Empowering People For a Healthy Future





"Engaging the "Whole school" to improve Sexual Reproductive Health knowledge and skills"

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The Young Adolescents Project in Uganda What we were trying to achieve with Young Adolescents Project?

- **1. Increase** the sexual and reproductive health knowledge of young adolescents in primary schools.
- **2.** Create support among parents/guardians, teachers, and community leaders for reproductive and sexual health of young adolescents.
- **3.** Increase access, utilisation and referral of quality youth-friendly services for young adolescents.
- **4.** Publish project results and recommendations.



Who did we reach with YAP

- Primary beneficiaries where **adolescents aged 10 to 14 years**
- Secondary beneficiaries included teachers, parents, community leaders and health workers
- Implemented in 10 primary schools in the districts of Wakiso, Masindi and Tororo



How do we reach the young adolescents- Individual level?

Activities for young adolescents included;

- Skills building through training in life skills and leadership
- Peer education
- Encourage participation





Personal relationships are key to young adolescents

- Creation of 10 youth clubs one in each school with trained peer educators. Exchange of information through discussions took place in these clubs with support from peers, teachers and parents
- Teachers were trained too





Community

- Involvement of community was very key and activities included schools Hand surrounding areas as well as health centres.
- Linkages were created between schools and health centres for referal
- Health workers were trained in provision of Adolescent Friendly services
- Family health days were introduced. Targeting the entire community. Health services were provide Voluntary Counseling and Testing for HIV.
- Dialogues also included topics Sexual abuse, early marriages as well as teenage pregnancy, growing up and school drop.



Societal factors

- Societal factors influence access to information on SRH for VYAs and also cultural norms in Uganda are still strong and sex is still not easily discussed between parents and child, parental dominance still exists and for this specific age group parents would like to know what their children are getting information regarding sexuality and growing up.
- This provided opportunity for parents to be integrated within the project and also their active participation.
- Open dialogues involving teachers-parents and adolescents proved to be a good strategy as adolescents articulated their needs and parents understood the need to provide timely information and how it can be done.
- At policy level: worked with Ministry of Education and district education department t



How was this done?

- Phase 1 (2009-10): Awareness and capacity building
- Phase 2 (March-Dec 2010): Building structures, knowledge transfer by teachers, Health workers
- Phase 3 (Jan-Dec 2011): Concentrated on imparting knowledge to adolescents and increased participation
- Phase 4 (2012): Consolidation of program achievement and Sustainability i.e toolkit, having teachers lead



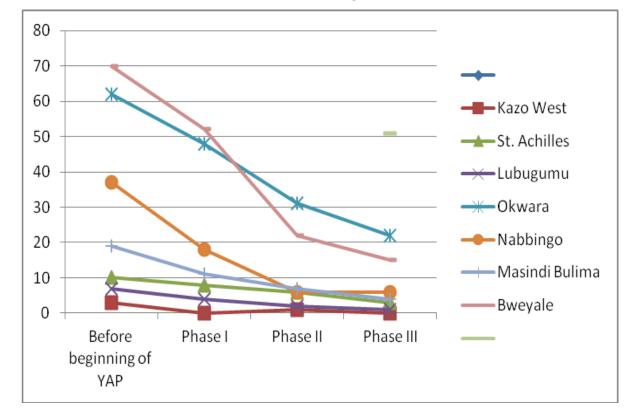
key achievements of the project

- 7,100 **pupils**, 1,900 **parents**, and 340 **teachers** reached
- 10 school **youth clubs** established.
- The role of teachers in creating awareness and passing on knowledge about HIV & AIDS increased
- **Teachers**' knowledge and skills on ASRH increased significantly, and their roles and responsibilities towards young adolescent strengthened.
- Enhanced parents ownership
- Improved communication on ASRH topics with parents and Children
- 17 Health workers trained and provide Youth friendly services-provided HCT to over 2,00 families.



What are the key achievements since the project started in 2009?

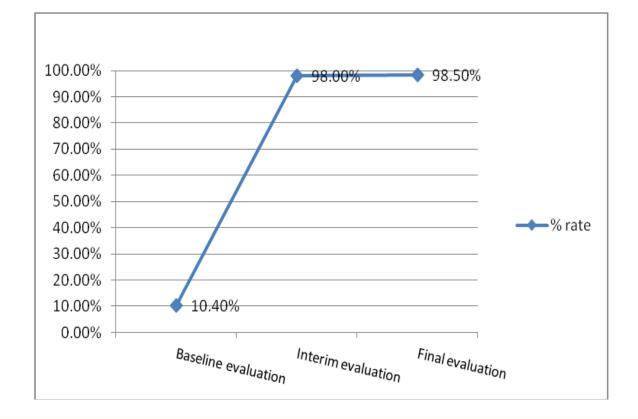
Decrease in school drop out rates in target schools.





What are the key achievements since the project started in 2009?

• Increased levels of knowledge on teenange pregnancy prevention.





Lessons

- Holistic integration is key. The program needs to take a "whole" approach for Adolescents to reached
- Research and documentation of lessons is a must. This approach has been able to be replicated in Kenya due to investment in research and documentation.
- Local ownership is key. The community is very protective of the VYA so only when they own and participate will they allow implementers to access the VYAs
- The assumption that teachers can easily pass on SRH knowledge and skills is not right. Strengthening teachers skills and knowledge is essential to ensure support for VYAs and have multiplier effect.



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The Young Adolescents Project in Uganda

Proven and replicable approaches

Facilitating local ownership of the key target groups young adolescents Enabling positive behavior change among





I've been empowered!



With the many 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 we did not share anything

(Pupil at Bweyale Primary School in Masindi District)





Documenting lessons learnt

Documenting lessons learnt and sharing good practices with various stakeholders to encourage scaling up of the project (YAP toolkit). Available on <u>www.dsw-online.org</u> or www.youth-to-youth.org

