive health issues was weak—less than 60% of young adolescents reported discussing reproductive health topics with their parents or feeling confident that they could open up to discuss sexual attraction to the opposite sex.

The interim evaluation also used LQAS so as to correspond to the baseline study. The same five groups of respondents (pupils, parents, teachers, community leaders and health workers) were interviewed and the same interviewers who conducted the baseline study conducted the interim evaluation. They interviewed 190 pupils, 188 parents, 95 teachers, 54 community leaders and 32 health workers in the 10 primary school settings. The benchmark coverage was again set at 50% (equal to 7 right answers out of 19).
The results of the interim evaluation showed an immense improvement in knowledge levels among pupils, teachers and parents about reproductive health and life skills. Possible factors for the improvement were closer cooperation with the district structures; the commitment of headmasters and teachers to implementing the project activities; and the way in which the project built on existing school programmes rather than creating entirely new structures.

Both the project baseline and interim evaluations were largely quantitative assessments. They showed significant increases among the target audiences in knowledge, but they also showed that attitudes and practices had not changed to a similar extent. To determine why attitudes and practices had not changed, an intensive participatory qualitative assessment was developed. The objective was to create a clear understanding of what needed to be done to translate the changes in knowledge into corresponding changes in attitude and behavior.

The evaluation collected qualitative information on factors influencing the achievement of the YAP objectives.

Key project stakeholders were involved in the study from the beginning. Over a six week period, interviews were conducted with selected cohorts of pupils (girls and boys), teachers, parents and community leaders to get their input. Various participatory tools were used, including:

- Focus group discussions to explore various issues.
- Community mapping exercises to assess the respondents’ perceptions of safe and accessible places within the community for young adolescents.
- Problem tree analyses to identify the causes and effects of poor parent-child communication within the community and generate ideas on how it could be improved.
- Gender analyses to explore the effects of gender roles in accessing SRH information and services.
- Household livelihood analyses to explore ownership and control of household resources and its effects on access to SRH information and services.
- Visual methodology tools to generate discussions on violations of children’s rights in the community.

The qualitative evaluation demonstrated that:

1. The YAP interventions generated a lot of enthusiasm for the project and should continue, so long as the implementors did not create unrealistic expectations and derail from the real objectives of the project.

2. Young adolescents did not utilise SRH and HIV services because they lacked either transport or permission from parents.
From 2009 to 2011, the YAP reached 5,717 young adolescents with SRH information, improving their knowledge of:

- reproductive physiology
- HIV and STI transmission and prevention methods (76% increase)
- family planning methods (70% increase)
- pregnancy prevention (94% increase)

In addition, during the two years of YAP implementation, school dropouts due to unwanted pregnancy and early marriage decreased overall. Seven out of the ten schools reported a reduction in dropout rates between 67% and 86%.

The project established 10 school clubs and trained 170 teachers to incorporate SRH topics in their classes. It also developed IEC materials for teachers to facilitate sexuality education. Teachers improved their ability to provide comprehensive and age-appropriate SRH information, with their reproductive health knowledge rising by 38%.

The project also reached 2,576 parents with information about children’s rights and their responsibilities as guardians.

Despite these positive results, the project faced three major challenges during implementation. First, many pupils are sexually harassed by their teachers or
victims of violence at home. The project uses both parents and teachers to deliver appropriate SRH information to pupils. If those same parents and teachers are abusing children, it undermines the intervention. Sexual harassment seemed to be occurring in all the partner schools of the project and was confirmed by the evaluation report. To tackle this problem, sexualised violence was integrated into the YAP by discussing children’s rights with parents and pupils. It also dedicated a teacher training specifically to the topic of child abuse. Nevertheless, sexual violence remains an ongoing problem in schools and homes. Therefore, future SRH projects should address this issue more openly and strategically with school management. They should also involve parents to fight sexual harassment of their children in schools.

Second, many beneficiaries viewed the project as a “magic problem solver”. The YAP should motivate schools to provide better SRH information and services, not prompt them to yield responsibility to NGOs. Many beneficiaries relied on the project team to bring solutions for any problems that arose. Their expectations may have been raised by the project’s concentration on supplying materials (IEC materials, club equipment and sanitary pads) and providing grants during the second phase of the project. To promote ownership of projects by beneficiaries, any activities related to the funding of materials should incorporate cost sharing between the project and the school.

Third, there is a general lack of communication between parents and children about reproductive health issues. The evaluation study clearly showed that parents still find it very difficult to discuss sexuality with their children. To address this, the last parent-to-child communication activity used a variety of games and role-plays to improve communication. The evaluation study also recommended using youth clubs and school counsellors to close the communication gap, as cultural change is a long-term process. Consequently, the chances that today’s educated youth will be able to break this taboo and talk to their future children are very high.
Young adolescents are 10-14 year olds. They experience many physiological, social and emotional changes. These changes are known as puberty, which is a difficult and confusing time for young adolescents. Specifically, early adolescents begin to:

- identify with their society’s gender roles
- desire sexual arousal
- need more privacy
- develop abstract thinking skills

- want to be accepted socially acceptance (which makes them vulnerable to peer pressure)
- change physically

A 10-year-old looks and acts like a child. But a huge shift takes place by the time that adolescent turns 14. For instance, in many societies, 14-year-old girls are seen as ready for marriage, sex and childbearing; 14-year-old boys may be asked to help support their families or serve in the military.

According to 2008 research by the Guttmacher Institute, among 12-14 year olds, only 33.8% of females and 22% of males have received sex education in school. Pregnancy remains the primary cause of girls dropping out of school, as Uganda has a teenage pregnancy rate of 25%.
Girls are now maturing physically at earlier ages than ever before because of improved nutrition and living conditions. The first visible signs of sexual maturation, such as developing breasts, may appear as early as age 9 or 10. Girls start their menstrual periods at an average age of 12 and a half or younger. However, even when a girl begins menstruating, this does not mean she is physically ready for sexual intercourse. Her bones and muscles have not completely grown. In fact, girls physically mature only after menstruation begins. Only later on in adolescence will her pelvis, breasts, uterus, cervix and vagina fully develop. Therefore, a 14-year-old girl is not physically mature.

If girls have sexual intercourse before their body is fully mature, it can be extremely painful (especially when forced). Sex during early adolescence can cause vaginal tearing, which increases a girl’s risk of acquiring STIs/HIV from an infected partner.

Boys begin puberty about one and a half to two years later than girls do. A boy’s first conscious ejaculation usually takes place when he is 13–15 years old. This is generally considered the equivalent to a girl beginning menstruation. From then on, his body begins to produce a lot of testosterone during puberty, which affects his sexual awareness and arousal. It also makes him want to become more masculine, so he may start imitating men he knows and taking more risks.

Planning sexuality education interventions during early adolescence helps shape young peoples’ attitudes and behaviours. These young people will be less likely to make poor decisions. During later adolescence, their behaviours will already have become established. Educating young adolescents about sex and family planning will help them protect themselves from:

- STIs/HIV
- Pregnancy
- Unsafe abortion or childbirth
- Sexual abuse or violence
- Early marriage
Body changes cause confusion and embarrassment for young people. With good teacher training, pupils will receive quality sexuality education to provide them with information and practical skills to ease their confusion and embarrassment. But, in addition to receiving sexuality education from teachers, young adolescents need this information to be reinforced outside the classroom by their peers.

Young adolescents need safe spaces where they can ask questions, talk with each other and with trusted adults, and gain the information and support needed to reinforce positive changes in their attitudes and behaviours. They will then be able to make informed decisions—including the decision to refuse sex or forced marriage.

Positive sexual and reproductive health messages can be reinforced by peers in several ways. First, school clubs allow young adolescents to gather together and plan SRH activities that their classmates will benefit from. Some of these activities include music, dance, drama and drawing. All of these activities allow students to share their own stories and ideas—as well as to learn from others’ experiences.

Second, trained peer educators can serve as role models who provide specific information about sexual and reproductive health to other pupils. Peers are people who are similar in age, background or interests. Peer education is when well-trained and motivated young people engage in educational activities with their peers to influence their beliefs and behaviours.

Young adolescents’ peers have a strong influence on the way they behave. Good role models can influence positive behaviour change among their peers. Peer educators are expected to be good role models in their communities.

Peer education has the following advantages over other approaches that target pupils:

- **Easier to communicate:** Peers normally get information from each other. This information is often incorrect or inaccurate. However, with training, peers can provide others with correct and accurate information that they will listen to.

- **Easier to access:** Peers can easily reach each other because of their similar characteristics and interests.

- **Easier to participate:** Peer education empowers young people. First, it enables them to participate in activities that affect them. Second, it encourages them to access information and health services.

- **Easier to sustain:** Peer educators are all volunteers, so the process is sustainable.
Youth clubs provide safe and supportive spaces for pupils to discuss their problems and learn from their peers. Through implementing various peer-to-peer activities, youth clubs educate other young people about sexual and reproductive health and rights.

Tools
- Club Leadership and Management Training Manual (see Website)
- Club statute guidelines (see Step 4)
- Club leader training camp schedule (see Appendix 2)

Timeframe
It takes at least 2-3 months to establish a club. Two things should happen before the club is fully established. First, teachers should be trained. If they are not, they will not be able to help guide the club’s activities. Second, parents and communities should be made aware of the project and supporting it before the club begins operating. Sexual and reproductive health can be a sensitive topic. Therefore, any community or parental objections should be addressed before pupils get involved.

Tasks
1. **Schedule a meeting with the school management.**

Your goal is to make sure the school clearly understands the purpose of the club and that the club will be run by the pupils. You also want to identify people within the school who will support the project. Ask the school management for
recommendations of teachers who can serve as the club patron.

A good patron is someone who is able to let the pupils run the club themselves, but can quietly guide the students. It must be someone whom the pupils trust and respect. Therefore, they will vote for the club patron at their first big meeting. If the club patron is supportive and can help the pupils write a statute, establishing a club is easy.

2. Hold an information meeting at the school.

Explain to the pupils why you are establishing a youth club. The meeting can be held during school hours or just after the school day is over, depending upon what you decide with school management. You will need one hour to hold the meeting, answer questions and begin signing up members.

3. Register club members.

After the information meeting, you should notice that some pupils are very interested. Initiate a discussion about reproductive health topics to identify five active participants who can organise a larger meeting with interested members. These active participants should work with the patron to register 30 members for the club. Develop criteria to select the students so that they do not register only their friends.

4. Help the club members write a statute.

The club members must sit and discuss how they want to organise their club. They will write this down in the club statute. They will agree on:

- name of club / Location of school
- mission statement / Club objectives
- membership fees / Payment registers (How much will members pay? When do they pay?)
- rights and responsibilities of members
- organisational structure (What committees will there be? The most common committees include music, dance, drama, peer education and

The pupils are normally very keen on being a member of the club, but clubs with more than 30 members are difficult to manage. Instead, if there is a lot of interest, establish two clubs in the same school.

A potential pitfall of youth clubs is placing too much emphasis on building the capacity of club members and not enough emphasis on reaching out to non-members within the school. As a result there is a high demand to be in the clubs; those who are not given a chance to join may resent the club. Make sure that the clubs are inclusive and that there are outreach opportunities to non-members so that all pupils can benefit from them.
sports. How will these committees operate?)

- leadership roles (Chairperson, Treasurer, Secretary and Patron are all essential, but the club may identify other leadership roles.)
- meetings and elections (How often will they meet? How are leaders elected? How long do leaders serve?)
- dissolution (How can members leave the club?)

5. Hold elections.

The club members should organise their first meeting. The club members will suggest candidates for leadership positions and vote democratically for the positions of:
- Chairperson
- Treasurer
- Secretary
- Patron
- Other positions identified in the club statute

After the elections, ask the club secretary for a list with the names of club members, the contacts for club leaders, a copy of their statute and a brief report about the election results.

6. Train the club leaders.

After the club has elected its leaders, you and the club patron should train the club leaders. Make sure the elected leaders are familiar with the club management guidelines (see CD for DSW’s club management guidelines) as well as with basic SRH knowledge. The training should teach the group leaders how to form a group, facilitate meetings and be good leaders. It will also train the leaders to serve as peer educators.

A four-day training is sufficient to equip youth club leaders with:
- leadership skills that will help them manage their clubs.
- knowledge of how to apply sexual reproductive health knowledge in their clubs.
- knowledge of how to organise their club activities.

7. Plan activities.

The students will decide what activities they want to do. However, you can give them some ideas, such as starting music, dance and drama competitions, debates, educational films, reproductive health discussions or peer learning groups.

“The number of school dropouts due to pregnancy and early marriages has reduced after children were taught the dangers during the implementation of YAP.”

— Kwapa Primary School Management Committee Chairman in Tororo District
Peer education is essential to sexuality education for young adolescents. In order to have good peer educators, you need to train them. The training should cover two areas: 1) sexual and reproductive health and rights and 2) how to reach out to fellow young people in a positive way.

**Tools**
- Peer educator training camp schedule (see Appendix 2)
- Film supplies (see Activity 1 in Community Members)

**Timeframe**
Once the club has been established and its leaders have been trained, the club can select peer educators. The training should take place during school holidays because it must be at least four days long. You will need four weeks to prepare. Therefore, to make sure that trainings take place in a timely manner, plan your schedule well in advance.

**Tasks**
1. **Identify peer educators.**
   The club executive committee is responsible for setting criteria for peer educators. To help set criteria, it should first study the national standards for peer educators. Each club should have 3-6 peer educators.

2. **Identify training needs.**
   Once you have a group of volunteer peer educators (20-30 peer educators per training), you will need to identify
any gaps in knowledge by conducting a training needs assessment (see Appendix 2 for a True/False Quiz on HIV/AIDS). The best way to do this is through a pre-test that checks for knowledge in the following topics:

- Sexuality
- Family planning
- Puberty and body changes
- Menstruation
- Pregnancy
- HIV/AIDS
- Healthy living

Some useful questions for the pre-test might be:

- What are 3 changes girls experience during puberty?
- What are 3 changes boys experience during puberty?
- What do you understand by the term menstruation?
- Name 3 family planning methods.
- Name 3 sexually transmitted infections.
- Name 3 signs of sexually transmitted infections.
- What is the difference between HIV and AIDS?
- What are 3 ways in which a person acquires HIV?
- What is the only way to know if a person has HIV?
- What are 3 ways in which HIV can be prevented?

3. Develop training content and a schedule.

Any training should be based on the needs you identified in step two and be in line with your national standards.

There are several components of good peer educator training. The most important components relate
to understanding peer education and developing communication skills, but it is also important for peer educators to learn more about life skills, so they can help others gain self esteem, become more assertive and make good decisions. The other components are more flexible because they relate to specific areas of learning. Therefore, they can be changed according to students’ existing knowledge and the importance of these topics in the community. These components include: SRH, STIs, HIV, child rights and responsibilities, sexual abuse, pregnancy and early marriage.

4. Identify a location.
Together with project schools and the district, identify a convenient location. Schools are good locations because they are free to use and often centrally located.

5. Make preparations.
Send invitation letters to the districts to be forwarded to the schools, organise a caterer, arrange for security and prepare certificates for participants.

6. Conduct the training.
The implementors are responsible for training the peer educators. You will also need two teachers (one male and one female) per district to participate in the training. Teachers should participate for three reasons. First, they are close to the pupils and can support the implementors. Second, having teachers present makes the pupils feel more comfortable. Third, teachers can also benefit from the training by refreshing their SRH knowledge.

By the end of the five day training, young peer educators will:

• be knowledgeable about sexual and reproductive health.
• be able to make informed decisions about their sexual and reproductive health.
• have skills to disseminate reproductive health information within their schools.
• be ready to act as “change agents” within their schools.

At the end of the training, conduct an evaluation and write your report.

7. Hold a refresher training.
A refresher training should be planned after one year. Instead of facilitating, allow the pupils to run much of the training.

“I appreciate YAP trainings and sensitisation on children’s rights and life skills. These have made me empowered and people no longer take advantage of me to lead me into wrong acts. The trainings have also empowered me to read hard and be responsible.”

— Pupil at St. Josephs Primary School in Wakiso District
Activity 3

Music, Dance & Drama

Preparations

Having its own equipment motivates a club to do more activities. This equipment can include drama costumes, musical instruments, sports gear and stationery. Club members also appreciate T-shirts or caps so that they can be easily identified when they do outreach activities.

Tools

- Sample budget (see Appendix 2)

Timeframe

The club should begin planning activities after club leaders and peer educators have been trained. It does not take much time to buy equipment, but allow two weeks for the group to decide on what equipment it needs and to have it delivered.

Tasks

1. **Identify what activities the club wants to do.**
   Work with the club to create a schedule of activities it would like to do.

2. **Draft a budget.**
   The budget should allocate funds equally across different types of equipment. For example, if the club wants to do drama as well as music activities, you should buy sufficient equipment for both.

   If possible, the school and club should also contribute funds to purchase the equipment. Otherwise, the pupils believe that the equipment is a gift. Contributing their own money will ensure that they take good care of the equipment. Always try to share costs so that everyone feels ownership of the project.

3. **Purchase items.**
   Work with the club to check what equipment is available. All equipment should be inexpensive and easy to maintain. Have the items delivered. When the equipment arrives, the club leaders should fill in receipts showing the item, quantity and date received.
Activity 4

Drawing Competitions

Drawing competitions give pupils the opportunity to express their wishes and concerns regarding SRH in a creative way.

Tools
Guidelines for conducting the drawing competition (see page 36)

Timeframe
The drawing competition can be organised anytime. Students need at least 3-4 weeks to prepare and submit their pictures.

Tasks
1. Identify topics.
A good place for this is at the peer educator camp. You can conduct one session to identify topics together with the pupils. Ask the pupils to select 3-4 topics. Good topics are things that can be easily imagined and illustrated by the students.

2. Develop a budget.
Include money in your budget for the winners’ awards. Alternatively, parents and businesses can be asked to donate prizes. Also, allocate funds to use the collected pictures for a calendar or exhibition.
3. Identify art teachers.

Ask each school to identify an art teacher who can help the students. Schools that do not have an art teacher can use an art teacher who teaches at another school in the area. While it is good to involve art teachers, often pupils from one school draw very similar pictures. The goal of the activity is to open up pupils’ imaginations, so try to use teachers who encourage students to try out their own ideas.

4. Develop the judging criteria.

Organise a brief meeting with the school management and the art teachers to agree on evaluation criteria. When you have done this, distribute the criteria and discuss the guidelines to make sure everyone is in agreement. Limit the number of drawings per school and ask the schools to pre-select students according to the distributed guidelines.

We organised a drawing competition among the ten primary schools that were part of the pilot project. We provided participating schools with drawing materials and art teachers supported the project. Pupils submitted 200 drawings in response to topics suggested by their peers:

- “My body, my choice, my life”
- “A safe school”
- “Problems children go through every day”
- “My future family”

Many drawings reflected the difficult situations children in Uganda face. It was very alarming to see so many drawings that showed physical and sexual violence and abuse. The children also used their drawings to address other issues, such as child sacrifice.
Example guidelines for conducting the drawing competition

1. The participants for this drawing competition are 10-14 year-old pupils only.

2. Schools are encouraged to involve as many pupils as possible and to pre-select the best 20 pictures for submission. The selection jury should be composed of pupils, parents and teachers.

3. The deadline for submission of pupils’ drawings is 23 July 2010 at 3 p.m. Drawings submitted after the deadline will not be considered.

4. Drawings should refer to one of the following topics:

   **Your Future Family**
   Draw the kind of family you want to have in the future. How many children do you want to have? How many wives or husbands do you want to have? How do you want to communicate with your children and your wife or your husband? You can show the kind of house and environment you will live in, but also show the people in your family. Do not draw what your family looks like now—draw the family you want to have in the future.

   ![Your Future Family Image](image1)

   **Problems Children Go Through Every Day**
   Draw the problems you go through normally when you are at home. How do your parents treat you? What kind of work do you do at home? What kind of punishments are you given? You can also include problems you have away from home, like when you are sent to markets or shops, when you are at school with the teachers, when you visit relatives or when you play with each other.

   ![Problems Children Go Through Every Day Image](image2)

   **How Should a Safe School Be?**
   Draw the ideal school you want to be in. What does the perfect school look like? How do teachers and students communicate with each other? Do not draw a picture of your own school.

   ![How Should a Safe School Be? Image](image3)

   **My Choice, My Body, My Life**
   Draw about ways you can say no to sexual harassment and defilement. How can you make good decisions and live a healthy life?

   ![My Choice, My Body, My Life Image](image4)
5. Distribute the drawing materials.

The materials should be given to the art teachers along with the evaluation criteria. Each pupil must choose only one of the topics. Allow at least four weeks before the deadline for submission of the drawings. Make clear that pictures received after the deadline cannot be considered.

6. Select the winners.

Ask each school’s head teacher to create a five-person committee made up of one parent, two children and two teachers. This committee should choose the best five pictures from each topic and send these to the implementor.

At the district level, form a committee that has not been involved in organising the competition. The committee should judge all the drawings it has received from the schools and select the top five pictures from each topic.

Notify the winners by calling the head teachers.

7. Share the drawings.

You can display the drawings in an exhibition, use them as part of a project calendar or find another way to share the drawings with others.

In our case, the response was overwhelming. Initially, we had just planned to make a project calendar with the best pictures, but the pictures told so much about the pupils’ thinking that we realised they could also be used to initiate discussions during workshops and trainings.
Once the clubs have costumes for music, dance and drama (MDD) activities, you can organise a drama festival. Drama allows students to be creative and learn from each other. They can also help them share SRH messages with their peers. There are at least six types of events that can be used for the competition:

- Original song
- Drama/play
- Traditional folk song
- Traditional dance
- Speech
- Original poem

**Tools**

- Judging criteria for the jury
- Evaluation forms for the jury (see Appendix 2)

**Timeframe**

The best time to hold a drama festival is after youth clubs have been established at several schools in the area. Once the clubs are meeting regularly, they can begin planning the competition. They will also need to determine the criteria for participants (e.g. Can non-members be a part of the activity?) Each school will need a minimum of two months to prepare its performance.

**Tasks**

1. **Identify a theme.**

Ask the schools to agree on a theme for the festival. Most clubs are interested in doing drama competitions. Utilise the district contact person to work with the clubs and coordinate a single theme that they can all agree on. Each event in the competition should address this theme.
2. **Identify a date and venue.**

Ask the district to determine a date and location for the festival. The best location is usually a school that is easy for everyone in the district to get to.

3. **Select a jury.**

Making the festival a judged competition motivates participants to perform well. Identify jury members made up of officials within the district and at least one person with drama experience.

4. **Develop judging criteria.**

Help the jury create criteria to evaluate the competitors. They should judge based upon things like the performance’s relevance to the topic, the group’s level of enthusiasm and the group’s overall talent. Decide all the criteria with the jury before you tell groups about the competition date. This will help them adequately prepare.

Each type of competition may need different judging criteria. For example, the jury may decide that part of the criteria for the traditional folk song should be costumes. For the speech competition, a costume is probably not important.

5. **Arrange prizes.**

All participants should receive a certificate and the competition winners should be awarded with some small prizes.

6. **Make a budget.**

Set aside money for refreshments and the schools’ transportation.

7. **Hold the festival.**

The festival helps young adolescents communicate with one another about SRH issues, but it can also be used as a community awareness event. Encourage parents and community members to attend so that they can learn more about the topic.

DSW implemented a drama festival involving three districts (Tororo, Masindi and Wakiso). Adolescents competed in six different activities under the theme of “Youth: Alive, Safe and Learning”, which was chosen by the students taking part.

Many parents came to the competition to see their children perform. Because the performances were all connected to an educational theme (“Alive, safe and learning”), the parents and community members who attended learned just as much as the pupils did.
There is always a need for SRH information to be presented in a way that children, parents and teachers can all easily understand. The best way to create useful information, education and communication (IEC) materials (books, magazines, posters, etc.) is to first hold a workshop to assess existing materials.

**Tools**

Needs identification workshop schedule (see opposite page)

**Timeframe**

Producing IEC materials is a long process. It involves several steps: reviewing existing materials, designing new materials, ordering them and distributing them. Plan the needs identification workshop as early as possible because it will take at least four months to receive and distribute the materials.

**Tasks**

1. **Invite participants to a needs identification workshop.**

   Pupils, teachers and parents will all be using the materials you create. Make sure to invite several pupils, teachers and parents from each district where you will be implementing the project. The total size of the group should be between 15 and 20 people. Ask these groups to come to the workshop with a copy of all the materials they have on SRH. They should also write down how many copies of each material they have.
2. Conduct the needs identification workshop.

The workshop should only take half a day and has two goals. First, implementors should identify where teachers, children and parents get information about reproductive health. Second, implementors should determine what key pieces of information these groups are missing.

<table>
<thead>
<tr>
<th>Session</th>
<th>Expected Outcomes</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Facilitators and participants get to know each other</td>
<td>Play and icebreaker name game.</td>
</tr>
<tr>
<td>Workshop Introduction</td>
<td>• Participants understand that they will be reviewing materials in a participatory process</td>
<td>• Present the schedule to the participants.</td>
</tr>
<tr>
<td>Workshop Introduction</td>
<td>• Participants know the objectives of the Young Adolescents Project</td>
<td>• Present a report on the Young Adolescents Project.</td>
</tr>
<tr>
<td>Workshop Introduction</td>
<td>• All administrative issues are clarified</td>
<td>• Conduct a question and answer session.</td>
</tr>
<tr>
<td>Material review</td>
<td>Participants will realise what information is appropriate and necessary for pupils, teachers and parents</td>
<td>Conduct a group discussion about existing materials. Identify needs. Ask participants to make presentations.</td>
</tr>
</tbody>
</table>

For the material review session, split the participants into teachers, pupils and parents and prompt them with the following questions:

**Teachers**
- Which materials do you use to teach about SRH?
- Why do you like those specific materials?
- Which materials are not being used?
- Why don’t you like them?
- What do you think can be added to make the materials better?
- What SRH topics are not well represented in the materials?

**Pupils**
- Which materials are used in your classrooms?
- Which materials do you like?
- Which materials do you not like?
- What do you think can be added to make the materials better?

**Parents**
- Which materials have you come across/used?
- What materials do you need to help you share SRH information with your children?
- What do you think can be added to make the materials better?
3. Analyse the results.
Write a short report highlighting the results. Compare the needs with your available project budget. On the basis of the workshop results, work with reproductive health specialists to develop IEC materials for these schools. Check with other organisations to see what materials they have—if there are already good materials that fit your needs, you can order more rather than create new ones.

4. Share the results with the youth clubs.
Allow the youth clubs to design the materials. IEC experts can later modify the design. This not only motivates the peer educators to learn more, but also gives them an opportunity to present material that others can easily connect with.

5. Identify an expert in IEC materials for adolescent sexual health.
Discuss your needs and budget. Work with this person/group to develop and design the materials.

One person from the project team should be responsible for overseeing the development of materials. This person should constantly be checking with the pupils, parents and teachers from the workshop to make sure the materials fit their needs.

6. Distribute the materials to the districts.
Every society addresses sexuality education differently. Throughout the world, as populations have urbanised and gender roles shifted, the traditional methods of teaching children about sex have been abandoned. To fill this gap, many countries have made sexuality education part of school curricula. Indeed, teachers are well-placed to provide sexuality education to their students, as young adolescents spend roughly the same amount of time in school as they do at home. Furthermore, pupils generally respect their teachers and believe the things they learn in the classroom. Involving teachers in sexuality education is an opportunity to provide children with factual information that they trust. However, many teachers do not know how to teach about sex in an appropriate and youth-friendly way. Furthermore, they are afraid parents will accuse them of introducing their children to sex. By planning activities for teachers, we can help them overcome these challenges to effectively teach sexuality education.

The Ugandan government introduced a special school programme called the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY). YAP aimed to build from PIASCY by further strengthening teachers’ confidence in using youth-friendly methods.
There are three ways to help teachers conduct youth-friendly reproductive health education:

1. Improve their reproductive health knowledge (see Annex for a sample teacher training schedule).

2. Address common myths and misconceptions held by students.

3. Introduce them to youth-friendly methods so that young people can easily understand the information they receive. (See Annex for youth-friendly games.)

What are youth-friendly methods? They are participatory exercises that bring out students’ creative and critical abilities. These include role-plays, skits, group work, games, film shows, discussions and debates.

Teachers must recognise that, when using participatory methods, they are actually facilitators. They should use their knowledge to push students in the right direction, but they must allow students to learn for themselves experientially. They can do this by having a positive attitude and using appropriate methods. When choosing participatory methods, there are several things to consider (see below).

**ACTIVITY CHECKLIST**

Does the activity relate to the group’s needs?

Does the activity relate to the subject the group is learning about?

Can you do the activity with the time and resources that are available?

Do you have the information you need to answer questions that result from the activity?

Are you ready to deal with unexpected results from the activity?
There are several types of participatory methods teachers must learn to use to effectively teach any subject:

- **Icebreakers:** These are games to help people get to know each other and become comfortable learning together. They should be used at the beginning of workshops. (See Appendix 1 for examples of icebreakers.)

- **Energisers:** Learning requires concentration. It is easy for people to get tired and lose their concentration during the long sessions. Energisers allow them to take a break from the material and become more active physically and mentally. They should be used whenever the teacher/facilitator notices that participants are losing concentration. (See Appendix 1 for examples of energisers.)

- **Team building games:** These activities require participants to solve problems by working together. Therefore, they build several important life skills, including decision-making, self-confidence and the ability to communicate with others. (See Appendix 1 for examples of teambuilding games.)

- **Communication games:** These activities demonstrate to participants the need for good verbal and nonverbal communication and what happens when communication is poor. (See Appendix 1 for examples of communication games.)

- **Visualisation methods:** These are activities that help participants “see” what they are learning so that they understand the concept better. (See Appendix 1 for an example of a visualisation method.)

- **Problem-solving methods:** Lecturing youth on how to make better decisions is not effective. They need practice solving problems. The easiest way to do this is through role-plays. In a role-play, participants are given a scenario that reflects a problem they face in their daily lives. For instance, one scenario might be pressure to have sex. The participants act out how they would handle the situation.

- **Moderating discussions:** A very common way of generating ideas and starting discussions is brainstorming. In brainstorming the group writes down as many ideas on a particular topic as possible. Criticising ideas is not allowed. After brainstorming, facilitators can discuss the ideas in more detail. (See Appendix 1 for another example of how to moderate a discussion.)

In the YAP baseline study, teachers stated that they use assemblies, parades, debates, discussions and music, dance and drama (MDD) classes to teach sexuality education. While many of these are interactive, the sexuality education curriculum could be strengthened by using more games and role-plays, which teachers rarely mentioned using.
The content of the teacher trainings should be based on the results of the baseline study, although in general teachers lack both comprehensive reproductive health knowledge and the skills to give out this information in a youth-friendly way. Therefore, the objective of the training is to equip teachers with both the knowledge and the skills needed to reach young adolescents/pupils with SRH education. During the trainings teachers acquire knowledge in the following areas:

- Life Skills
- Growth and Development
- STIs and HIV
- Family Planning: Planning for the future
- Children’s Rights

**Tools**

Teachers’ training schedule (see Appendix 2)

**Timeframe**

Five days are required for the training, so it should take place during the school holidays. The training should be held at the beginning of the project to give teachers opportunities to practice their new skills and provide correct information as pupils begin planning activities. That way, teachers can also always be active, helpful participants in the pupils’ activities at school.
Tasks

1. **Identify trainers and training content.**
   The best trainers know the teaching system very well and may have even been teachers themselves. They are older, but have a background working with young people in sexual and reproductive health. Use a lead facilitator who has experience training adult peer educators as well as working in adolescent sexual health. For individual sessions, involve different topic experts. Work with the trainers to develop clear objectives for the training. These are based on the five general areas of learning mentioned earlier.

2. **Decide on a date and location.**
   Agree with the district education departments on a convenient day and location. Then, send out invitation letters to the schools through the districts.

3. **Prepare for the training.**
   Make copies of the training materials and completion certificates and prepare the venue for the training. Secure the support of the district education departments. Teachers are motivated to attend if their district authorities acknowledge the training with certificates. Also, make sure to budget for accommodation, meals and transport refunds. These housekeeping items can take a lot of time away from your training. Make sure that you address participants’ money issues quickly at the beginning of the training and move on.

4. **Conduct the training.**
   The training includes multiple parts. Before you deliver any training, you want to determine what the participants already know. You should develop a pre-test assessment based on the workshop objectives. After the workshop, ask the participants to take the same assessment. This will help you determine if the teachers have gained the knowledge they need.

The teachers came to the training with many misconceptions about reproductive health. They were also uncomfortable using youth-friendly methodologies. It was very difficult to get them to think like a young person, but over the course of the training they became more comfortable using these skills.

We held two separate trainings with 15 participants each. To build capacity, we invited three teachers per school to attend. Since districts often transfer teachers to other schools, this ensured that, even if some teachers were transferred, there would still be a qualified teacher at the school who could adequately coordinate and conduct sexuality education. We also mixed the participants so that teachers from the same school attended different trainings. We did this because teachers enjoy the chance to network across schools and have mentioned it as a reason to come to the trainings.
5. **Write a report.**
Include the statistics from the pre-and post-test in your final report.

6. **Hold exchange workshops.**
Involve even more teachers in the project by holding exchange workshops. Facilitate a small workshop for teachers at each school at which the trained teachers can pass on the knowledge and skills they have gained.

7. **Plan refresher trainings.**
Plan refresher trainings one year after the initial training. Adapt the training content according to needs that arise while you implement the project.

In the Uganda YAP evaluation, both girls and boys reported an alarmingly high degree of sexual harassment by teachers against pupils. Sexual harassment in schools was so common that it was even discussed openly by the parents and community groups.

Although the baseline study had indicated a need for capacity building among schools and teachers, the results of the evaluation necessitate a second approach. Because capacity building is undermined by sexual harassment, the YAP therefore addresses this issue by working with all of the project schools to achieve zero tolerance for pupils being sexually harassed by the teachers. Two activities were introduced for teachers later in the project.

The first new activity is introducing best practices to prevent sexual harassment. The project team works with each school to develop an action plan identifying “dos and don’ts” for teachers in order to prevent sexual harassment. Pupils, teachers and parents are all involved in creating these rules, which will be displayed in the schools.

Second, pupils anonymously elect “contact teachers” who they trust to help create a safe space for them to grow and learn. Each school should have two contact teachers—one male and one female—who can provide confidential counselling to the pupils. The contact teachers, along with parent counsellors, receive training in basic counselling skills (e.g. confidentiality, listening). During the training they also identify community resources for victims of sexual violence and pupils with reproductive health problems.

We conducted both pre- and post-tests (see Activity 2 under “pupils”) to assess the effectiveness of the trainings. The average scores increased from 58% before the training to 71% at the end of the training.
In developing countries many students learn about reproductive health in a very basic environment. It is hard to increase their awareness about living healthily if they do not even have the ability to make healthy changes at school. For example, many young girls do not have a safe, clean place to take care of their menstruation. Grants to schools can improve the school setting, if the schools decide what their most urgent needs are and think through how to use the grant money sustainably. Although this is costly, it is important to go beyond merely talking about SRH issues and provide something tangible from the project.

Tools
Grant agreement template (see Appendix 2)

Timeframe
You can distribute school grants at any time in the project, but it is important to give the school enough time to prepare its budget and implement its work plan as agreed in the agreement. This process will take one school year.

Tasks
1. Meet with the school administration.
Communicate the purpose of the grant clearly to the schools and all beneficiaries. Schools should not treat the grant as free money. Rather, it should be used to initiate a project that the school will be able to financially sustain after the grant money is gone.
2. **Perform a needs assessment.**
This should be done by the schools. Ask the school administration to identify its most urgent needs and come up with a brief proposal for what it wants to do along with a budget stating the costs.

3. **Review the proposals.**
This is the time to give feedback. Many of the schools see school grants as a gift and wait for the grant money to overcome their challenges instead of looking for their own solutions and resources. To fight this perception, each proposal (see Annex for example) should include two components. First, the school should provide some of its own funds to the project. Second, it should have a plan to carry out the project once the partner has left.

Once you are satisfied with the proposal, prepare two copies of the grant agreement for each school (see Annex). You should keep one signed copy and the school should keep the other. At this point, you can facilitate the money transfer.

4. **Monitor the progress closely.**
Use district school inspectors or education departments to help you follow up. They have direct influence over the schools.

Most of the schools in Uganda requested grant money to build changing rooms or counselling rooms for girls, or to purchase wash basins and other items. All of these are good uses of grant money, but if the school does not budget for upkeep of these items in the future, they will fall out of use.

One example of a grant proposal that was not sustainable was to buy sanitary pads for girls at the schools who needed them. The cost was simply too high to continue providing sanitary pads, especially as parents stopped providing sanitary pads for their daughters, expecting the schools to provide them for free.

“The YAP project has earned us a deal this year. We registered more girls than before after all parents knew that girls in this school have special care and are provided with sanitary towels too.”

— *Headmaster of Kazo West Primary School in Wakiso District*
A community is a group of people living in a particular area who share common interests, goals or activities. Some communities are in cities (urban), some are on the edges of cities (suburban) and some are in villages (rural). Each of these types of communities can have different beliefs and values. Furthermore, because communities are often formed on the basis of geographical location, members range in age, sex and social status. With so many different types of communities, community interventions must be flexible.

While people may be able to identify problems in their communities, such as early pregnancy or sexual violence against children, they often do not see comprehensive sexuality education as an appropriate solution. But SRH projects for young adolescents must include community members, as a young adolescent’s school environment and family life are direct reflections of community values. Therefore, the community must be supportive of sexuality education and the promotion of SRH rights for its members in order for interventions in schools and homes to succeed.
Part of the reason why communities can be resistant to adolescent SRH information and services is because they lack structures to effectively discuss, agree upon and carry out solutions to their problems. Therefore, they remain uninformed themselves as to the benefits of SRH information and services, as well as untrusting of interventions led by outsiders. SRH projects for young adolescents must be sustainable, so that the community as a whole takes responsibility for the long-term objectives of the project after implementing partners leave. Working with the community is a five-step process guided by the members themselves. The steps are:

1. Assessing the community’s needs and problems.
2. Determining which problems are priorities, so that the community can generate goals.
3. Planning actions through community action plans and project designs.
4. Implementing the plan.
5. Monitoring and evaluating the results.

There are three major activities to create awareness and empower the community. The first two activities—film shows and community dialogue meetings—lay the groundwork for communities to assess their own needs and problems. By taking part in these activities the community will understand the need for the project. Film shows sensitise community members to the importance of SRH information and services for all adolescents. They also provide community members with a forum to discuss how the concepts in the films translate to their own community. Community dialogue meetings, meanwhile, generate a sense of pride in the project and empower members to work together toward common solutions.

The remaining activity, the simplified community situation analysis, guides members to assess and prioritise community needs in terms of adolescent SRH and develop action plans to implement and monitor their progress independently of the implementing partner.
One way to mobilise community members is by organising an evening film show. In the evenings, most people are free and interested in some entertainment. There are very interesting and educational films available to raise awareness on specific sexual health topics such as teenage pregnancy, HIV, the importance of proper condom use and family planning.

Tasks

1. Hold a meeting with the district leaders and school management.

Schools are the main partners in this project. There are several reasons to continue involving school management even when the target is not the school population. First, schools have direct connections with pupils, parents and community leaders and can choose a film that will be helpful to all members of the community. Second, young adolescents are a protected demographic. Therefore, anyone working with this age group should work with school authorities, including the Ministry of Education, to assure that the activities are done in a professional and safe manner.

2. Select a film.

Tools

- Film
- DVD player
- Projector

Timeframe

Film shows should be held regularly throughout the project, with the first show held toward the beginning so that community members become aware of the project’s aims. Later on, film shows can also be held in conjunction with other activities, such as the peer educators’ training or VCT family days.
In Uganda the organisation TV for Development has an extensive collection of health education films from which we borrowed. Look for similar organisations from whom you can borrow films.

Some possible films to show:

<table>
<thead>
<tr>
<th>Film</th>
<th>Themes</th>
<th>Lessons learned</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teen Bash</strong></td>
<td>• HIV prevention</td>
<td>How to:</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>• Parenting</td>
<td>• Use condoms properly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communication</td>
<td>• Avoid teenage pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decision making</td>
<td>• Make informed decisions</td>
<td></td>
</tr>
<tr>
<td><strong>Life Choices</strong></td>
<td>• Informed choices</td>
<td>How to:</td>
<td>20 min</td>
</tr>
<tr>
<td></td>
<td>• Critical choices</td>
<td>• Make better choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Peer resistance</td>
<td>• Deal with adolescents</td>
<td></td>
</tr>
<tr>
<td><strong>School Canteen</strong></td>
<td>• Peer pressure</td>
<td>How to:</td>
<td>1 hour</td>
</tr>
<tr>
<td></td>
<td>• Assertiveness</td>
<td>• Resist peer pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HIV transmission</td>
<td>• Make good choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Self esteem</td>
<td>• Prevent HIV</td>
<td></td>
</tr>
<tr>
<td><strong>Yellow Card</strong></td>
<td>• Teenage pregnancy</td>
<td>How to:</td>
<td>1 hour</td>
</tr>
<tr>
<td></td>
<td>• Socialization</td>
<td>• Avoid teenage pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Parenting</td>
<td>• Communicate effectively</td>
<td></td>
</tr>
<tr>
<td><strong>True Manhood(Trigger)</strong></td>
<td>• Alcoholism</td>
<td>How to:</td>
<td>15 min</td>
</tr>
<tr>
<td></td>
<td>• Drug abuse</td>
<td>• Use condoms properly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Condom use</td>
<td>• Have safer sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recognize the dangers of drug abuse.</td>
<td></td>
</tr>
</tbody>
</table>
3. Organise the film show.
Set a date and identify a venue together with the school management. Central locations, like schools or health centres, are best. Many community members like attending film shows. Therefore, this activity is a good tool to raise awareness and film shows can also be organised along with other activities that address the same topic. Make sure the local authorities, like police and local leaders, are aware of the event for security reasons. Gather equipment for the show and check that it functions the day before the show.

4. Mobilise the community to join the film show.
On the day that the film will be shown, move through the community and announce the film, the location and time.

5. Show the film.
A film show should not last longer than two hours, which includes time for a discussion. If it is longer, people begin to lose interest.

After showing the film, ask for comments or questions. Try to get the participants to reflect on how the film’s messages can be applied in their own community. Some good questions to ask the audience include:
- What is your opinion about this film?
- What was the film’s key message?
- How does this film relate to this community?
Community dialogue is when different groups within one community are brought together to discuss their common challenges regarding a specific topic, such as preventing teen pregnancy through family planning methods. Some groups may be promoting abstinence and others may be urging teens to use condoms. The goal of a community dialogue is to identify the biggest challenges and find solutions that all groups can agree on.

**Tools**
Community dialogue meeting schedule

(see parent-with-child dialogue workshop schedule in Appendix 2)

**Timeframe**
Community dialogue meetings should be held twice a year throughout the project, but you should identify potential topics during the project implementation. By involving the community early, it feels ownership of the project and is able to provide direction on pressing issues and possible solutions.

In our experience, discussions were very participatory and the participants become enthusiastic about transforming their community.
Tasks

1. **Identify a topic.**
   The initial topic can be suggested by the project team after prior discussions with pupils. Each meeting will focus on one topic—at the end of each meeting, community members should identify the topic of the next meeting.

2. **Identify a community resource person.**
   A good resource person is a local expert on the topic. For example, if the community will be talking about child protection, you can invite a probation officer.
   
   This resource will act as the lead facilitator, with the project team providing support. Community-based facilitators better understand the problems in their area and can guide the participants to appropriate community-developed solutions.

3. **Invite stakeholders.**
   Agree on a date with the school and the local expert. Invite 20-30 stakeholders, including school teachers, parents, young people and religious and community leaders.

4. **Hold the meeting.**
   After the meeting, write a report detailing the outcomes and any agreements the community made.

“*I am grateful for this project and I shall integrate the knowledge and skills gained from YAP into my sermons at church to reach a number of people.*”

—— *Parish priest of Bulima in Masindi District*
A situation analysis is a way of analysing a particular community’s strengths and weaknesses in order to determine potential solutions to its problems. A situation analysis is often done by the community members themselves. It can be conducted separately by youth and adults to identify risks and solutions regarding young people’s health in the community. The groups then come together to exchange ideas and propose solutions.

A situation analysis focuses on helping the community and its leaders make informed choices. By promoting dialogue between the youth and other members of the community, the community members can decide which changes, innovations or interventions they could make to improve young people’s health situations. The best solutions are based on a good analysis of the problems. The community situation analysis is participatory. It encourages people to assess their own situation and identify the causes of risk factors.

Tools
- Problem tree analysis (see page 61)
- Community social mapping (see next page)

Timeframe
The community situation analysis can be done at several points during the project. To help with project planning, do a situation analysis before project implementation. You can also do a community situation analysis during the project implementation, when the project is well known by the community. This will allow the facilitators to guide the discussions more smoothly and the participants to open up easily. Plan at least half a day for the analysis.
In Uganda we used community appraisals after the project had been implemented to identify risky situations for young adolescents in the community. This activity resulted from the evaluation, where the concern was raised that as much as children know the risks, they are not the ones who decide what is to be done or when. For example, there is nothing children can do if they are sent to fetch water alone in the evening; it is up to parents and community members to create a safe environment for their children.

Tasks

1. **Set a date and venue with the school administration.**
   Again, the ideal location is at the school.

2. **Prepare yourself with participatory methods.**
   For example, you can use a problem tree analysis and community social mapping. Below are instructions on how to carry out a community social mapping exercise, along with the output from one community:

A community map is a tool drawn by the community to identify what types of amenities are available to its members. Drawing a community social map is a valuable exercise because it helps community members to see their own perceptions and priorities.

**Steps:**

1. Divide the group into four groups based upon age and sex (i.e. women, men, girls and boys).

2. Give each group a large sheet of paper and several pens.

3. Ask them to start drawing a map of the area they live in, placing their current location at the centre of the sheet.

4. Ask them to identify common features of their communities and to create symbols for them. These features can include:
   - Schools
   - Roads
   - Youth centres
   - Health centres
   - Homes
   - Trading centres

5. After the groups complete their maps, each group should present.

6. Encourage debate about the differences in the maps. Did children perceive their community differently than adults? Did men and women draw similar maps? For example, if children do not include health centres on their maps, it may be evidence that they are unaware of health services.
3. **Invite community members.**

Ask the school to invite 20-30 community members, representing pupils, teachers, school management, parents, religious leaders, local politicians and health workers.

4. **Organise the event.**

Secure a location and, if possible, cater the event.

5. **Conduct the situation analysis.**

Identify the specific topic with the participants. Divide them into two groups: adults and young people. Explain the tools and facilitate the discussions. When both groups have identified a problem and possible solution, ask each group to briefly present its results. Discuss different strategies and a common way forward.

One method you can use is a problem tree analysis. In a problem tree, the problem is written in the middle. Participants brainstorm consequences of the problem and place these at the top. Participants then brainstorm causes/roots of the problem and place these at the bottom.
Parents and guardians are responsible for the health and wellbeing of their children. This involves protecting their children from negative influences, helping them get proper information (at home or at school) and allowing them to access health services.

Involving parents in the project is important for several reasons. First, participating in school-based activities encourages them to become active parents who play a strong role in their children’s lives. Second, parents reinforce the sexuality education their children receive at school. Third, parents will learn from their children and hopefully adopt positive sexual health practices themselves.

“In 2008 it was not easy to talk about issues of sex and sexuality and it was almost a taboo, but with the introduction of YAP trainings and community outreaches it has become easy and people are free to talk with their children about sexual and reproductive health.”

— Head teacher at Okwara Primary School in Tororo District
Many parents do not know how to communicate appropriately with their children. Thus, talking about sensitive topics such as family planning, HIV or puberty is particularly difficult for parents. Further, many cultures de-emphasise the role of parents in sexuality education. Instead, sexuality education is the role of peers, teachers, extended family or community members.

Due to the global HIV epidemic, parents have become more concerned about their children’s future. However, while some parents may talk to their children about the dangers of HIV, they do not feel empowered to talk to their children directly about sexual behaviour. Many parents and guardians try to communicate to their children about sexual health but lack the confidence to do so. For example, if they see their young daughter getting close to a teen boy or even an adult man, they may simply pretend that nothing sexual is happening. They live in anxiety and fear that their child is sexually active but they do not have the skills to handle the situation.

To encourage better communication between parents and their children on reproductive health issues, two things are needed. First, parents need help developing their confidence to speak with their children about sensitive subjects like SRH. Second, children must be empowered to be honest and open with their parents. Many children do not talk with their parents about sex due to embarrassment or fear of their parents’ response. Both children and parents need to be encouraged to create a fear-free environment in which to talk.
The YAP baseline study confirmed that communication on reproductive health issues between parents and children in Uganda is poor: Many parents discuss reproductive health with their children less than once a month.

According to the YAP baseline study, many Ugandan parents and guardians do not talk with their children about sex or puberty. If these subjects are mentioned, parents only warn their children about sex without discussing issues related to sexuality. Sex is a taboo topic, but HIV is especially taboo due to societal misconceptions about the disease. Yet no matter how uncomfortable the topic is for parents, they have a legal responsibility for their children. In Uganda, for example, young children cannot go for HIV testing without their parents’ consent. We sought to encourage parents to talk with their children about sexual health and take them for HIV testing.

The results of the interim evaluation showed that parents began spending more time discussing reproductive health with their children. Importantly, the communication became much more open as well, with children also feeling more comfortable talking to their parents about sexuality.

The main activities in this approach are parent-to-child communication workshops and family days for voluntary counselling and testing. The family day programme included games and activities to improve parents’ and children’s communication skills and bring them closer together.

Building parents’ and guardians’ communication skills gives them the support they need to reach out to other parents and guardians and pass on knowledge. This way, the entire community gradually becomes more open to talking about sexuality and other social issues. There is no standard way to conduct parent-child dialogue workshops, but it is important to be aware of how the approach works.

There are three steps involved in the approach. First, parents must understand why it is important to talk with their children about sex. Second, they must be encouraged to create an open environment for their children to talk to them. Lastly, they must be given the communication skills to talk with their children.
Why it is important to talk with children about sex

Sex can be quite a taboo topic, so first you must help break down this barrier before moving forward with developing communication skills. In this step, there are two areas to cover with parents that will demonstrate the importance of talking with their children about sex.

First, parents need to protect their children from negative influences. To protect children, they must know about the many factors that influence young people’s sexual behaviour, including:

<table>
<thead>
<tr>
<th>Their changing bodies</th>
<th>Young adolescents’ bodies and minds are rapidly changing. They are having sexual thoughts, but don’t know how to address them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their peers</td>
<td>Other young adolescents are going through the same changes. To hide their embarrassment about their own bodies they often pressure their peers to make poor decisions.</td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td>One way peers pressure each other is by introducing them to alcohol or drugs. Drinking further affects children’s ability to make healthy decisions about their bodies.</td>
</tr>
<tr>
<td>Adults</td>
<td>Some adults prey upon young boys and girls. Young adolescents often seek independence from their parents. Sugar mommies and sugar daddies provide them with money and gifts, which make them feel more independent. But these adults can expect sex in return, which puts young people at risk.</td>
</tr>
</tbody>
</table>

“I am grateful to YAP for its training on parent-child communication for it has bridged the gap between parents and children. I did not have the confidence but I sit and hold talks with my children about sexual reproductive issues”.

—— Parent at Bweyale Primary School in Masindi District
Second, parents need to understand where young people get their information. If parents do not talk about sexual and reproductive health with their children, they may get the information elsewhere:

<table>
<thead>
<tr>
<th>Source</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>From their peers</td>
<td>Young adolescents listen to their peers more than anyone else because they are the same age and have the same interests and activities. Sometimes, however, young people hear and spread the wrong information about sexual and reproductive health.</td>
</tr>
<tr>
<td>Teachers</td>
<td>Teachers are often unable to adequately explain sexual and reproductive health issues in a youth-friendly way. In addition, some teachers prey upon students.</td>
</tr>
<tr>
<td>Community members</td>
<td>Community members can either have good knowledge or bad knowledge about sexual health. While they may not talk directly to children, young adolescents absorb what they see and hear around them to make conclusions.</td>
</tr>
<tr>
<td>Health workers</td>
<td>While health workers are usually the best resource for accurate information, health services remain a last resort for young adolescents. It is difficult for youth to access services without parental knowledge or consent. Usually, when they do, it is because they are already sexually active.</td>
</tr>
<tr>
<td>Family</td>
<td>This should be one of the best places to get information about sexual and reproductive health, but are parents and children open with each other?</td>
</tr>
</tbody>
</table>

**Creating an open environment**

Once parents understand the need for communication, they must be encouraged to create an open environment for their children to talk with them. This will take time—children will not immediately open up to their parents about all their sexual problems. To create a positive environment, parents must understand their responsibilities:

- Visiting the children’s schools and participating in school open days.
- Teaching their children good family and societal values.
• Offering time to talk to children. Parents should spend time with their children every day.

• Being respectful to their children by praising their accomplishments and not making them feel worthless.

• Knowing when to get outside support. Parents should refer their children to other people whom they can confide in, including peer counsellors and youth-friendly health centres.

• Supporting their girls to receive an education, which includes providing them with sanitary napkins to ensure that they can go to school every day.

How to talk with children
As parents take care of their responsibilities, their children should slowly become more comfortable talking with them. The parents will need to know how to talk with children:

• They should be honest and talk freely. If a child asks a question, they should answer openly.

• They should show interest and care by making eye contact with their children and not being distracted by TV, radios or other conversations.

• They should not only hear, but listen. Listening to children is much more important than talking to them. If parents listen well, they will understand what they need to talk to them about.

• They should continue to offer time to talk with their children.

• They should ask questions to encourage children to talk.

• They should ask others for help when they need it. They may not have all the information, but they have resources such as health centres where they can get more information.

High rates of sexual harassment toward pupils were reported in the baseline study and again in project evaluations. To address this, the project worked with pupils to identify two “volunteer parent counsellors” per school who were then oriented in counselling skills alongside the teachers. These parent counsellors are available to discuss SRH-related challenges with pupils and other parents. The idea is to give pupils a contact person who is not directly part of the school setting, so that they do not feel threatened if they report cases of abuse or harassment.

The parent counsellors receive training in basic counselling skills (e.g. confidentiality, listening). During the training they also identify community resources for victims of sexual violence and pupils with reproductive health problems.
Parent-with-child dialogue workshops are the first step toward providing parents with positive communication skills because they give parents a forum to interact with their children in a healthy way. The workshops are held at individual schools. They should be interactive, with a lot of games to keep children interested and break the ice for parents.

Tasks

1. **Set a date with the schools.**

Parents are busy people. It is crucial to choose a day that is easy for parents to attend. Do not take more than one day per workshop.
2. **Agree on a topic and prepare a workshop schedule.**

   The topics covered should be discussed and agreed upon during quarterly review meetings (with parent, teacher and pupil representatives) so that all the topics are based on the specific needs of the parents.

   The workshops work best if the facilitators are mature people who are well known in the communities. Many adults do not listen to younger people, so pupils need a figure they respect and trust to take their interests seriously.

3. **Ask the schools to invite parents and their children.**

   Invite all parents from one grade level (e.g. P5). Turn-up can be as high as 100 parents if the date is convenient.

4. **Prepare a budget.**

   Organise a venue, refreshments and lunch in line with the money available for the activity.

   Organise the workshop on school premises if possible. There are several good reasons to hold the workshop at a school. First, the school is the direct partner, so the school administration can easily invite participants. Second, schools are accessible and free to hire. Lastly, it promotes parents’ responsibility toward the school and makes it a place parents are comfortable going.

5. **Conduct the workshop.**

   It is best to hold a series of such workshops in order to track parents’ improvements and reinforce the importance of communicating with their children.

---

**Sexual harassment in schools** was so common that it was even discussed openly by the parents and community groups. To make parents more aware about the risks and dangers of young people being sexually abused, DSW hosted a series of parent-child dialogue workshops specifically dedicated to child sexual abuse and exploitation. These sessions gave pupils and parents the chance to discuss and exchange ideas on how to prevent sexual harassment.

---

*"With the many YAP trainings for parents and children, my father now buys sanitary pads and sometimes sits and talks with me on issues of sexuality, unlike before when he did not share anything."

— *Pupil at Bweyale Primary School in Masindi District*
Parents need constant encouragement to interact with their children in a healthy way. "Family days" are an opportunity to further build their communication skills in the context of SRH. Given that a primary objective of adolescent SRH projects should be preventing new HIV infections, an excellent reason to hold a family day is for voluntary counselling and testing (VCT). As some families get tested, others participate in games and activities to promote communication skills and bring them closer together.

In Uganda, the VCT Family Day was arranged because HIV testing for younger adolescents can only be done with the consent of a parent. That means even if young people would like to go for testing they cannot go alone.
Tools

- VCT family day activity schedule (see next page)
- Communication skills games (see Appendix 1 for examples)

Timeframe

This event should be organised after the holidays when students are not busy with exams. The event will take a full day.

Tasks

1. Hold a meeting with the school administration and district health officer.

Several months before you want to hold the event, discuss the idea with both school administrators and the district health officer. At this meeting, you should decide who can take over responsibility for different parts of the event. The school should provide rooms for testing and counselling that are private so that the results can remain confidential. Schedule the event for a day when you, the administration and district staff can all participate. Once you set a date, write an official letter to the district education department proposing the activity.

Make arrangements with the district health department to supply testing kits and health staff (laboratory technicians and counsellors). See where there are gaps and identify who to contact to help out.

2. Set a program for communication skills activities.

Here’s an example of the communications activities you can run:
<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements of good communication</td>
<td>Game: “Listening/Not listening”</td>
<td>See description in Appendix 1.</td>
</tr>
<tr>
<td>Talking</td>
<td>Game: “Gibberish”</td>
<td>Three participants role play. There is a host of a talk show program, a guest who is a specialist in a certain field and an interpreter. The host asks questions to the guest who speaks in gibberish. The interpreter translates by guessing what the guest might be saying.</td>
</tr>
<tr>
<td>Talking</td>
<td>Game: “This is not an umbrella. It’s a...”</td>
<td>All participants stand in a circle. They pass an umbrella around and say, “This is not an umbrella. It’s a ________.” Then, act out the object that you say. If you say soccer ball, act out kicking a soccer ball. As each person receives the umbrella, they should say an object and act it out.</td>
</tr>
<tr>
<td>Team building</td>
<td>Role-plays/skits</td>
<td>To see the challenges their children face, parents should act as children and children should act as parents.</td>
</tr>
</tbody>
</table>

During the VCT Family Day, DSW bought testing kits, while the district health offices strongly supported the activity by providing additional kits and health staff, including technicians and counsellors. In total, nearly 1,000 people attended the event and 954 parents and children were tested.
3. Mobilise pupils and parents.
Ask the school to mobilise pupils and their parents. If you can, invite one class, depending on how many pupils are in the class. In total there should not be more than 100 participants per school, including pupils and their parents.

4. Make a budget.
You should offer some refreshments for participants, as well as facilitation for the district and partner staff. Districts should contribute VCT materials and testing kits, but if participation is high you may need to budget for extra supplies.

5. Implement the event.
Parents and pupils appreciate this activity. The communication games help the families to grow together and encourage them to disclose their status to each other.

“I appreciate DSW so much for implementing the Young Adolescents Project, which has been an eye-opener to the district, parents and young adolescents in issues of sexual reproductive health and rights.”

— Inspector of Schools for Wakiso District
Health workers are primarily trained to diagnose symptoms and/or treat people. Although they receive some training on adolescent health, health workers remain mostly unaware of specific health challenges and problems young people face. In addition, they do not always have the communication skills to make young people feel welcome at the health centres. As a result, adolescents may avoid going to health centres because they feel disrespected there. By involving health workers in a sexual and reproductive health project for young people, they learn techniques for dealing with young people.

Uganda, like many developing countries, does not have enough health workers to effectively respond to Ugandans’ health needs. The HIV epidemic has put additional strain on the health system because it requires special skills for prevention and treatment. Although the government has taken steps to train more health workers, there is still only one doctor, nurse or midwife for every 1,818 people in Uganda.
Approach:

Building the capacity of health service providers to offer youth-friendly services

Several barriers can prevent young people from accessing health services, including lack of permission from parents to go to the health centres as well as lack of transport. These challenges should be addressed through discussions with the parents during the parent-with-child dialogue workshops, but it will still take some time before the pupils can easily access health centres. Therefore, the services can be brought to the pupils during VCT family days (see Activity 2 under Parents) because their parents will be there to provide permission.

While working with parents can increase youth access to health services, reaching out directly to health workers can bring services closer to pupils. Health centres should be encouraged to do health outreaches in schools at least once every two weeks. In order to improve the quality of health services, health workers also need to be trained to provide youth friendly services that consider young people’s sexual and reproductive health needs.

The first activity in this approach makes it easier for pupils to access health services. The second activity works directly with health care providers to improve the services adolescents receive while in their care.
Activity 1

Easing Pupils’ Access to Health Services

Some of the barriers pupils face in accessing health services, such as lack of transport, can be removed by linking health services to the schools.

Tools
Health centre referral voucher (see Appendix 2)

Timeframe
The health centres near the schools should be identified immediately after the project has started.

Tasks
1. Identify health centres.
The health centres should be close to the schools and willing to cooperate in the project.

2. Hold a meeting with school management and district health departments.
Introduce the idea to the district education and health departments and discuss possible financial and administrative support from the district to improve pupils’ access to health services. You may need several meetings with health centre staff, school management, pupils and parent representatives. It’s recommended to sign a memorandum of understanding with schools and health centres so that all groups are held accountable to whatever decisions are made.

3. Hold a larger meeting with school management, some parents and representatives of the health centre and youth club.
At this meeting, discuss and agree on how services can be brought closer to the pupils. Develop an action plan to make sure this happens (e.g. through school outreach).

4. Hold follow-up meetings.
Follow-up meetings are crucial to ensure that the groups continue to cooperate. There will be problems as the activity is implemented, so this group will need to identify problems and possible solutions to any problems.
The goal of the training activity is to equip health workers with the knowledge and skills to provide adolescent SRH services in their workplaces and promote HIV prevention.

Tools
- Training schedule (see inset)

Timeframe
This activity should start soon after schools identify nearby health centres to work on the project.

Tasks
1. Meet with district health officials.

Together, set a date for the training with the health centres and prepare a training schedule.

One successful way to introduce youth friendly services at health centres in Uganda was by giving referral vouchers to members of the youth club to use at the health centre. It is the club’s responsibility to keep the vouchers and sign the referral in agreement with the counselling teachers. The pupils go to the health centre with a voucher, which they will have signed by a health worker. When the student comes back with it, the club can keep the vouchers for documentation. This allows you to make sure that the young person was properly treated at the health centre.
## Day 1

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topics Covered</th>
</tr>
</thead>
</table>
| Overview of Adolescent SRH Programmes in Uganda | • Why focus on young people?  
• Demographic statistics concerning adolescents in Uganda  
• How young people differ from adults  
• Barriers to accurate information and services  
• Young people’s needs and SRH rights  
• Quality of adolescent-friendly health services  
• Minimum package of adolescent-friendly services according to Ministry of Health guidelines  
• Principles of providing adolescent-friendly health services  
• Orientation to national adolescent health policy |
| Communication and Counselling | • Definition of communication and counselling  
• Qualities of a good youth counsellor  
• Conditions for effective adolescent counselling  
• Principles of counselling adolescents  
• Process of counselling  
• Creating an appropriate atmosphere for counselling  
• Approaches to counselling |

## Day 2

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topics Covered</th>
</tr>
</thead>
</table>
| Overview of HIV/AIDS | • Difference between HIV and AIDS  
• Modes of HIV transmission  
• Pre-exposing factors to HIV transmission  
• Progression of HIV in the human body  
• Prevention strategies for HIV in Uganda (ABC, PMTCT, SMC, PEP, microbicides, positive prevention)  
• Treatment (ARVS, Septrin Prophylaxis, treatment of OIs) |
| Life skills, sexuality & HIV Prevention | • Difference between sex and sexuality  
• Aspects of sexuality  
• Characteristics of sex  
• The connection between sexuality and reproductive health  
• The meaning and aims of life skills  
• Types of life skills |
### Unit Topics Covered

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topics Covered</th>
</tr>
</thead>
</table>
| Role of the health worker in project implementation | • Integration of youth-friendly services into existing services at all levels  
                                         | • The importance of providing at least the minimum package of adolescent-friendly services as per MOH guidelines |

### Day 3

- **Adolescent-friendly services**
  - Description of adolescent-friendly services
  - Characteristics of adolescent-friendly services
  - Factors that prevent adolescents from seeking reproductive health services
  - The role of health workers in promoting adolescent-friendly services
  - Integration of adolescent-friendly services into reproductive health services

- **HIV and VCT**
  - Importance of providing VCT services to the youth
  - Steps of establishing/integrating adolescent-friendly HIV and VCT services.

- **Pregnancy**
  - Significance of adolescent pregnancy
  - Needs of a pregnant adolescent
  - Services available to a pregnant adolescent

- **Sexual & Gender based violence**
  - Definition of gender based violence (GBV)
  - Forms of GBV
  - Consequences of GBV
  - Ways of preventing GBV
  - Role of a health worker in helping young people deal with GBV
2. **Prepare a budget.**
Organise a venue, refreshments and lunch in line with the money available for the activity. The training may bring together health workers from different clinics. Organise the training at a central place that is easy to reach for all health workers to minimise transportation costs.

3. **Invite health centre staff and school nurses.**
Sometimes the trained health centre staff are transferred to a different health centre. To avoid the loss of knowledge, make sure to train several staff members.

4. **Conduct the training.**
By the end of the training, the health workers should be able to:
- Organise adolescent reproductive health services at their health centres.
- Provide HIV prevention and treatment facts to pupils.
- Provide relevant information to adolescents and their families on adolescent reproductive health.
- Counsel adolescents and parents on sexual and reproductive health needs, including family planning.
- Manage adolescents who have special sexual and reproductive health needs.
- Establish youth-friendly services at their health centres.
- Advocate for adolescent reproductive health services in their communities.

5. **Monitor the progress.**
After the trainings, keep in touch with the health workers. Otherwise, they may not feel attached to the project. In addition, organise further trainings one year after the original training.

In Ugandan hospitals, patients who are under 5 years old are classified as children, while any patient above the age of 5 is treated as an adult. Therefore, even though young adolescents have unique health and psychosocial needs, they are treated in the same manner as much older clients. Such an approach is the opposite of “youth friendly”.
Annex 79

Icebreakers

Name Ball
1. Ask participants to stand in a circle.
2. Take a ball out.
3. Say your name as you throw the ball to someone else.
4. Ask the participants to say their own name as they throw the ball to someone else in the circle.
5. After everyone has touched the ball at least once, ask the participants to throw the ball while saying the name of the person they are throwing to.

Zip Zap
1. Ask participants to stand or sit in a circle.
2. Tell each person to learn the names of their neighbour on the right and the left.
3. Stand in the centre and look at one of the participants. Say either “ZIP” or “ZAP”. If you say “ZIP”, the participant should tell the name of their left-hand neighbour. If you say “ZAP”, the participant should tell the name of their right-hand neighbour.
4. Anyone who makes a mistake trades places with the person in the centre.
5. Keep doing this with participants.
6. When they are comfortable, add combinations of the two words (e.g. “ZIP-ZAP-ZIP”) to make the game more difficult.
River of Life
1. Give each participant a sheet of flip chart paper.
2. Ask them to draw the most important events in their life up to now. They can draw whatever they want.
3. Ask each participant to present their sheet of paper.

Energisers

Name Duel
1. Gather two chairs and a blanket or big sheet.
2. Choose an assistant.
3. Split the participants into two teams.
4. Standing on chairs with your assistant, hold the blanket between the two groups so that they cannot see each other.
5. Ask each team to select one member to stand in front and face the blanket.
6. Explain the rules of the game.
7. Count “1, 2, 3” and let go of the blanket so that the two members can now see each other.
8. The first person to say the other person’s name wins.
9. The loser joins the winner’s team.
10. Repeat until everyone has gone once or until there is only one group.

A’s and B’s
1. Ask participants to stand in a circle.
2. Ask everyone to look around the circle and point to a person.
3. Explain that this person is their A.
4. Ask everyone to look around the circle and point to another person.
5. Explain that this person is their B.
6. When you say “Go!”, everyone tries to get very close to their A but very far from their B.

Team Building Games

Turn the Page
1. Lay a large blanket or sheet on the ground.
2. Ask the entire group to stand on the blanket.
3. Tell the group to turn the blanket over without any player touching the ground.
4. If any participant touches the ground, the entire group must start over.

Communication Games

Listening / Not Listening
1. Select six volunteers from the group.
2. Form three pairs.
3. Ask each pair to choose one person to be a storyteller and another to be a listener.
4. Ask the storytellers to begin thinking of a story, while you explain the game secretly to the listeners.
5. Tell the first listener to not listen at all to their partner during the story. Instead, the first listener should obviously ignore the storyteller, not making eye contact and maybe even doing other activities while their partner is talking.
6. Tell the second listener to talk while their partner is telling the story.
7. Tell the third partner to listen carefully and to ask questions about the story.
8. Let the pairs perform one at a time.
9. When each pair is finished, hold a discussion with the group. Ask them about the qualities of a good listener.

Telephone
1. Ask participants to sit in a circle.
2. Think of a long message such as: “My neighbours niece went to Britain to become a teacher, but she instead went to the theatre.”
3. Whisper this message to person on your right. Only whisper it once. Do not repeat!
4. That person whispers what they heard to the person on their right.
5. The participants continue whispering the message around the circle until it comes to the last person.
6. Ask that person to speak the message aloud.
7. Compare the final message to the original. How is it different?
8. Discuss the experience. In real life, what happens when we gossip?

Visualisation Methods

Yes / No Game
1. Write a list of 10 opinions people have about the topic you are discussing that day. For instance, if the topic is family planning, you can write things like “Using family planning means you are promiscuous” and “Abstinence is the best method of preventing pregnancy.”
2. Make two signs. One sign should say
“YES” and the other “NO”.

3. Explain the cards to the participants and place them at opposite sides of the room.

4. Tell the participants to imagine a line between the YES sheet and NO sheet and mark the middle.

5. Read out a statement from your list.

6. Ask participants to choose a position based upon how much they agree with a statement. If they agree 100%, they should stand next to the YES sign. If they disagree 100%, they should stand next to the NO sign. If they mostly agree or disagree, they should stand close to either side but not next to the signs.

7. Ask the participants closest to the YES or NO signs their reasons for standing in their positions. Then ask the other participants why they do not completely agree or disagree.

8. Repeat this process with all the statements on your list.

9. Discuss the game with the group. Why is there such a wide range of opinions? How should we relate to people whose opinions are different from our own?

Moderating Discussions

Question Cards

1. To gather ideas and generate a discussion, write each of your discussion questions individually on a flip chart.

2. Give each participant several index cards.

3. After you ask your first question, tell the participants to write down possible solutions. Each solution is written on its own card.

4. After the participants are done writing, ask them to individually come up and tape the card to the flip chart and explain their idea. Do not evaluate the idea. Rather, just focus on collecting everyone’s idea.
### Form and Schedules
#### Club Leaders’ Training Camp Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0900</td>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0900-1030</td>
<td>Opening/Introductions</td>
<td>• Facilitators and participants know each other.</td>
<td>• Introduction of the team of facilitators; name ball game</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participants share their expectations.</td>
<td>• Card writing: My expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participants and facilitators establish and agree to ground rules.</td>
<td>• Brainstorming rules for the workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participants know the objectives of the workshop and how they will benefit from the programme.</td>
<td>• Presentation: Overview and objectives of the workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Official opening of the workshop</td>
</tr>
<tr>
<td>1030-1100</td>
<td>Tea Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1100-1300</td>
<td>Peer Education in Sexual and Reproductive Health</td>
<td>Participants clearly understand their role as peer educators for sexual and reproductive health.</td>
<td>Shooting blindfolded</td>
</tr>
<tr>
<td>1300-1400</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400-1530</td>
<td>Body Changes: Female and male reproductive systems</td>
<td>Participants learn about physical, social and emotional changes to their bodies.</td>
<td>• Game: “Body Beautiful” (Participants draw pictures of themselves and add positive labels to their own and others’ drawings.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Presentation and discussion</td>
</tr>
<tr>
<td>1530-1600</td>
<td>Family Groups</td>
<td>Participants share experiences about their life.</td>
<td>Forming family groups</td>
</tr>
<tr>
<td>Time</td>
<td>Unit</td>
<td>Outcomes</td>
<td>Activities</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>1600-1630</td>
<td>Family Groups Evaluation</td>
<td>Participants share their feedback about the training.</td>
<td>Evaluation circle</td>
</tr>
<tr>
<td>1630-1930</td>
<td>Free time / dinner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1930-2030</td>
<td>Recreation</td>
<td>Participants learn how to make informed decisions on reproductive health.</td>
<td>Film show: “Life Choices”</td>
</tr>
</tbody>
</table>

### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0830</td>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0830-0900</td>
<td>Recap: Day 1</td>
<td>Participants remember what they learned the day before.</td>
<td>Open discussion</td>
</tr>
<tr>
<td>0900-1000</td>
<td>STIs: Signs and symptoms</td>
<td>Participants learn how STIs are transmitted and how to recognise them.</td>
<td>Jeopardy game</td>
</tr>
<tr>
<td>1000-1030</td>
<td>Tea break</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1030-1300 | HIV/AIDS: Transmission, prevention, myths about HIV/AIDS | Participants learn how HIV is transmitted and how to prevent HIV/AIDS. | • Game: HIV/AIDS carrier  
• True and false quiz (see Annex)  
• Question and answer session |
| 1300-1400 | Lunch break                  |                                                                 |                                                     |
| 1400-1500 | Body Changes: Menstruation, PMS and wet dreams | Participants get comfortable discussing menstruation and wet dreams. | • Sharing experiences  
• Sharing what they know about menstruation and wet dreams |
<p>| 1500-1530 | Family Groups               | Participants share experiences about their life.               | Forming family groups                               |
| 1530-1600 | Evaluation                   | Participants share their feedback about the training.          | Evaluation circle                                   |
| 1600-1900 | Free time / dinner           |                                                                |                                                     |
| 1900-2000 | Recreation                   | Participants learn how to make informed decisions on reproductive health. | Film show: “Teen Bash |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700-0800</td>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800-0815</td>
<td>Energiser</td>
<td>Participants become ready and active for sessions.</td>
<td>Energisers: Badu-Badu and jogging exercise</td>
</tr>
<tr>
<td>0815-0830</td>
<td>Recap: Day 2</td>
<td>Participants remember what they learned the day before.</td>
<td>In a circle each participant tells what he or she learnt, then throws the ball to any group member, who shares.</td>
</tr>
</tbody>
</table>
| 0830-1000    | Life Skills: Knowing and living with oneself and with others; making effective decisions | Participants are able to make informed decisions in their groups on sexual reproductive health. | • Game: “Yes / No”  
• Discussions  
• Game: “AM/ FM”  
• River of life |
| 1000-1030    | Tea break             |                                                                           |                                                                             |
| 1030-1300    | Communication Skills  | Participants are able to effectively communicate within their respective clubs. | • Game: “Listening/Not Listening”  
• Game: “Gibberish”  
• Tell your story |
| 1300-1400    | Lunch break           |                                                                           |                                                                             |
| 1400-1530    | Club Management: Characteristics of a good leader                         | Participants know how to handle the dynamics in their clubs.                | • Cooperative stand  
• Game: “Animal class”  
• Group sculpture  
• Game: “Freeze tag”  
• Game: Tug of war |
| 1530-1600    | Family Groups         | Participants share experiences about their life.                          | Forming family groups                                                       |
| 1600-1630    | Evaluation            | Participants share their feedback about the training.                     | Evaluation circle                                                           |
| 1630-1930    | Free time / dinner    |                                                                           |                                                                             |
### Day 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700-0800</td>
<td>Breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800-0830</td>
<td>Energiser</td>
<td>Participants are active for the day.</td>
<td>Game (group competition)</td>
</tr>
<tr>
<td>0830-0900</td>
<td>Recap: Day 3</td>
<td>Participants remember what they learned the day before.</td>
<td>Participants write what they learnt in the previous day’s sessions and discuss it with the group.</td>
</tr>
</tbody>
</table>
| 0900-1000| Child Rights       | Participants know their rights and responsibilities so that they can practise them in their clubs. | • Brainstorming  
• Discussion |
| 1000-1030| Tea break          |                                               |                                                 |
| 1030-1130| Conflict Management in Clubs: Causes of conflicts and how to solve them. | Participants are able to solve conflicts in clubs. | Role-play /skit |
| 1130-1200| Concluding Remarks |                                               | District official closes the camp.              |
| 1200     | Departure          |                                               |                                                 |

### True/False Quiz

<table>
<thead>
<tr>
<th>Question</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A person infected with HIV may have no symptoms for up to 10 years or more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Almost all HIV-infected people will ultimately develop HIV-related diseases and AIDS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Married people are not likely to become infected with HIV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>You cannot become infected with HIV the first time you have sex.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mother to child transmission of HIV is a major means of HIV infection in children.

HIV can be transmitted by kissing.

The safest form of prevention of sexually transmitted HIV is abstinence. Condom use substantially reduces the risk of becoming infected with HIV or STIs.

You can protect yourself by choosing a healthy-looking partner.

If a woman is taking the family planning pill, she is simultaneously protected against HIV.

Tests for HIV detect the presence of antibodies to HIV, not the virus itself.

### Peer Educators’ Training Camp Schedule

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
</table>
|       | Breakfast | • Facilitators and participants know each other.  
|      |         | • Participants share their expectations.  
|      |         | • Participants and facilitators establish and agree to ground rules.  
|      |         | • Participants know the objectives of the workshop and how they will benefit from the programme. | • Introduction of the team of facilitators; name ball game  
|      |         | | • Card writing: My expectations  
|      |         | | • Brainstorming rules for the workshop  
|      |         | | • Presentation: Overview and objectives of the workshop  
|      |         | | • Official opening of the workshop |
|       | Tea break | • Participants are able to define peer education.  
|      |         | • Participants are able to identify the qualities of a good facilitator. | Peer Education |
| Lunch break |
### Day 2

<table>
<thead>
<tr>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap: Day 1</td>
<td>Participants remember what they learned the day before.</td>
<td>Open discussion</td>
</tr>
</tbody>
</table>
| Communication Skills | • Participants are able to define communication skills.  
|                | • Participants understand the importance of communication and how to break barriers. | • Game: Name Duel  
|                |                                                                         | • Game: Tug of War  
|                |                                                                         | • Game: Parachute                                 |
| **Tea break** |                                                                         |                                                 |
| Communication Skills | • Participants recognise the different types of communication.  
|                | • Participants learn how to disseminate reproductive health information to their peers. | • Communication channel  
|                |                                                                         | • Group work                                    
|                |                                                                         | • Interactive discussion                        
|                |                                                                         | • Game: Animal class                            |
| **Lunch break** |                                                                         |                                                 |
| Facilitation Skills | • Participants are able to name facilitation skills.  
|                | • Participants can identify the qualities of a good facilitator.  
|                | • Participants are able to prepare and conduct sessions within respective schools. | • Group work                                    
|                |                                                                         | • Presentation                                  
|                |                                                                         | • Discussions                                   |
| Evaluation     | Participants share their feedback about the training.                   |                                                 |
| Recreation     | Participants learn how to make informed decisions on reproductive health. | Film show: “Life Choices”                        |
# Day 3

<table>
<thead>
<tr>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap: Day 2</td>
<td>Participants remember what they learned the day before.</td>
<td>In a circle participants throw a ball to each other and say what they remember from the previous day.</td>
</tr>
<tr>
<td>Body Changes: Female and male reproductive systems</td>
<td>Participants have self awareness about their own body changes before teaching others.</td>
<td>• Game: “Body Beautiful” (Participants draw pictures of themselves and add positive labels to their own and others’ drawings.) • Presentation and discussion</td>
</tr>
<tr>
<td><strong>Tea break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Changes: Wet dreams and menstruation</td>
<td>Participants get comfortable discussing menstruation and wet dreams.</td>
<td>• Skit / role-plays • Experience sharing</td>
</tr>
<tr>
<td><strong>Lunch break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS: Transmission, prevention and myths about HIV/AIDS</td>
<td>Participants gain knowledge on transmission, prevention and where to find, seek support about HIV/AIDS.</td>
<td>• Agree and Disagree game • HIV/AIDS football game</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Participants share their feedback about the training.</td>
<td>Game: Pocket in, pocket out</td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td>HIV/AIDS football game</td>
</tr>
</tbody>
</table>
### Day 4

<table>
<thead>
<tr>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap: Day 3</td>
<td>Participants remember what they learned the day before.</td>
<td>In a circle participants throw a ball to each other and say what they remember from the previous day.</td>
</tr>
</tbody>
</table>
| **Life Skills**        | • Participants can define different categories of life skills (knowing and living with oneself; knowing and living with others; self esteem; self awareness; and coping with emotions) and pass on information. | • Game: “Yes / No”  
• Discussions  
• Game: “AM/ FM”  
• River of life |
| Life Skills: Knowing and living with oneself | Participants identify the skills of knowing and living with oneself:  
- Self esteem  
- Self awareness  
- Coping with emotions | • Role-play  
• Discussion |
| **Tea break**          |                                                                           |                                                                            |
| Life skills: Knowing and living with others | Participants identify the skills of knowing and living with others:  
- Assertiveness  
- Empathy  
- Peer resistance | • Role-play  
• Discussion |
| **Lunch break**        |                                                                           |                                                                            |
| Life Skills: Making effective decisions | • Participants know their rights so they can apply them in their groups.  
• Participants identify the skills of making effective decisions:  
- Critical thinking  
- Problem solving | • Brainstorming  
• Group discussions |
<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Participants share their feedback about the training.</th>
<th>Game: Pocket in, pocket out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Day 5

<table>
<thead>
<tr>
<th>Unit</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap: Day 4</td>
<td>Participants remember what they learned the day before.</td>
<td>Each individual quickly writes what they remember and afterwards presents it to the whole group.</td>
</tr>
<tr>
<td>STIs: Signs and symptoms</td>
<td>Participants are knowledgeable about STIs and their symptoms as well as where they can access treatment.</td>
<td>Game: Jeopardy</td>
</tr>
<tr>
<td><strong>Tea break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIs: Effects on the body and prevention</td>
<td>Participants know strategies to prevent STIs.</td>
<td>Group discussion</td>
</tr>
<tr>
<td><strong>Lunch break</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Child Rights | Participants know their rights and are able to pass them on to their peers in school. | • Brainstorming  
• Discussion |
| Evaluation | Participants share their feedback about the training. | Evaluation circle |

**Departure**
# Sample Budget

**Kwapara Primary School**

**Theme:** Young Adolescents and Creative Activities

**Objectives:** Building friendship and physical fitness amongst adolescents

**Activity:** Games and sports competition

**Date:** 31/3/2011

**Funders:** A.S.W. & School

**Budget Break Down**

<table>
<thead>
<tr>
<th>Item</th>
<th>B.S.W</th>
<th>Unit Cost</th>
<th>Total Cost</th>
<th>School</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balls</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Volleyball net</td>
<td>1</td>
<td>-</td>
<td>Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sodas, 7 crates</td>
<td></td>
<td>14,000</td>
<td>98,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Water, 7000 litres</td>
<td></td>
<td>7000</td>
<td>7000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rice, 20kg</td>
<td></td>
<td>2000</td>
<td>40,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Meat, 15kg</td>
<td></td>
<td>5000</td>
<td>75,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ingredients, 2.5kg</td>
<td></td>
<td>2500</td>
<td>12,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Reproductive Health Teacher**

**Name:** Achipa Joyce

**Sign:**

**The Head Teacher Kwapara P.S**

**Name:** 

**Sign:**
## Sample Drama Jury Evaluation Forms

<table>
<thead>
<tr>
<th>School</th>
<th>Event</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td>Traditional dance</td>
<td>82</td>
<td>The boys had great teamwork.</td>
</tr>
<tr>
<td>School 2</td>
<td>Traditional dance</td>
<td>87</td>
<td>They had great coordination, and used stage space well.</td>
</tr>
<tr>
<td>School 3</td>
<td>Traditional dance</td>
<td>85</td>
<td>They had excellent teamwork and energy.</td>
</tr>
<tr>
<td>School 1</td>
<td>Traditional folk song</td>
<td>70</td>
<td>Great use of props.</td>
</tr>
<tr>
<td>School 2</td>
<td>Traditional folk song</td>
<td>78</td>
<td>Good props.</td>
</tr>
<tr>
<td>School 3</td>
<td>Traditional folk song</td>
<td>75</td>
<td>Good choice of music.</td>
</tr>
<tr>
<td>School 1</td>
<td>Poem</td>
<td>77</td>
<td>Good use of gestures and facial expressions.</td>
</tr>
<tr>
<td>School 2</td>
<td>Poem</td>
<td>71</td>
<td>Good rhyme.</td>
</tr>
<tr>
<td>School 3</td>
<td>Poem</td>
<td>75</td>
<td>Good rhyme.</td>
</tr>
<tr>
<td>School 1</td>
<td>Original composition</td>
<td>72</td>
<td>Good twist of the story.</td>
</tr>
<tr>
<td>School 2</td>
<td>Original composition</td>
<td>76</td>
<td>Good transitions and variations.</td>
</tr>
<tr>
<td>School 3</td>
<td>Original composition</td>
<td>81</td>
<td>Very creative! Excellent stage picture, very good transitions.</td>
</tr>
<tr>
<td>School 1</td>
<td>Play</td>
<td>75</td>
<td>Good use of the stage.</td>
</tr>
<tr>
<td>School 2</td>
<td>Play</td>
<td>73</td>
<td>Great acting.</td>
</tr>
<tr>
<td>School 3</td>
<td>Play</td>
<td>75</td>
<td>Organized script. Perfect stage balance.</td>
</tr>
<tr>
<td>School</td>
<td>Event</td>
<td>Score</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>-------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>School 1</td>
<td>Speech</td>
<td>70</td>
<td>She was very natural.</td>
</tr>
<tr>
<td>School 2</td>
<td>Speech</td>
<td>80</td>
<td>Very confident little girl, good audience involvement.</td>
</tr>
<tr>
<td>School 3</td>
<td>Speech</td>
<td>68</td>
<td>Good flow of ideas and good speech structure.</td>
</tr>
<tr>
<td>School 1</td>
<td>Total</td>
<td>446</td>
<td>Quite good</td>
</tr>
<tr>
<td>School 2</td>
<td>Total</td>
<td>465</td>
<td>Very good</td>
</tr>
<tr>
<td>School 3</td>
<td>Total</td>
<td>459</td>
<td>Very good</td>
</tr>
</tbody>
</table>

**Special awards for individual performers:**

<table>
<thead>
<tr>
<th>Pupil</th>
<th>School</th>
<th>Event</th>
<th>Reason for award</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Jovia</td>
<td>School 2</td>
<td>Play</td>
<td>For exceptional acting.</td>
</tr>
<tr>
<td>S. Monica</td>
<td>School 1</td>
<td>Speech</td>
<td>For her courage.</td>
</tr>
<tr>
<td>A. Evelyn</td>
<td>School 2</td>
<td>Speech</td>
<td>For her courage.</td>
</tr>
<tr>
<td>A. Brenda</td>
<td>School 3</td>
<td>Speech</td>
<td>For her courage.</td>
</tr>
<tr>
<td>K. Sarah</td>
<td>School 2</td>
<td>Traditional folk dance</td>
<td>For her solos in two performances.</td>
</tr>
<tr>
<td>A. Jovia</td>
<td>School 3</td>
<td>Traditional folk dance</td>
<td>For her solo.</td>
</tr>
</tbody>
</table>
### Parent-with-Child Dialogue Workshop Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000-1020</td>
<td>Welcoming remarks</td>
<td>Introduction by head teacher</td>
</tr>
<tr>
<td>1020-1030</td>
<td>Introduction of the team of visitors and DSW</td>
<td>Introduction by coordinator</td>
</tr>
<tr>
<td>1030-1040</td>
<td>Introduction of the day’s activity</td>
<td>Introduction by coordinator</td>
</tr>
<tr>
<td>1040-1130</td>
<td>Parachute game</td>
<td>- Swing the parachute up and down</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Throw soft balls on the parachute while still swinging, making sure they don’t fall off</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Then count “1, 2, 3, 4” and let the parachute fly up on its own.</td>
</tr>
<tr>
<td>1130-1200</td>
<td>Introduction game</td>
<td>- One participant walks in a circle in a unique style.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The participants says his/her name.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The group joins walking in that style.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The group shouts the participant’s name and says, “You’re special.”</td>
</tr>
<tr>
<td>1200-1220</td>
<td>Dancing circle</td>
<td>- The music is played</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parents and children dance together, hence bridging the gap between the parents and children.</td>
</tr>
<tr>
<td>1220-1300</td>
<td>Handing over pads and menstrual cycle IEC materials</td>
<td>The country director hands over the pads to the school head teacher.</td>
</tr>
<tr>
<td>1300-1400</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>1400-1420</td>
<td>Energisers</td>
<td>Badu Badu; Zip Zap</td>
</tr>
<tr>
<td>1420-1500</td>
<td>Role-plays</td>
<td>Parents and children divide into groups and discuss the different forms of violence in the homes. They present them in the form of role-plays.</td>
</tr>
<tr>
<td>1500-1530</td>
<td>Children’s rights</td>
<td>Visualization activity: Visualizations of different forms of violence in homes using pictures</td>
</tr>
</tbody>
</table>
### Teachers’ Training Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1530-1600</td>
<td>Energiser</td>
<td>Shoulder to shoulder game</td>
</tr>
<tr>
<td>1600-1610</td>
<td>Way forward</td>
<td>Discussion</td>
</tr>
<tr>
<td>1610-1620</td>
<td>Closure</td>
<td>Parents representative</td>
</tr>
</tbody>
</table>

#### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-1000</td>
<td>Participant Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Welcome and Introductions</td>
<td>1. Participants know the objectives of the training.</td>
<td>Presentation of the trainers and objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Participants know details about the Young Adolescents Project.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Facilitators clarify administrative issues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction of Participants</td>
<td>Participants know others’ names and can interact quickly.</td>
<td>Name game</td>
</tr>
<tr>
<td></td>
<td>Fears and Expectations</td>
<td>1. Participants express their fears and expectations in the group.</td>
<td>Brainstorming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Facilitators find where possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Official Opening</td>
<td>Workshop to be officially opened</td>
<td>Speech</td>
</tr>
<tr>
<td></td>
<td>Pre-test</td>
<td>Facilitators know what the participants already know so as 1) not to duplicate information and 2) to get points for emphasis</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>1000-1030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tea break**
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1030-1200</td>
<td>Understanding a Young Person</td>
<td>1. Participants have an overview of Adolescents in Uganda.</td>
<td>Presentation, Group work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Participants know the characteristics of young people.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Participants know how to handle young people as teachers.</td>
<td></td>
</tr>
<tr>
<td>1200-1300</td>
<td>PIASCY</td>
<td>1. Participants shared experiences about PIASCY (challenges and opportunities)</td>
<td>Brainstorm, Group Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Participants know the DSW work plan and are able to create their own.</td>
<td></td>
</tr>
<tr>
<td>1300-1400</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400-1630</td>
<td>Communicating Effectively with Young Adolescents</td>
<td>Participants understand communication as a concept and can identify communication skills.</td>
<td>Discussion, Role-play, Brainstorming</td>
</tr>
<tr>
<td></td>
<td>Facilitation Skills</td>
<td>1. Participants can explain what facilitation means in respect to 10-14 year olds.</td>
<td>Brainstorming, Drawing, Group work, Practice facilitating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Participants can describe the qualities of a good facilitator.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Participants are able to prepare for a session with talk shows.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Participants know how to handle big groups in a limited time frame (group dynamics).</td>
<td></td>
</tr>
<tr>
<td>1630-1700</td>
<td>Evaluation</td>
<td>Facilitators know what participants have absorbed from the day's activities.</td>
<td>Daily questionnaire form</td>
</tr>
<tr>
<td>1700-1800</td>
<td>Games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Unit</td>
<td>Outcomes</td>
<td>Methods</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>0800-1000</td>
<td>Recap</td>
<td>Participants master the previous day’s sessions.</td>
<td>Put manila paper on the board and ask each individual to quickly write what they remember.</td>
</tr>
<tr>
<td></td>
<td>Life Skills: What are life skills?</td>
<td>1. Participants can explain what life skills are and why they are important.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Participants identify how to support their pupils acquiring life skills.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Participants share experiences (challenges and opportunities) and are able to identify solutions.</td>
<td></td>
</tr>
<tr>
<td>1000-1030</td>
<td>Tea break</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1030-1300 | Skills of knowing and living with the self | Participants are able to equip young adolescents with skills of knowing and living with the self. | • Game: Body beautiful  
Draw pictures of themselves and add positive labels to their own and others drawings  
• Role-play |
|           | assertiveness-empathy-peer resistance     | Participants are able to equip young adolescents with the ability to live with others. | Role-play how and individual can resist getting involved into drug abuse then ask whether it was easy to resist. |
|           | skills of making effective decisions      | Participants are able to equip young adolescents with the ability to make effective decisions. | Role-play how and individual can resist getting involved into drug abuse then ask whether it was easy to resist. |
### Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1300-1400</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400-1630</td>
<td>Life skills in practice</td>
<td>Participants know how to design their own concepts (when, how, what can be integrated)</td>
<td>Group work 3 groups present life skills sessions and discussion</td>
</tr>
<tr>
<td>1630-1700</td>
<td>Evaluation</td>
<td></td>
<td>Daily questionnaire form</td>
</tr>
<tr>
<td>1700-1930</td>
<td>Dinner and free time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1930-2030</td>
<td>Recreation</td>
<td></td>
<td>Film: “Life Choices”</td>
</tr>
<tr>
<td>0800-1000</td>
<td>Recap</td>
<td>Participants master the previous day’s sessions.</td>
<td>Put manila on board and each individual quickly write what they remember and then later one person present it to the whole group</td>
</tr>
<tr>
<td>1000-1030</td>
<td>Tea break</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 1030-1300 Growth and Development

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Participants are able to discuss with young adolescents the positive side of sex and sexuality and why it needs to be respected.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Participants are able to discuss with young adolescents relationships and attraction to the opposite sex.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Participants are able to discuss and clarify myths and misconceptions about growth and development with young adolescents.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Participants gain practical experience presenting the topics: a) menstruation b) wet dreams c) reproductive system d) myths and misconceptions e) relationships and attraction to the opposite sex</td>
<td></td>
</tr>
</tbody>
</table>

- Group work
- Plenary discussions

### 1300-1400 Lunch

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Signs and symptoms</td>
<td>Participants are able to advise young adolescents appropriately depending on their signs and symptoms.</td>
<td></td>
</tr>
<tr>
<td>- Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Effects on the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Game: Carrier handshake for STI’s and HIV
- True and false quiz on STIs
- Discussion

### 1400-1630

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Transmission and prevention</td>
<td>1. Participants are able to explain the ways HIV is transmitted.</td>
<td></td>
</tr>
<tr>
<td>- Treatment and support</td>
<td>2. Participants are equipped to explain and discuss prevention with young adolescents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Participants are able to explain how to avoid stigma and discrimination.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Participants are able to discuss and clarify myths about HIV/AIDS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Participants have appropriate knowledge on how to handle and refer cases of young adolescents.</td>
<td></td>
</tr>
</tbody>
</table>

- True and false quiz on HIV/AIDS
- Q&A / Discussion
<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1630-1700</td>
<td>Evaluation</td>
<td>Facilitators know what participants have absorbed from the day’s activities.</td>
</tr>
<tr>
<td>1700-1930</td>
<td>Dinner and free time</td>
<td></td>
</tr>
<tr>
<td>1930-2030</td>
<td>Game show:</td>
<td>Game on SRH knowledge (PATH manual)</td>
</tr>
<tr>
<td></td>
<td>Jeopardy</td>
<td></td>
</tr>
</tbody>
</table>

### Day 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Unit</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-1000</td>
<td>Recap</td>
<td>Participants remember and refresh knowledge and skills learned the day before.</td>
</tr>
</tbody>
</table>
| 0830-1000  | Planning for the future     | 1. Participants are able to discuss and identify goals for the future with young adolescents  
|            |                             | 2. Participants are able to explain and identify values with young adolescents  
|            |                             | 3. Participants are able to facilitate young adolescents to identify how they want to achieve their goals and what can hinder their achievements.  
<p>|            |                             | 4. Participants are able to discuss and guide young adolescents on how to express love to the opposite sex without engaging in sexual intercourse. |
| 1000-1030  | Tea break                   |                                                                          |
|            | Children’s rights           |                                                                          |
|            | - What are human rights/   |                                                                          |
|            |    children’s rights?       |                                                                          |
|            | - Where can you get help in case someone steps onto your rights?      |                                                                          |
|            | 1) Participants can explain child rights in the context of human rights. |                                                                          |
|            | 2) Participants know games and methods to discuss child rights with young adolescents. |                                                                          |
|            | 3) Participants know an appropriate way of referral for young adolescents whose rights have been violated. |                                                                          |
|            | Cards game values          |                                                                          |
|            | Brainstorming              |                                                                          |
|            | Group Discussion           |                                                                          |
|            | Game: Losing our rights    |                                                                          |
|            | Role-play on rape          |                                                                          |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-1315</td>
<td>Work plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>Facilitators know what the participants have learned from the sessions.</td>
</tr>
<tr>
<td></td>
<td>Training evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing</td>
<td></td>
</tr>
<tr>
<td>1315-1400</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>
Grant Agreement Template

AGREEMENT

Between the

[Implementing organisation's name]

[Address of headquarters]

represented by

[In-country partner's name]

[Partner's address]

and

[School name]

[School address]

[Country]

hereinafter referred to as “the partner school”.

[Implementor] and the partner school have agreed as follows:

1. [Implementor] will support the partner school to implement a “healthy environment project” with a total grant of XX.

2. The support period shall begin on DD/MM/YYYY and end on DD/MM/YYYY.

3. This agreement is based on the work plan (Annex I) and project budget (Annex II), which shall be regarded as binding for both sides.

4. [Implementor] shall make the grant available in one instalment. The instalment will be transferred by [implementor] in [local currency]. The partner school will send an acknowledgement of receipt of the transferred amount of money.

5. The partner school shall submit an interim report after 3 months and a final report before the completion of the 6 months period, using the report templates provided by [implementor]. [Implementor] agrees to assist the partner school in compiling these reports. At every time a report is submitted, copies of all vouchers and receipts shall also be submitted.

6. Should the grant, before being utilised in the project, generate interest on the club’s account, this money may be used for unforeseen project costs.
7. The partner school shall inform [implementor] immediately if:
   • it intends to make significant changes to the project concept.
   • the project target cannot be attained, or there are obstacles to project implementation.
   • in the course of project support by [implementor] the club receives additional funding for the same project.
   • the planned overall expenditures either decrease or increase by more than 10% of the total amount of [local currency].
   • the funds made available to cover the planned requirements of the project period cannot be spent.

8. The partner school shall utilise the funds efficiently and economically, and solely for the purpose specified herein above.

9. [Implementor] may, after consultation with the partner school, visit the project at any time, obtain information and inspect books and vouchers.

10. [Implementor] may hold the disbursement of funds and demand reimbursements of disbursed amounts if:
    • the prerequisite conditions for this Agreement becomes invalid later.
    • the data on which assistance was based were incomplete or incorrect.
    • the funds have not been utilised in accordance with the present Agreement.
    • book keeping, accounting and reporting obligations have not been met.

11. Changes to the present Agreement must be made in writing and signed by both parties.

Signed and dated: __________________________

[Name] __________________________ [Name] __________________________

Country Director Chairperson

[Implementor] [School]
Sample Grant Proposal

ST. JOSEPH’S BOARDING PRIMARY SCHOOL
NABBINGO

PROPOSAL PRESENTED TO DSW FOR GRANTS
TO ESTABLISH AND MAINTAIN HEALTHY
SCHOOL ENVIRONMENT IN RELATION TO
REPRODUCTIVE
HEALTH.

BY

JOSEPHINE OLIVIA DDUNGU
HEADMISTRESS
ST. JOSEPH’S PRIMARY SCHOOL
NABBINGO NSANGI SUB-COUNTY
WAKISO DISTRICT.

9TH MARCH, 2010
DSW – UGANDA
LUBOWA
HEADQUARTERS
OFFICES
INTRODUCTION
It is important to recognize that Wakiso District Education Department allowed DSW to involve the four primary schools in this programme which is very beneficial to both pupils and teachers.

Among the four primary schools selected is St. Joseph's Boarding Primary School Nabbingo which I head.

Special thanks go to the DFO and Madam Margaret Nantege who is heading this programme to creat time from the district’s busy schedules and offer it to our schools to help us sensitize and educate pupils, teachers, parents and the entire community on reproductive health.

Heart felt and sincere appreciation go to DSW foundation for facilitating and funding the programme. May God reward you abundantly.
BACKGROUND
This budget proposal is presented as a result of appreciation to DSW’s effort to support the school to improve on the children’s reproductive Health and Sanitation.

The head of programme in the February meeting at Wakiso District headquarters informed members that schools were going to be facilitated with funds worthy six millions shs. 6,000,000/=.

AIMS AND OBJECTIVES
- To help children learn about reproductive health.
- To keep their bodies clean and in good health.
- To improve on their health and sanitation status.
- To avoid contraction of infections diseases that would affect their reproductive system.
- To create a disease free, reproductive system and conducive environment for children.
- To facilitate children with equipments and materials to help them keep and maintain a healthy environment.
- To make children responsible and concerned about their reproductive health.
- To help children work together as peers to eradicate ignorance and diseases about reproductive health.
- To make an awareness to parents pupils and the entire community of the prevention and control of different diseases that may affect the reproductive health.

STATEMENT OF THE PROBLEM
There is great need to support and improve on children’s reproductive health and sanitation in the school.

In our school meeting with teachers who are members of DSW club, we identified areas that need immediate attention namely:-
In our school meetings, i.e. staff meeting some of whom are members of DSW Club and management committee meeting, we identified areas that need immediate attention namely:

i) Putting up a girl’s changing room.
Children in upper classes 10-14 years need to improve on their sanitation especially girls. They need a convenient room where they can change from in case of a problem.

ii) Sanitary Pads
Girls need to be educated on the use and disposal of sanitary pads to keep their bodies clean and healthy when they are menstruating.

iii) Cupboard or open shelves.
These will be put in the changing room to keep the sanitary pads and other related materials for girls to use.

iv) Water reservoir
Harvesting and storing water for drinking and washing whenever children have the need.

**BUDGET**

This budget is carefully presented to make sure that both boys and girls get equal opportunity to use them.

a) Development Project plan   250,000

b) Construction costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Foundation and substructure</td>
<td>500,000</td>
</tr>
<tr>
<td>ii) Walls to wall plate</td>
<td>2,500,000</td>
</tr>
<tr>
<td>iii) Roofing</td>
<td>500,000</td>
</tr>
<tr>
<td>iv) Doors and windows</td>
<td>500,000</td>
</tr>
<tr>
<td>v) Finishers</td>
<td>250,000</td>
</tr>
<tr>
<td>vi) Sanitary pads 400 pcs at 2,500</td>
<td>1,000,000</td>
</tr>
<tr>
<td>vii) Water tanks 500 liters 2 x 250,000</td>
<td>500,000</td>
</tr>
<tr>
<td>viii) Open shelves 2 x 250,000</td>
<td>500,000</td>
</tr>
</tbody>
</table>

**Total costs**   6,000,000
Health Centre Referral Voucher

German Foundation for World Population

REFERRAL VOUCHER

Date: ____________________________

Clients Name: ____________________________  Sex: _____  Age _________

Name of club: ____________________________

Reason for referral:

________________________________________________________________________

________________________________________________________________________

Institution refereed to:

________________________________________________________________________

Name of health provider at the referral unit:

________________________________________________________________________

Name of service provider referring

________________________________________________________________________

Signature: ____________________________