

**KEEP IT REAL (KIR) SEXUALITY EDUCATION FOR YOUNG PEOPLE
OPERATIONS RESEARCH REPORT, UGANDA**



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List of Acronyms

ACODEV	Action for Community Development
AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual Reproductive Health
CDO	Community Development Officer
CSE	Comprehensive Sexuality Education
DEO	District Education Officers
FGDs	Focus Group Discussions
HIV	Human Immune Virus
IEC	Information Education and Communication
ISS	International Institute of Social Studies
KII	Key Informant Interviews
KIR	Keep It Real - Sexuality Education Program
MDD	Music Dance and Drama
MoES	Ministry of Education and Sports
MOH	Ministry of Health
NDP	National Development Plan
NGO	Non-Government Organization
NRDO	Nascent Research and Development Organization
OR	Operations Research
PEP	Post Exposure Prophylaxis
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
RD	Restless Development
SCI	Save the Children International
SE	Sexuality Education
SRH	Sexual Reproductive Health
STF	Straight Talk Foundation
STIs	Sexually Transmitted Infections
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
VYA	Very Young Adolescents
WHO	World Health Organization

Executive Summary

Uganda has the youngest population in the world with 78 per cent of the total population below 30 years and 52 per cent below 15 years. Despite this demographic dominance, young people's access to adolescent sexual and reproductive health services is limited and fails to adequately address their needs. Even when there are supportive policies and Sexual Reproductive Health (SRH) services, young people still have limited access and lack accurate and reliable information. As a result, Uganda has poor Adolescent Sexual Reproductive Health (ASRH) indicators.

This is the operations research report of the program carried out by Save the Children in Uganda, in collaboration with other international and local partners. The program titled 'Keep It Real' is a youth-centered sexuality education program targeting both in-school and out-of school youth. The program was launched in 2013 in Kampala, as well as the rural contexts of Nwoya and Agago districts in Northern Uganda. The aim of this operations research was to tease out the positive features and outcomes of the program with special attention to youth voice and to identify areas that need attention and further consideration for future programming.

In conducting research for this program we worked with young people as co-researchers fusing our expertise with theirs to ensure that sexuality education interventions and the evidence is based on the needs articulated by young people, rather than those based on adult assumptions. This is because in general young people have been excluded from the production of knowledge about their sexuality and adult assumptions about their needs and their sexuality have guided and dominated interventions. Working with these youth co-researchers, the operations research employed a mixed method approach where both qualitative and quantitative research methods were utilized to gather data. The research team collected primary data using a survey, in-depth and key-informants interviews as well as focus group discussions. We reviewed and analyzed program reports and training manuals to collect secondary data. The research approach foregrounded young people's perspectives, and these were triangulated with data, collected from a range of stakeholders in young people's SRH context. The youth peer researchers both in school and out of school ranged in age from 14-24 years old and were supported by supervisors who were mainly their teachers (for in-school youth) and patrons of youth groups (for out of school youth).

The report is divided into five chapters. Chapter one provides an outline and background of the operations research. In chapter two, we highlight the research objectives and questions, which guided the study. Chapter three is an overview of the methodological considerations including background information of research participants, data collection techniques, procedure including analysis as well as ethical considerations. In chapter four, we present the study findings highlighting the range of issues based on research questions. In chapter five we conclude by providing a summary of the research and we draw on the findings to propose recommendations highlighting implications for youth sensitive policy and practice.

The main themes of the study centered on youth involvement and participation in the program; curricular content and method of delivery; spillover effects of the program; pathways for leveraging traditional practice and sustainability. Key findings include the fact that overall, young people both in school and out-of school who participated in the KIR program were satisfied

with their level of participation and involvement and they noted that it enabled their acquisition of vital knowledge on sexuality.

Youth study participants noted that course content was comprehensive and covered major SRH issues relevant to young people both in-school and out-of-school. Since the methods of delivery were participatory, youth found the delivery appropriate for enabling free discussions and opening up avenues for seeking clarification. Other reported benefits of participating in the program include: enhanced capability to make healthy decisions, increased understanding of gender equality, more developed skills to manage peer pressure, and better-quality discussions with parents, teachers and friends on sexuality and reproductive health. They noted improved changes due to their participation compared to constrained knowledge and skills prior to their participation in the sexuality education sessions. Consequently, they have been able to share acquired skills and knowledge with their friends and family members. However, some youth reported that it was still difficult for them to discuss and share information with parents but this was largely seen as dependent on the personalities of the youth and parents involved. Youth study participants recommended that the activities of the project should continue in the schools and community to strengthen ongoing opportunities.

We draw on these findings to make recommendations, one of which is the need to pay attention to the diversity of youth as the selection criteria for the CSE course was deemed to have left out youth who did not belong to groups, and those whose groups were either very new or relatively disorganized. We note that as a construct, youth is shaped by differences such as class, ethnicity, spatial location and disability and these are gendered. This points to the importance of viewing youth as heterogeneous, from planning through to implementation of CSE programs. The findings points to the importance of youth CSE programs to adopt an intersectional approach to help focus special attention on the diversity of needs and take into consideration gendered forms of social difference (class, age, ability, schooling, marital status and spatial location) that might create further inequalities among youth. These differences have an impact on the delivery and influence of the program, thus the need to include strategies to ensure targeting for such intersecting differences. Similarly, findings reveal the need to pay special attention to and strengthen traditional resources such as poems, and fireside chats that do provide avenues for strengthening the development of the program.

While there are strong spillover effects of the program evidenced in the reported diffusion of knowledge acquired by young people to families and communities and improved engagement with adult family members, peers and teachers; young people noted the need for sensitization to include other teachers who were not trained by the program. This would enable the program to have a broader impact. In addressing the social and gendered context in which young people's sexual and reproductive health is nested, it was also deemed important to sensitize community members on issues of CSE for youth. Additionally, engagement with parents was still not very open, with some young people pointing to the need for increased participation of adults such as parents and community leaders.

Findings reveal that this innovative program has inbuilt potential for sustainability of outcomes. This is because of the involvement of different stakeholders in implementing the program whose core competence is working with youth and who have a presence in the program sites. The

different partners also addressed various aspects in youth sexuality education and addressed factors at micro, meso and macro levels. We recommend that partners should continue drawing on the program's learning to influence sexuality education for young people, and that other partners can replicate such an integrated strategy. Additionally, working with young people as peer educators, advocates and researchers was an important aspect of the program and creates avenues for mobilized youth to continue holding different stakeholders to account in providing SE to youth within the program sites.

In consolidating the gains, we recommend the need to further strengthen collaborative efforts with local and national government offices especially between the Ministry of Health and Ministry of Education and Sports who have shown a willingness to explore pathways to strengthen linkages and sustain sexuality education for youth in Uganda.

1.0 Introduction

Uganda has the youngest population in the world with a total population of 78 per cent below 30 years and 52 per cent below 15 years (UBOS, 2012). Despite this significant demographic dominance of young people, adolescent sexual and reproductive health services are limited and what is available does not adequately address the needs of young people (NDP 2010:252). Health services targeting adolescents are often limited to curative services and information, education and communication (IEC) services on growth and development through film shows, plays and seminars (Neema et al., 2004). IEC services provided in schools, health units and religious institutions tend to focus on AIDS and other Sexually Transmitted Infections (STIs), sex education, growth and development, life skills education and behavior change. These are offered by Non-Governmental Organizations (NGOs), churches and health care providers, together with the Ministry of Education and Sports and District Education Officers. For example, the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) program introduced in 2002 by the President of Uganda is designed to provide information to all school going children regarding HIV/AIDS, on how to cope with the disease or prevent further infections.

Despite the range of interventions providing Sexuality Education, there are still gaps, which limit access and impact. The International Conference on Population and Development (ICPD) noted that although it is a right, the majority of youth do not receive sexuality education. This is consistent with the contention by UNFPA (2012) that young people, particularly those living in poverty have been ignored in policies and programs, thus the high prevalence of STI's, teenage pregnancy and abortions. Indeed in sub Saharan Africa, almost half of all new HIV infections occur among young people, especially adolescents (UNAIDS, 2004).

In their ten-country review of school curricula in East and Southern Africa, UNESCO and UNFPA (2012:104) noted that Uganda has a fairly long-standing school-based sexual health education program, which is embedded within the education curriculum and incorporates reproductive health and life planning skills education across different topics. This is based on the life planning skills for primary and secondary schools and adolescent sexual reproductive health/life planning skills O-level curriculum series of 2009. It provides opportunities to learners to reflect on issues including harmful traditional practices, decision-making, negotiation skills as well as self-efficacy in the area of sexual decision making. However a review of this curriculum indicates that it faces a range of challenges including providing inaccurate information regarding oral sex linked to homosexuality and contradictory messages about abstinence, being overly didactic, often based on notions of fear, embedded inaccuracies about people living with HIV and on issues of abortion. Some core issues like condoms, issues of teenage pregnancy are also missing in this curriculum. This coupled with a shortage of classroom time devoted to the topic as well as the socio-cultural sensitivity are among a host of inherent weaknesses identified.

Data from the Uganda Demographic Health Survey (UDHS: 2011) reveal an early age of sexual debut, of less than 15 years, for 14 per cent of young women and 16 per cent of young men in the age group of 15-24 years old. Nearly 6 in 10 young women (58 per cent) and half of young men (47 per cent) were sexually active before 18 years of age. According to Neema et al., (2006), as of 2006, 14 per cent of both male and female youth in the 15–24 age bracket reported having

had first sexual intercourse before the age of 15, while 63 per cent of young women and 47 per cent of young men reported a sexual debut before the age of 18. Among 20–24 year-olds, the median age of sexual debut is 16.6 years for females and 18.4 years for males, and by age 18 the rate of sexual debut rises to 71 per cent and 43 per cent for females and males, respectively. UDHS data further reveals that 23 per cent of pregnancies were unintended and mistimed (UDHS, 2011) and among mothers under 20 years, 40 per cent did not want the child at that time.

HIV/AIDS in Uganda is a serious health and development concern, fuelled by poverty, gender inequality and lack of information and prevention services. As a result, adolescents are exposed to the risk of HIV/AIDS and other STIs. The UDHS 2011 reveals that out of approximately 4 in 10 Ugandans age 15-24, 38 per cent of women and 40 per cent of men have comprehensive knowledge about HIV / AIDS. This implies that the majority of the young people do not have comprehensive knowledge about HIV/AIDS.

Within this context, the issue of Sexual and Reproductive Health (SRH) of young people remains a crucial issue for both state and non-state duty bearers. Findings from the formative research of the Keep it Real program that preceded this operations research (ISS, 2014), revealed that most of the sexual and reproductive health services in Uganda are not youth-friendly. This implies that the delivery style limits its effectiveness and has not benefitted many young people. As a result of the observed gap in interventions targeting young people in effectively handling SRH issues, Save the Children and local partners Action for Community Development (ACODEV), Straight Talk Foundation and Restless Development have implemented a youth-centred sexuality education (SE) program called Keep It Real (KIR) for the last three years in Uganda (2013-March 2016). The program was operational in the urban context of Kampala in the central region, and in the rural contexts of Agago and Nwoya in Northern Uganda. See Annex one for a map indicating the project areas in Uganda.

To enhance reproductive and sexuality health for young people both in-school and out-of school, the program aimed to deliver and scale up youth centered CSE to young people of 10-24 years in and out of school through broad strategies that include delivery of curriculum based youth centered SE, research and advocacy (Save the Children, 2014). The overall aim of the program is to increase the proportion of VYA (10-14 years) and youth (15-19, 20-24) who are better informed about their sexual and reproductive health and rights and thus be able to make healthy choices about their sexuality (Save the Children, 2014). We conducted the operations research to provide a perspective on how the program is working within a youth centered approach.

1.1 Rationale for the Operational Research

According to WHO (2001) operations research is a technique that uses systematic data gathering to support decision-making and improve the coverage, quality and sustainability of services and programs. Operations research brings empirical insights about the ongoing project for expanding positive results and improving or minimizing negative results so that it accelerates the success, effectiveness and efficiency of the program. This operations research focused on the KIR-youth centered Comprehensive Sexuality Education Program, where the participation of young people

in both program design and implementation is considered vital for the success of the program. Thus, the research paid specific attention to heterogeneity of young people (gender, location, and schooling status) by including the age cohorts of 10-14, 15-19 and 20-24 year-olds.

Against this backdrop, the operations research builds on the formative research (ISS, 2014), which provided a baseline for formulating research questions on how well the intervention was paying attention to gender and generational norms in program implementation. The formative research identified gender and generational differences in perception of youth and ASRH. Some of these perceptions emanate from and are embedded in cultural contexts that construct girls' sexuality as dangerous thus exposing female youth to a litany of negative discourses whilst boys' are framed as having an uncontrollable sexuality often in a very disabling way (ibid). The formative research also identified different perceptions of the sexuality and reproductive health of in school and out of school youth with in-school youth often framed as asexual. Moreover, the formative research revealed different players in the ASRH ecology ranging from parents, teachers, religious leaders as well as health service providers who all have different perceptions about ASRH. Despite the constraints of existing SE programs and a host of negative cultural and gendered barriers to ASRH, the formative research also revealed the existence of positive cultural and traditional ways of communicating SRH issues to young people, which can be leveraged to enhance ASRH. These include communication strategies embedded in proverbs and riddles, traditional spaces for open discussions with young people such as fireside discussions, traditional sexuality counselors *Ssengas* and *Kojas* (paternal aunts and maternal uncles) among others. (See the Formative Research report ISS 2014, for a comprehensive perspective).

The operations research drew on these findings to explore how the KIR SE program is dealing with these emerging issues.

The research explored how the KIR SE program is working within a youth centered approach, paying special attention to young people's heterogeneity and examining how their voice is represented in the program. We also focused on how the program is addressing generational and gendered constructions. All these are investigated from the perspective of how they can be enhanced or improved within the KIR program specifically and how they can act as good practice for other ASRH programs generally. The research examined any spillover effects, as well as how the program can be sustained and how positive traditional ASRH practices can be leveraged within the KIR program. Additionally, the research sought to provide process and content recommendations to enhance the effectiveness/quality of adolescent and youth-centred SE provisioning including what information should be included as well as information regarding involvement of, and linkages with influencers and stakeholders in the community.

In conducting research for this program we worked with youth as co-researchers fusing our expertise with theirs to promote sexuality education interventions based on the needs articulated by young people, rather than those based on adult assumptions. This is because in general young people have been excluded from the production of knowledge about their sexuality and adult assumptions about their needs and their sexuality have guided and dominated interventions. Youth peer researchers underwent continuous training with refresher sessions and constant support and interaction with their supervisors, local research coordinators with oversight from

ISS researchers. This interaction was sustained in all stages of the research from generating and refining research questions, selection and adaptation of research tools and in data collection and reflections on findings and in analysis.

1.2 Research Objectives and Questions

1.2.1 Research Objective

The main objective of the operations research is to provide evidence based information about the youth centered CSE program and understand how it paid consideration to youth voice influencing access to CSE and adolescent/youth responsive services. Additionally, we aimed to provide evidence-based information to inform curricula, teacher training, and health service provider trainings, coordination for ASRH programming and where applicable, inform future programming. The specific objectives include:

- Identifying adolescents' and youth' participation and voice in the KIR CSE program as analyzed and articulated by youth and adolescents.
- Identifying main issues including targeting for selection; gender and generational issues; spill over, how to leverage indigenous knowledge as well as sustainability of the KIR CSE program with the aim of providing recommendations on how these can be improved or replicated.
- Provide recommendations on what information is/should be included regarding involvement and linkages with influencers and stakeholders in the community.

1.2.2 Research Questions

The specific questions the study sought to answer were:

1. What are the advantages and disadvantages of the way in-school and out-of-school youth have been selected? Are there other groups of young people the program could reach within the timeframe and how? What other groups of young people could be reached in similar programs and how?
2. In what ways do the methods of delivery and strategies of the KIR program address gender and generational issues? What additional methods of delivery and strategies could be adopted within the time frame of the program and in similar SE programs?
3. In what ways is/can the KIR program leverage/strengthen positive traditional practices and norms in the delivery of SE, and how can this be improved/ expanded?
4. How effectively can schools sustain SE interventions?
5. Does school-based SE have spillover effects in local communities? And if so how can the positive effects be maximized and negative effects minimized and gaps strengthened?

2.0 Methodology

2.1 Research Design

The operations research employs mixed methods and a multi-strategy design Robson (2012). Both qualitative and quantitative research methods have their own distinctive character and philosophical foundation that make them suitable for different research themes. This study specifically used the sequential explanatory typology of multi-strategy approach where data collection and analysis of quantitative data is followed by data collection and analysis of qualitative data. According to Robson (2012: 165) quantitative data is explained by qualitative data during the interpretation phase of the study. The choice of appropriate method largely relies on the type of the research question that the study intends to answer (Creswell, 1998). Since this operations research aims to capture and represent the perspectives of adolescents and youth in the KIR program context, the study adopted a mixed research approach to address issues of triangulation and complementarity.

Youth were the key actors in the operations research both as researchers and participants. By using mixed methods, we triangulated data collected from youth participants and adult participants. In so doing, we corroborated quantitative data collected from youth through surveys with data collected from youth and adult responses, through the use of qualitative methods which according to Robson (2012) and Sandelowski (2000) enhance the validity of findings. In addition, as noted by Bryman (2006), using mixed methods brings about completeness, which produces comprehensiveness of a research issue, and answers different research questions, which may not be exhaustively answered by adopting a single approach. For example, it is important to note that due to the nature of this research, some research questions were explored using entirely qualitative methods to capture the depth and robustness of the narratives.

While using a mixed method approach, quantitative and qualitative techniques either remain a distinct design component or are explicitly integrated. However, in either of cases, data from qualitative and quantitative methods can be drawn for generalization in their own distinctive ways. This implies that in qualitative method, generalization can be made from development of 'idiographic knowledge' that is generalization from and about individual case while in quantitative methods, generalization can be made from 'nomothetic knowledge' i.e. generalization from samples to population (Giabietto, 2004).

In light of this, we applied a mixed method with young people which we deemed appropriate in helping to identify how the program was responding to the SE needs of adolescents and youth, as analysed and articulated by youth and adolescents themselves; defining what constitutes youth-centered and friendly SE; and building the capacity of the target group to participate in sexuality education programming and policy influencing.

2.2 Study Area and population size

This study was conducted in the KIR program implementation areas of Agago in Northern Uganda and Kampala in Central region. In the rural context of Agago, the study was conducted in Kalongo town council and Wol Sub County. According to (UBOS, 2014), Agago has a total population of 227,486 while Kalongo Town Council has a total population of 11,525, (5,348 Males and 6,177 females). Wol sub-county has a total population of 21,727, of these 10,573 are males, and 11,154 are females. In the urban context of Kampala the study was conducted in Kawempe division, Nakawa division, Makindye division and Central division. Kampala has a total population of 34,856,813 (16,935,456 males and 17,921,357 are females). Kawempe has a total population of 338,316 (159,800 males and 178,512 females). Makindye division has a total population of 395,276 of which 188,537 are males and 206, 739 are females, Nakawa division a total population of 318,447 of which 154,841 are males and 163,606 are females and the Central division has a total population of 79,789 (41,107 males and 38,682 females) (UBOS, 2014). See table 1 below for a perspective on the population size

Table 1: Population Size for Selected Program contexts

Agago		
Location	Males	Females
Kalongo Town Council	5,348	6,177
Wol Sub-county	10,573	11,154
Total	15,921	17,331
Kampala		
Kawempe	159,800	178,517
Makindye	188,537	206,739
Nakawa	154,841	163,606
Kampala Central	41,107	38,682
Total	544,285	587,544

Kampala: In-School Component

The operations research was carried out in four purposively selected secondary schools where Save the Children is implementing the KIR program in collaboration with their local partner ACODEV. These schools include Old Kampala senior secondary school, St. Denis Ggaba senior secondary school, Kyambogo college school and Kololo senior secondary school. (It is noteworthy that for the in-school component of the program in Kampala, the formative research was not undertaken because the KIR program implementation activities had not started at the time of the formative research).

Agago: In-School Component

Operations research in Agago was carried out in five schools, three primary schools and two secondary schools. These schools include: Kubwor Primary School, Nimaro Primary School and Kalongo Primary School, Wol Secondary School and St Charles Lwanga Secondary School. The schools were purposively selected and were the same schools where the formative research had been carried out, with the exception of Nimaro Primary School and Kalongo Primary School,

which did not participate in formative research though they had been implementing the sexuality education program. These two primary schools were included in the operations research to generate more robust views from very young adolescents. The total of 9 schools that participated in the operations research (4 schools in Kampala and 5 schools in Agago) had an aggregate population of 3,785 students as shown in table 2 below.

Table 2: Population Size for Selected schools

School	Study Population	Gender	
		Girls	Boys
Old Kampala	628	282	346
St. Dennis	246	119	127
Kololo	1014	499	515
Kyambogo	625	236	389
St. Charles	197	71	126
Wol	204	56	148
Kubwor	115	58	57
Nimaro	227	119	108
Kalongo	529	210	319
Total	3,785	1,650	2,135

Kampala: Out-of-School Component

The operations research was conducted among two out of school youth groups namely: *Tusitikirewamu* youth group and Home Based Care Alliance. Both of these groups are located in Kawempe division and they are participating in the SE training program. These two groups were purposively selected because they had active sexuality education classes during the study period.

Agago: Out-of-School Component

Two youth groups, *Nen Anyim* youth group and *Peko Rom* Youth group that had participated in the formative research carried out in Agago, were selected for the operations research. These groups had completed the SE curriculum by the time we carried out the operations research and were assumed to be in a vantage position to make suggestions and recommendations regarding the implementation of KIR SE program.

2.3 Sampling procedure and size

We used stratified random sampling based on gender and research site to select youth study participants. In purposive sampling, participants are chosen based on their characteristics as determined by the specific goal of the study (Hesse-Biber & Leavy, 2011). Saturated sampling on the other hand is used in cases where the population is too few to be sampled Mugenda and

Mugenda (2003). Saturated sampling method was used to select in-school and out of school youth from the selected classes (within schools) and youth groups respectively.

Drawing on Bartlett, Kortlik and Higgins (2001) our procedure for determining sample size for the survey was based on Cochran’s formula, which is recommended for a large population. Our sample size of 41 out-of-school youth and 345 in-school youth was selected for the study as shown below:

$$n_f = \frac{n^2}{1 + (n/N)} \dots\dots\dots\text{eq (1)}$$

Where n_f = sample size in a population less than 10,000

n = sample size in a population greater than 10,000

N = Estimate target population

The estimated target population for the study is 3,785 students drawn from the schools in the study areas. The sample size in the case of q population of over 10,000 would be obtained by:

$$n = \frac{z^2pq}{d^2} \dots\dots\dots\text{e.q (2)}$$

Where n = sample size in a population greater than 10,000

Z = the standard normal deviate at the required confidence level (1.96)

p = the proportion in the target population estimated to have characteristics being measured (.5) for a normal distribution.

$$q = 1 - p$$

d = the level of statistical significance set (.05)

Using the formula in.....eq (2)

$$n = \frac{1.96 \times 1.96 \times 0.5 \times 0.5}{0.05 \times 0.05} = 384$$

Using this population, the sample size in 3785 students can be obtained using equation 1 i.e.

$$n_f = \frac{n^2}{1 + (n/N)} \text{ by substituting } n=384 \text{ and } N=3785$$

$$n_f = \frac{384}{1 + (384/3785)} = 345$$

The estimated sample size is therefore 345 for in school youth.

Based on this calculation, table 3 and 4 shows the sample sizes for both in-school and out of school youth respectively.

Table 3: Sample Distribution of In-school youth

Kampala			Agago		
School	F	%	School	F	%

Kololo Senior Secondary School	85	37	St. Charles Lwanga S.S	16	13.9
Old Kampala Secondary School	57	24.8	Wol Secondary School	19	16.5
St. Denis Ggaba Secondary School	23	10	Kubwor primary school	12	10.4
Kyambogo College School	65	28.3	Kalongo Primary School	50	43.5
			Nimaro Primary School	18	15.7
Total	230	100	Total	115	100

Table 4: Population and Sample size of Out of school Youth

Youth Group	Population size		Sample size	
	F	M	F	M
Tusitukirewamu Youth Group	24	6	6	3
Home Based Care Alliance Youth Group	10	20	3	7
Peko - Rom youth group	36	20	10	7
Nen-Anyim youth group	7	8	2	3
Total	77	54	21	20

For the qualitative sample of study participants within young people's ecology, we used a non-random sampling method, that is, purposive selection of individuals by considering basic criteria such as age, grade, gender, exposure, expertise, position, membership and knowledge/familiarity with the project.

2.4 Research participants and Data Collection Instruments

The operations research foregrounded young people and their perspectives as the main source of information because the KIR program is youth centered. However, for triangulation and enriching of the information, other stakeholders such as teachers/facilitators, peer advocates, school head teachers, health workers, community development officers, district education officers, and staff of implementing organizations like SC and of local partners Straight Talk Foundation, ACODEV and Restless Development and other partners implementing SE programs for youth who meet in ASRH networks, were also valuable data sources for information to answer research questions.

2.5 Methods of Data Collection

In line with the study employing a mixed methodological approach; the research team utilized a range of techniques to gather data from various research participants. We conducted repeat

training, refresher sessions and continuous support and monitoring of peer researchers and supervisors to maintain data quality. A review of documents enabled us to have firsthand information on program implementation. For quantitative data we carried out surveys of both in and out of school youth while for qualitative data collection we used in-depth and key-informants interviews; focus group discussions, observation as well as participatory research methods as detailed below:

2.5.1 Key Informants Interviews (KIIs)

The KII were critical in obtaining in-depth qualitative information on the key issues examined in the operations research. Key informant interviews were conducted using semi-structured interview guides. The KIIs targeted people who are knowledgeable on the program and included staff from implementing organisations, district health officers, school head teachers and community development workers. We selected 3 staff from Save the Children, a program manager, one person in charge of in-school activities and one person in charge of out-of-school activities. We also held KIIs with: Three staff members of Straight Talk Foundation comprising the project manager, and two field staff; three staff from ACODEV (the project manager, one staff in charge of the in-school activities and one staff in charge of the out of school activities). From Restless Development study participants were two project staff members and one field staff.

In Agago, KIIs targeted two health workers while in Kampala we held a KII with one staff who was the health-in-charge¹ for Kampala. We also interviewed five head teachers in Agago and four head teachers in Kampala, from the 9 schools selected for the study. Other research participants interviewed included one officer from the Education Ddepartment in Agago, one development officer in Kampala, a district education officer from Kampala and 3 stakeholders from amongst the ASRH networks implementing SE in Uganda, and who have been working closely with the KIR program. In total 54 key informants were interviewed as shown in table 5 below.

Table 5: KII Study Participants

	Category	Kampala	Agago
1	Save the Children	2	2
2	Straight Talk Foundation	-	3
3	ACODEV	2	-
4	Restless Development	2	-
5	Health in Charge Officer	1	1
6	Head teachers	4	5
7	District Education Officer	1	1
8	UNESCO	1	-

¹ A Health-In-Charge is a title given to a health Officer in charge of a Health Unit

9	Peer Advocates	2	2
10	SE teachers	8	5
11	Parents	6	6
12	KCCA Education department	1	
13	SRH alliance	1	
	Total	31	25

2.5.2 Focus Group Discussions (FGDs)

Focus group discussions comprising groups of 6 to 12 participants per group were conducted with purposively selected youth. These were specifically young people in school and out of school who had gone through the entire SE curriculum. The FGDs were conducted by peer research facilitators who were trained and supported by supervisors and main researchers and each youth peer researcher was assisted by a peer note taker. The group discussions were conducted using question guides. Two focus group discussions were conducted per school per age group in Kampala and one FGD per school in Agago. They were all mixed gender group discussions and one focus group discussion was conducted for each out-of-school youth group. In Kampala we conducted eight FGDs with in school youth and two FGDs with out of school youth. In Agago we conducted a total of five FGDs, one in each school and two FGDs one for each youth group. In total we conducted 17 FGDs with in school and out of school youth as shown in table 6.

Table 6 - FGDs with In and Out of school youth

In-School	Mixed	Category	Out-of-school		
School	FGDs	Age	Group	FGDs	Age
St Charles Lwanga Sec sch	1	15-20	Tusitukirewa	1	15-24
Wol Sec Sch	1	15-19	HBCA	1	15-24
Kubwor Primary Sch	1	10-16	Peko Rom	1	15-24
Kalongo Primary Sch	1	10-16	Nen-Anyim	1	15-24
Nimaro Primary Sch	1	10-15			
Kololo Senior Sec Sch	2	14-19			
Old Kampala Sec Sch	2	14-19			
St Denis Ggaba Sec Sch	2	14-19			
Kyambogo College Sch	2	14-19			
Total	13		Total	4	

2.5.3 Participatory research methods

Since the OR was focused on young people's SRH issues, which are sensitive, we used participatory mapping research methods targeting young study participants because this method was seen as less intimidating. This tool, which takes the form of a body map, is useful in exploring young people's views about the impacts of different projects in their lives (Save the Children, 2008). The body map exercise involves using the concept of "my body," 'before and after', where young people draw an outline of a body on a large piece of paper, divide it into two vertically and collectively discuss and indicate on the different body parts the changes they have

experienced (in reality or symbolically) as a result of their participation in the project. The youth facilitator asked probing follow-up questions to prompt further discussion and seek elaboration.

The initial assumption we had was that the youth participants would collectively discuss and note their experiences and ways in which their lives had changed and then discuss the experiences collectively. However, study participants chose to undertake these exercises individually as they argued that this gave them a degree of confidentiality since they felt that the changes that have occurred in their lives were distinctive. This emerged as a way for the young people to protect themselves since they did not want to share openly some of the issues, which emerged from this activity with their peers. The research team therefore chose to respect their choice and this was also consistent with the research ethical principle of “doing no harm”. A total of 96 study participants both in and out of school participated in using this *before and after* tool (25 males and 26 females in Kampala and 22 males and 23 females Agago).

2.5.4 Document Review

The operations research reviewed program related documents including: SE curricula and KIR training manuals, baseline survey results, reports including M&E, empirical studies and other secondary data to complement the data obtained from the primary data collection. Documents relevant to the program were identified in consultations with Save the Children KIR staff and were analyzed thematically.

2.5.5 Survey

For the quantitative data, we used a structured survey questionnaire which was administered to a total of 386 youth (345 in school and 41 out of school) in Kampala 230 in-school and 115 in Agago, 19 out of school Kampala and 22 out of school youth Agago

2.6 Data Collection Procedure and Supervision

Youth researchers were central in this research and in collecting data. This is because as noted in the KIR program’s formative research ISS (2014), young people are typically excluded from the production of knowledge about their sexuality and adult assumptions about their needs and their sexuality have often guided and dominated many interventions on youth sexuality. Youth peer researchers collected data from their peers as well as parents, and other stakeholders.

Twenty-six youth peer researchers underwent several training sessions prior to data collection along with 11 supervisors (nine for in school and two for out of school youth) on data collection techniques, ethics of research and they worked with the research team in continual data analysis. They were familiarized with the OR process, the major concepts in the research, and their roles were specified and as well as the research process and ethics of research (which also involved them signing ethical declaration forms). During the training, they participated in formulating and refining research questions for the OR and in development of research tools. Data collection instruments were translated into two local languages (Luo for Northern Uganda and Luganda for out of school youth in Kampala) and were piloted in each study area and subsequently revised.

Youth peer researchers also participated in the translation of these tools, pre testing them and they also made suggestions for refining of the research instruments before the commencement of data collection. To ensure data quality, peer researchers were supported by supervisors as well as ISS local researchers during data collection. Qualitative data was tape-recorded, transcribed and analysed. Peer researchers together with their supervisors also participated in a validation exercise of the OR draft report to ensure that the draft report captured all the issues that had been raised. The validation exercise was important because it allowed experience sharing, ownership of the findings and verification of key findings.

2.7 Data analysis

Qualitative data generated through in-depth interviews, FGDs, and participatory methods as well as KII were transcribed by supervisors working with ISS researchers. In the analysis phase of the study, data generated by reviewing documents and observations was summarized in line with the research questions. The study made use of thematic analysis for information gathered through KIIs, FGDs, participatory methods, observation and in-depth interview data whereas content analysis was applied for document review. For quantitative data, the data generated through the structured survey was analysed using the latest version of SPSS to generate descriptive statistics. For both qualitative and quantitative research, validation was carried out at different levels; including peer validation, validation with the peer researchers as well as validation with the rest of the project implementers who participated in the research.

2.8 Ethical considerations

Youth peer researchers participated in repeat training sessions, which were scheduled outside their school or group meeting venues. To ensure their safety, the in-school youth researchers were always accompanied by one of their schoolteachers, and their parents signed consent forms to acknowledge that their children were allowed to participate in the different training activities. We also obtained the young people's assent to be peer researchers and made it clear that they could withdraw at any time. For out of school peer researchers, they were all independent and not staying with their parents, but in addition to their assent they received supervision and support from their organisations. In order to the control power imbalances based on age, peer researchers only worked with youth research participants. Even though some youth had proposed that they could interview adults, a number of challenges necessitated that we not do so. For example, one male peer researcher said his mother told him "*that information is too confidential*". We noted that it was challenging for most youth researchers to engage with adults and collect information that was sensitive. Another peer researcher who confidently shared with the research team how freely he communicates with his father said, *I made an appointment with my father one evening when he came from work, we sat and I started to explain the project to him, I thought he would agree to do the interview but then he asked to read through the interview guide and I gave it to him, after reading through the questions he declined to do the interview* (Senior six, peer researcher) Kampala.

2.9 Demographic Profile: Study Participants

Data on table 7 below shows that of the 345 students involved in the study, 230 were from Kampala 47.8 percent female and 52.2 percent male. Of the 115 students from Agago, 35.7 per

cent were female while 64.3 per cent were male. This implies that more male students (56.2 percent) were involved in the study compared to female students (43.8 per cent) and this tallies with the sampling frame obtained from the schools.

Table 7: In- School youth by Gender

Gender	Kampala		Agago		Total	
	n	%	n	%	n	%
Female	110	47.8	41	35.7	151	43.8
Male	120	52.2	74	64.3	194	56.2
Total	230	100	115	100	345	100

In Kampala, out of the 19 out-of-school youth, 10 were male and 9 were females while in Agago, of the 22 out-of-school youth 10 were male and 12 were female (see table 8). The female survey participants accounted for 51.2 percent of the study population and males accounted for 48.8 of study participants.

Table 8: Out- of- School youth by Gender

Sex	Kampala		Agago		Total	
	f	%	f	%	f	%
Female	9	47.4	12	54.5	21	51.2
Male	10	52.6	10	45.5	20	48.8
Total	19	100	22	100	41	100.0

The majority of in- school survey participants more than half (67.3 percent) were in the 15-19 years age range as depicted in Table 9 below. There were also adolescents aged 10 to 14 years 22.9 percent as well as older youth in the 20 to 24 years age range.

Table 9: Age of In-School youth

Age	Kampala		Agago		Total	
	f	%	f	%	F	%
10 to 14	35	15.2	44	38.3	79	22.9
15 to 19	162	70.4	70	60.9	232	67.3
20 to 24	33	14.3	1	0.9	34	9.8
Total	230	100	115	100	345	100

In contrast, the majority of out of school research participants 68% were in the age category of 20 – 24 years (see table 10 below). This was followed by youth in the 15 to 19 years age-group and two adolescents out of the study sample.

Table 10: Age of Out-of-School Youth

Age	Kampala		Agago		Total	
	f	%	f	%	F	%
10-14	2	10.5	0	0	2	4.8
15-19	5	26.3	6	27.3	11	26.8
20-24	12	63.2	16	72.7	28	68.4
Total	19	100	22	100	41	100

Overall, in-school youth study participants were drawn from the second year of secondary schooling (senior 2 and the final year of high school - senior 6- in Kampala. In Agago, since SE was implemented in both primary and secondary schools, the survey selected participants from primary 5 to primary 7 and senior 2 to senior 6.

2.10 Occupation of Out of School Youth

In a context of widespread economic insecurity in Uganda, unemployment is high and is accentuated for youth many of who had to drop out of school. Youth targeted by the program (including the youth peer researchers and the study participants) are engaged in a range of livelihood strategies predominantly in the informal sector as shown in table 9 below. In Kampala, 2 of the study participants were daily labourers surviving on daily wages, involved in activities like off-loading goods from trucks and laundry; two were engaged in garment business while 8 were unemployed. In Agago, 4 were daily labourers; the majority 59.1 percent (n=13) was engaged in farming while 3 were unemployed. See table 11 below.

Table 11: Occupation of Out- of -School Youth

Occupation	Kampala		Agago		Total	
	f	%	F	%	F	%
Boda-Boda (bicycle taxis)	-	-	1	4.5	1	2.4
Daily wage labourer	2	10.5	4	18.2	6	14.6
Farmer	1	5.3	13	59.1	14	34.2
Garment	2	10.5	0	0	2	4.9
Food Preparation	1	5.3	1	4.5	2	4.9
MDD (Music Dance and Drama)	1	5.3	0	0	1	2.4
Unemployed	8	42.1	3	13.6	11	26.8
Others	4	21.1	0	0	4	9.8
Total	19	100	22	100	41	100

2.11 Religious Affiliation of in-School Youth

The findings of the KIR formative research (ISS 2014) showed that religion is an important factor that shapes decision making of young people in matters regarding SRH. Religion

influences the decision making of young people especially regarding abstinence or use of contraceptives including condom use. It was therefore important to examine the different religious affiliations of young people who participated in the OR. Findings revealed that in Kampala the overwhelming majority are Christians while 15.2% (n=35) are Muslims while Agago was predominantly Christian with only one Muslim (see table 12).

Table 12: Religious Affiliation of In- School Survey Participants

Religion	Kampala		Agago		Total	
	f	%	f	%	f	%
Catholic	65	28.3	85	73.9	150	43.5
Protestant	64	27.8	21	18.3	85	24.6
Muslims	35	15.2	1	0.9	36	10.4
Seventh Day Adventist	5	2.2	0	0	5	1.5
Born Again	55	23.9	8	7	63	18.2
Others	4	1.7	0	0	4	1.2
Total	228	99.1	115	100	343	99.4
Missing	2	0.9	0	0	2	0.6
Total	230	100	115	100	345	100

Similarly for out of school youth the overwhelming majority were Christian with 7 Muslims in Kampala and 1 in Agago.

Table 13: Religious Affiliation of Out-of-School Survey Participants

Religion	Kampala		Agago		Total	
	f	%	f	%	F	%
Catholic	3	15.8	13	59.1	16	39
Anglican	2	10.5	2	9.1	4	9.8
SDA	1	5.3	1	4.5	2	4.9
Born Again	6	31.6	5	22.7	11	26.8
Muslims	7	36.8	1	4.5	8	19.5
Total	19	100	22	100	41	100

2.12 Marital Status

Findings show that in Kampala, 84.2 percent (n=16) of the out of school youth were single and had no children, while 15.8 percent (n=3) were single and had children (table 14). None of the youth from Kampala in the survey were either married or divorced. In Agago, 13.6 percent (n=3) of the out of school youth were single and without children, and 27.3 percent (n=6) were single and had children. 40.9 percent (n=9) were married while 18.2 percent (n=4) had divorced or separated. This indicates that more out of school youth in the more rural and conservative context of Agago were or had been married as compared to out of school youth in Kampala where none of the youth study participants was married though 3 of them had children.

Table 14: Marital Status of Out-of-School Youth

	Kampala		Agago		Total	
	f	%	f	%	f	%
Single without children	16	84.2	3	13.6	19	46.3
Single with children	3	15.8	6	27.3	9	22
Married	0	0	9	40.9	9	22
Divorced/separated	0	0	4	18.2	4	9.7
Total	19	100	22	100	41	100

3.0 Analysis of Findings and Discussion

In this section we presents data collected through survey, FGDs, participatory techniques and interviews from in-school and out-of-school youth and other stakeholders such as parents, local government representatives, parent teacher association, health officials implementing and networking partners as well as document review. An attempt has been made to integrate different participants' views and qualitative and quantitative data under five identified themes; project involvement and participation, content and method of delivery, spillover effects, leveraging traditional practices and sustainability.

3.1 Program overview

The Keep It Real program is a youth-centered comprehensive sexuality education program supported by the Government of the Netherlands, Ministry Foreign Affairs from January 2013 to March 2016 in Uganda and Ethiopia. Save the Children is the main implementing organisation of the KIR program in collaboration with other partners in Uganda. The program aims at increasing the proportion of very young adolescents (10-14) and youth (15-19, 20-24) living in urban and rural contexts, who are better informed about their sexual and reproductive health and rights, and thus enable them to make healthy choices about their sexuality.

To achieve this, the program has offered class sessions in schools facilitated by teachers and club based sessions facilitated by youth peer educators. The training material approved and used for secondary learners in Kampala in senior one to senior five in the age ranges of 15-19 years is titled: the *World Starts With Me* manual (WSWM). In Agago, secondary school learners, use, *The GREAT+ Sexuality Education* curriculum for secondary schools and the GREAT+ Sexuality Education curriculum for primary school learners. The manual *My World My Life* (MWML), though presented to the ministry of Education for consideration, was not approved because the ministry perceived it was age inappropriate (SC, 2014:5).

There are fourteen lessons in the manual that comprise learning objectives, assignments, warm-up exercises, presentations, games, tools, guidelines and stories. In the delivery of the SE curriculum, teachers facilitate sessions for in-school youth and peer educators facilitate the sessions for out of school youth. Besides the class based sessions, other sessions are implemented via health talks in schools held by health workers and these include accompanied visits to health centers, where selected youth are taken to health centers by their teachers to visit health facilities, see the range of youth SRH services offered and seek clarifications on their questions. These are the program activities that the operations research set out to examine.

3.1.1 Program Outlook: An Integrated Approach

The KIR SE program is an innovative sexuality education program implemented in collaboration with four partners. According to the 2013 and 2014 KIR annual report (Save the Children, 2013, 2014), the KIR program has four major outputs. These include: Comprehensive Sexuality Education (CSE) delivery; training for teachers and peer educators; health service linkages; coordination and youth-led-advocacy. The roles of Save the Children local partners ACODEV and STF fall under specific outputs which include CSE delivery, training of teachers and peer educators and health service linkages. Though they do not directly deliver the SE curriculum, they supervise teachers during delivery of SE, support club activities and peer educators to deliver curriculum for out of school youth; take lead in training peer educators and work hand in hand with other partners on the KIR program to ensure the achievement of outputs.

The program works with different partners to ensure that SE issues are addressed at micro, meso and macro levels. The partners include Straight Talk Foundation (STF), Action for Community Development (ACODEV), Restless Development (RD). SC takes lead in the implementation of key program activities like planning, coordinating and networking with all the partners to ensure that the program is implemented in a timely manner to achieve the expected deliverables and selecting schools that participate in the KIR program. SC focuses on national level advocacy in order to influence policy at national level. SC also takes charge of capacity development of partners, and engages in coordination of different actors that engage in SE and ASRH.

Some of the collaborative efforts that SC has been engaged in include consultative meetings with the National Youth Working Group chaired by UNESCO, Adolescent and Reproductive Working Group chaired by Ministry of Health and Adolescent Sexual Reproductive Health chaired by SC. Overall, SC leads and oversees implementation, inputs, monitors, advises, and provides the role of troubleshooting and technical backup.

ACODEV in Kampala and Straight Talk Foundation (STF) in Northern Uganda are SC's partners tasked with ensuring that young people both in and out of school participate in SE activities. These partners with the DEOs and SC also monitor the progress of the curriculum delivered to learners and offer support to SE teachers and peer educators in the form of capacity development and linking schools and out of school groups to health centers.

Restless Development, another implementing partner, ensures that the voices of young people are heard through activities designed to generate advocacy messages in Kampala and Agago. The advocacy messages are passed on to policy makers in decision-making positions like parliament, the Ministry of Health and the Ministry of Education and Sports at national level, and at district level, including district coordination platforms and council meetings. Restless Development works with young advocates who generate evidence on issues related to SRHR in their communities by interfacing with fellow young people. These peer advocates then document issues and present them to key decision makers at community level on a regular basis. Young advocates talk to young people through dialogue meetings and also interface with health centers to assess the access, use, level of services being delivered to young people in order to identify

gaps or opportunities to encourage young people to access these services. The health center in charge and the sub county committee are also supported by Restless Development to attend coordination meetings at the district level and have had opportunities to present SRHR issues at the National level forums. Young advocates work with the local community, the district and are also supported to attend National level forums.

This operations research conducted by the International Institute of Social Studies (ISS) of Erasmus University Rotterdam in collaboration with local partner Nascent Research and Development Organization (NRDO) foregrounds youth voice in the KIR program. ISS is responsible for the youth centered research component of the program and assumes this role with guidance from SC and with support from KIR implementing partners. ISS undertook both formative and operations research for the program. The results of the formative research have been disseminated to the implementing partners at different partnership meetings thus enhancing a continuous reflection and “inward looking” perspective on issues of youth voice within the KIR program. The peer researchers supported by Nascent RDO Uganda have also worked together with Restless Development in developing advocacy messages in Northern Uganda. Implementing the program through such a mix of organizations with diverse but complementary core competencies is therefore one of the key strengths of this program.

3.2 Selection of Youth Participants in SE

According to Save the Children, at the inception of the KIR program, there was a preset criteria with regard to which schools, groups, districts, and classes would participate in the program. Kampala was selected to represent urban settings and Agago and Nwoya to represent geographically remote rural areas with constrained social services. For out of school youth, priority was given to youth groups who were deemed to be marginalised. These include groups, which had not been reached with any form of SRHR related intervention and groups which presented a higher vulnerability. For example, according to the program manager KIR, in Kampala, priority was given to urban poor locales. In these areas some settlements are occupied by rural migrants including those from the marginalized contexts of Northern Uganda, one of the out of school youth groups is comprised of very young adolescents (VYAs) and out of school youth. Some of the members of this group especially girls are brought or migrate to Kampala to work as domestic workers and bar maids and this poses great risk of sexual abuse and exploitation.

Another category that is often left out with little or no interventions targeting them in Kampala is child headed households. Other vulnerable groups include: young girls engaged in commercial sex work- a high-risk group whose members interact with older clients, exacerbating gender and power imbalances in sexual decision-making. These and other such groups face a range of vulnerabilities because of the invisible and exploitative nature of the work in which they are engaged, their HIV status, drug abuse, burdened responsibilities heading households or parenting and they tend to fall outside the reach of interventions but are also *“likely to take risks to meet their survival needs”* (Program manager, KIR). It is therefore apparent that the program made efforts in reaching diverse groups of out of school youth.

For selection of in school youth, Save the Children made a choice to implement the KIR program by introducing the SE curriculum in government schools. SE is not part of the national curriculum and there is no official program for private schools which proliferate the education landscape and which dominate in urban poor locales where there is a lack of social service provisioning. Data collected from the interview with the KIR project officer reveals that there have been efforts by the curriculum development center and Ministry of Education to embed SE within the different subjects taught at primary level. However, in Northern Uganda, the program selected schools which were both Government aided and community owned.

With regard to school selection, unlike out of school youth groups where the Community Development Officer (CDO) took lead in selection of groups, the District Education Officers (DEO) led the school selection. Data obtained from interviews with Save the Children staff revealed that they were satisfied with the selection criteria used to reach out to different participants because the program reached some of the most vulnerable groups and populations. They noted that the selection process respected diversity of youth, was nondiscriminatory and there was even room to learn, making it easier to see who was left out and who should have been targeted. The implementing partners had differing views about the effectiveness of the selection process. Partners in Northern Uganda were uncomfortable with entrusting the selection process for the out of school youth in the hands of Community Development Officers (CDOs). They were concerned about some CDO's vested interests and partiality for particular groups in anticipation of material gains. The information we obtained from discussions with field level KIR program staff indicates that CDOs did not necessarily recruit the most disadvantaged groups. They also noted that other groups were selected because someone in the group had influence and could advocate for their participation. Additionally, many faith-based out of school groups were not willing to participate because they were wary that the program would teach young people condom use. Additionally, they noted that many groups that were not yet registered did not qualify for selection because they did not (yet) meet the district requirements for group formation. One key informant noted that some groups were formed hurriedly in anticipation of gaining materially from the KIR project.

Since the program targeted groups that were already formed, it is possible that the selected groups had benefited from other initiatives by other programs. This possibility is corroborated by the KIR annual report for Uganda 2014, in which it is noted that "...in Northern Uganda most of the groups had prior exposure to previous other type of NGO interventions." (SC 2014:9) This implies that non-registered groups or groups that were not fully organised were left out. It also means that some very vulnerable youth who are not members of any group were not eligible and were thus unreachable. The program partners also noted that there are schools that face vulnerabilities but were left out, for example schools for the blind, deaf and hard of hearing were not selected. This was because the project was not equipped with personnel and materials to meet their specific needs. Verification obtained from KIR program staff in Kampala on this issue indicated that initially, there were attempts to include special schools and that all government schools in the districts that were selected were targeted. However, there were challenges in reaching special needs schools because of the unique needs of these schools and lack of a budget to cater for the specific needs of young people in these schools. For example in

one of the schools for the deaf targeted initially, the teachers noted that it was difficult to translate the CSE terms into sign language.

We draw on this to argue that while the explanation of making choices of the groups to target based on budget constraints for the KIR program seems tenable there remains a problem with the modalities of reaching the most disadvantaged. It is important for CSE programs targeting youth to be aware of the numerous challenges that vulnerable groups including young people with disabilities face in accessing SRH information and services. For example, a research conducted on sexual and reproductive health needs and rights of deaf and hard of hearing youth in western Kenya (Ngutuku et al, 2015) highlights these challenges. Deaf and hard of hearing youth in this study noted that they face communication barriers in diverse settings including school, community and even in health centers. They also noted a failure to harmonize the different terms used for sexual and reproductive health in sign language as one of the problems they have to contend with even in the actual delivery of SRH content. There is also a gross misrepresentation of their sexuality as they are simultaneously seen as “over sexualized” and/or asexual.

We therefore note the need for different ASRH programs; from design right through to implementation to cater for the needs of diverse groups of youth including youth with disabilities. Indeed the UNESCO (2009) guidelines on sexuality education lays emphasis on this critical aspect of the sexuality and reproductive health rights of disabled persons. WHO/UNFPA (2009) notes that these categories are doubly disadvantaged because their sexuality is not acknowledged and also they are not provided with services and information on sexual and reproductive health.

3.3 Potential Sexuality Education Participants

The youth who had an opportunity to participate in the SE program, were aware of and noted that youth is not a homogenous category; by they have different needs despite the fact that they may be of the of the same age. For example, they were of the view that the program’s logic of choosing to focus on specific grades or classes did not necessarily meet the needs of all young people with a need for SRH information. For example, in one focus group discussion, participants noted that a girl may be in primary three but already mature and therefore in need of SR information. Conversely, they noted that a girl may be in primary seven but biologically immature and might need SRH information according to her age.

Therefore the participants noted that all young people who have matured should have an opportunity of attending SE classes regardless of the classes they are in. This highlights the limits of chronological age and points to the need to think about social age to take a contextual approach. The KIR program staff in Kampala however justified this choice on the basis of available budget and the need for ensuring replicability and sustainability by schools. This according would ensure that the youth do not go through the same curriculum multiple times when they move from one grade to the next.

Youth participants suggested a range of significant adults that the program should reach who have influence in their lives. These are parents, teachers, religious leaders and other categories of

people in authority who can educate many other people pointing to the importance of taking cognizance of the context within which sexual decision-making occurs. Indeed according to Massaust (2004), because social and cultural meanings can give positive or negative relevance to sexual experiences, young people need accurate information regarding sexuality. They need a supportive environment to understand their own sexual behaviour and feelings, and to give those experiences validity within their own lives.

Young people noted a conflict between their worldviews and the attitudes of adults with regard to ASRH stating that, *parents tend to have rigid views and do not know the SRH needs of young people* (Senior 3, male student Agago). They noted that adults' ease with ASRH issues would enable a context of more open engagement with youth in discussion. Data collected from discussions with in-school youth revealed that all teachers in a specific school targeted by the program need to be included in SE activities because many of the teachers were perceived to be uncomfortable discussing SRH issues. Students who have attended the program SE have an even more enhanced need to have open communication on SRH issues with their teachers who did not participate in the program. It is important to note that teachers are often constrained by the socio-cultural norms that govern communication on SRH issues thus constraining open intergenerational discussion. This was also explained within the context of the fact that some of the teachers were deemed as the ones perpetrating negative SRH norms and practices.

Female youth noted that teacher participation in the SE program would help reduce sexual violence, which was sometimes perpetrated by teachers who needed to know that:

"We are their children, for example you find a teacher making sexual advances to you and you feel uncomfortable and upset. He is the same teacher teaching you and he winks at you in class and you cannot concentrate. You cannot report him to the head teacher because you will probably have to deal with a bigger problem as nothing will happen to him, he will hate you for the rest of your stay at school and he will give you zero. When such a teacher comes to class you feel uncomfortable" (senior two female student, Agago).

This is consistent with the findings of the KIR Formative Report (ISS 2014), which revealed that of all the perpetrators of sexual violence, teachers are the second most likely perpetrators after family members. Young people also felt that doctors and nurses and health workers should also be exposed to sexuality education training because they have regular encounters with young people and often do not know how to talk to them and what issues to address. Other adults include shopkeepers who often proposition girls and used gifts to coerce them into transactional sexual intercourse. They also noted that better knowledge of young people's SRHR by law enforcement officers, would allow them to be more supportive and would enable them to be more sensitive and helpful when cases are reported to the police.

The findings reveal that building the capacity of adult community members is one way of ensuring that KIR efforts are sustained in the community. One study participant noted, *'The KIR program will end, but the community members will stay with their children and their needs* (Implementing partner, Northern Uganda). This opinion illustrates that in order to sustain sexuality education efforts among youth in school and out of school, it is important to build the capacity of a range of adults in the community within which youth sexuality is located.

3.4 Participation of In -School Youth and VYAs

The operations research sought to establish how youth voice was reflected in the learning and SE curriculum. We also wanted to capture the perspectives of young people on how they perceived the learning and the activities they engaged in as a proxy for youth participation and voice. Findings as depicted in table 15 below shows that 80.2 percent of youth study participants indicated that they participate in the KIR project during class sessions, 34.2 percent participate through club sessions; 16.5 percent through health service linkages, 29.9 percent via health talks while 9.0% participate through accompanied visits.

Table 15: CSE Activities for In-School Youth

	Kampala		Agago		Total	
	f	%	f	%	F	%
In Class sessions	195	84.8	81	70.4	276	80.2
In club Sessions	71	30.9	48	41.7	119	34.2
Health service linkages	28	12.2	29	25.2	57	16.5
Health Talks	65	28.3	38	33	103	29.9
Accompanied Visits	20	8.7	11	9.6	31	9

Multiple responses on items; n=345

Findings revealed that a majority of students participated in the KIR program during class sessions (four fifths) and clubs sessions (one third). Data from FGDs revealed that only a few selected students were given the opportunity to participate in some program activities comprising of health service linkages and accompanied visits. However, in Kampala, we noted that despite the fact that young people reportedly participated in health talks, they could not distinguish between the regular school-counseling programs conducted by senior women/male teachers and the KIR health talks since there are similar programs such as Reach A Hand Uganda (RHU), Naguru Teenage Center and Uganda Youth and Adolescent Health Forum in the schools. Data from KIIs with teachers and school administrators revealed that indeed some schools have routine health talks and counseling from trained health workers, senior female and male teachers and in some schools in Kampala from other organizations with similar programs.

3.5 Participation by Out of School Youth

A key criterion for selection of out of school youth was that they had to be members of youth groups. The research reveals that most out of school youth participants in the program were invited by their friends or had personal interest. Survey data reveals that 36.8 per cent were encouraged to join sexuality education activities by their friends, 31.6 per cent were invited by the group, 21.1 per cent joined out of self-motivation. In Agago, 40.9 per cent noted that they

participated in the sexuality education program out of their own volition, 31.8 percent were invited to participate in the program. It is important to note that while all were invited to become part of sexuality education activities, not all of them accepted this invitation straight away and some had to be persuaded by their friends. See table 16 below.

Table 16: Reasons for Participation: Out-of-School

	Kampala		Agago		Total	
	f	%	F	%	f	%
Personal motivation	4	21.1	9	40.9	13	31.7
Request from your group	6	31.6	7	31.8	13	31.7
Suggestion/Persuasion by friends	7	36.8	3	13.6	10	24.4
Local leaders	2	10.5	1	4.5	3	7.3
Parents	-	-	2	9.1	2	4.9
Total	19	100	22	100	41	100

3.6 Reasons for Participation by In-School Youth

Findings reveal that over half 55.3 percent of all the students had personal motivations for involvement in the KIR program, and close to half of the students were requested by the teachers while a third were asked by the friends to participate in the KIR program. In Kampala, 56.5 percent of the students had personal motivations for participating in KIR program, 34.8 percent were asked by their teachers and 26.1 percent were encouraged by their friends to participate in the program. On the other hand, in Agago 53.3 percent (n=61) of the students had personal motivations to participate in the KIR program, 60.0 percent (n=69) were requested by their teachers to participate, 31.3 per cent (n=36) were encouraged by their friends, while 26.1 per cent (n=30) were asked by the head teachers to participate in the KIR program.

Table 17: Reasons for Participation by In-School Youth

	Kampala		Agago		Total	
	f	%	f	%	F	%
Personal Motivation	130	56.5	61	53	191	55.3
Request from teachers	80	34.8	69	60	149	43.2
Request from friends	60	26.1	36	31.3	96	27.8

Request from head teacher	14	6.1	30	26.1	44	12.8
Request from parents	16	7	16	13.9	32	9.3
Others	2	0.9	2	1.7	4	1.2

Multiple responses on items; n=345

It is noteworthy that not everyone who had an interest in the sexuality education joined the program, which targeted only specific grades. According to key informant interviews with SC staff and implementing partners, as well as information reviewed from KIR program documents, these were senior one, senior two and senior five students in secondary schools and primary five, six and seven students. However, very few students outside the selected participating grades who were members of school clubs had an opportunity to participate in SE school club activities. Data from discussions with SC staff revealed that all pupils/students who belonged to selected classes were expected to attend SE classes, but teachers in charge of these classes said that in some cases students would not attend. In Kampala one teacher noted that there were instances when a very small fraction of students would attend the sessions and on some occasions, not even one student reported for lessons, especially senior 5 students. KIR program staff in Kampala corroborated this and indicated that in one of the school in Kampala, it was only after they started offering snacks during sessions that attendance improved. In contrast, to SE classes where everyone in the selected class qualified, there were specific activities where teachers selected those who could participate for example in health visits and child parliaments.

According to some students, whereas some teachers selected those who were deemed articulate and who could express themselves well, other teachers selected those who were shy so that they could also be exposed and others were selected randomly. For activities like health centre mapping and health visits where most students were left out, some students felt it was not fair, especially when teachers intentionally picked specific students, usually the most active ones. The students preferred a random method for those activities which gave all of them an equal chance to participate. Some activities were held during holidays and this was not suitable for all students or fair because teachers selected only those they could easily reach. As a result, those who did not participate in health visits deemed it unfair and noted that they missed the opportunity to acquire information on which services are offered in the different health facilities. One male student in primary six from Agago commented: *“we still don’t know where to find which service when they go to the hospital”*.

It is indeed problematic in terms of meaningful participation that selection in these activities was done on the basis of convenience and the rationale for participation was not always clear despite the clear pre-defined program criteria. While the program logic for selective participation was that those who attended would share the information with others, the students perceived this differently and perhaps more information about both the rationale for participation and sharing information should be provided.

3.7 Reasons for Low Participation by In-School Youth

The foregoing shows that the majority of youth both in-school and out-of-school who were part of the KIR program had personal motivations. However there are some youth who did not

participate in the in the program. Since the sample only involved those who participated, we were only able to get the reasons for their lack of participation from the perception of their peers. Some of the questions for this aspect also included why the youth were not participating regularly. On Table 18 below, we present these perceptions.

Table 18: Perceptions on Lack of Participation by In-School Youth

	Kampala		Agago		Total	
	f	%	F	%	f	%
Lack of interest	167	72.6	51	44.3	218	63.2
Lack of time	81	35.2	51	44.3	132	38.2
Restriction from families	15	6.5	32	27.8	47	13.6
Restriction from religion	11	4.8	12	10.4	23	6.7
Domestic responsibilities at home	42	18.3	43	37.4	85	24.6
They missed school	69	30	45	39.1	114	33
Other (specify please)	4	1.7	1	0.9	5	1.4

Multiple responses on items: n=345 (100%) Kampala n=230 Agago n=115

Data collected from the study participants on why some of their peers did not participate, show that the most cited reason was lack of interest (72.6 percent), other reasons for not participating in class activities in Kampala included lack of time (35.2 percent), absenteeism from school (30.0 per cent) and domestic responsibilities at home (18.3 percent). Data from discussions with students and teachers revealed that SE lessons are not compulsory and all of the students who attended the lessons do so voluntarily, sometimes on the request of the SE teachers. Since the lessons are not examinable, priority is given to lessons that are examinable and this is one of the causes of “lack of interest” in attendance by student. Further discussions with sexuality education teachers revealed that older students felt that they already knew ‘everything’ to do with sexuality, therefore there was nothing new for them to learn. Besides, some students in senior classes questioned how they could be taught the same content as students who are in lower classes.

In Agago, the research participants noted that lack of interest in SE activities and lack of time was a major reasons for low participation accounting for 44.3 per cent. Other reasons include: absenteeism from school (39.1 percent), and numerous or intensive domestic responsibilities at home (37.4 percent). Overall, as shown in table 18, findings from the study reveal that lack of interest in the study area (63.2 percent) was the main reason that constrained youth participation in SE activities in the KIR program. This was followed by lack of time 38.2 percent, and absenteeism from school 33 percent.

Further discussions with in-school youth, enabled them to qualify that the main reason for not attending SE classes regularly was the issue of lack of time and not necessarily interest. They said that when students compare the amount of work they have to do at home and attending SE classes, which was after all not examinable, they opted to stay home and finish up their domestic

chores than coming to school for SE sessions. One of the girls who attended SE inconsistently said:

In the first place, during the rainy season I don't even come to school until we have finished farm work. My parents will not mind if I attend all the classes or not, but will want me to pass very well. Now SE sessions are held on Saturdays, my parents know that I am supposed to be free and help them on the farm. How can they allow me to come to school to learn SE when they are not even sure it is a good thing I am learning? (Female Pupil, Primary six Agago)

We draw on these views to deduce that failure to attend SE is not necessarily about the interest of young people but they are often forced to make a choice between competing tasks like attending the course and the amount of school and home related assignments and activities. The extra-curricular nature of the sexuality education sessions, particularly those scheduled on weekends, also make them seem less important compared to the more examinable subjects scheduled during school hours.

3.8 Reasons for Low Participation by Out-of-School Youth

When the out of school youth who participated in the research were asked some of the reasons why their peers were not participating in the program, the findings (table 19) reveal that in Kampala, 26.3 per cent of research participants cited lack of interest by their peers in participating in the KIR project, 26.3 per cent indicated that the time for the activities was not convenient for their peers, and that they were not selected to participate, while 15.8 percent said they felt the youth did not participate in the KIR activities because of the distance from their homes to the KIR project centre. In Agago, 13.6 percent of research participants cited that youth did not participate in the KIR project activities because they lacked interest, and because family members restricted them from participating in the project. Further, 27.3 per cent indicated that their peers were not selected to participate in project activities. Therefore young people perceived that a minority of out of school youth did not participate in the program, either because they were not selected to participate (26.7 per cent) or due to lack of interest or scheduling inconveniences (12.2 percent). While competing priorities by youth and domestic responsibilities play an important role in defining their low participation, there is still room for more sensitization about the program not only for the youth, but also their parents so that they see the importance of the program.

Table 19: Reasons according to participating youth for low participation in SE by other out of school youth

	Kampala	Agago	Total

	f	%	f	%	f	%
Lack of interest	2	10.5	3	13.6	5	12.2
Time inconvenience	5	26.3	0	0	5	12.2
Restriction from families	0	0	3	13.6	0	0
Restriction because of religion	0	0	0	0	0	0
They were not selected to participate	5	26.3	6	27.3	11	26.8
Distance	3	15.8	1	4.5	4	9.8
Other (specify please)	0	0	0	0	0	0

3.9 Duration of Participation by In-School Youth

According to the KIR annual report (SC, 2014), the delivery of the SE curriculum ought to last a period of two to two and half months in duration. This would ensure consistency and increased attendance of youth. The operations research sought to establish the duration of participation in the KIR program beyond the usual class sessions for in-school youth. Findings revealed that a majority of students (about seven tenths) in the study areas have participated in the KIR program for less than 6 months. In Kampala, findings show that 45.7 percent of the students have participated in the program for less than two months; 30.9 have participated for between 2 and 4 months, and 13 percent have participated for 4 and 6 months. In Agago, 33.9 percent participated in the program for 6-8 months, 10.4 percent participated for 4-6 months and 9.6 participated for less than two months.

However, at the data validation' workshop some teachers from Kampala, noted that given the extra-curricular nature of the SE sessions, some SE teachers rushed over the content in a bid to complete the manual thus sacrificing learning to 'complete' the lessons. The research team could not verify the authenticity of this claim due to its sensitivity. This is because the teachers who revealed this were not willing to mention the names of their colleagues. This is a pointer to the need for oversight and an emphasis on the sessions not as a mere exercise in completion of the curriculum but to fulfill the intended considerations of actual learning and behavior change.

Table 20: Length of Participation by In-School Youth

	Kampala		Agago		Total	
	f	%	F	%	f	%

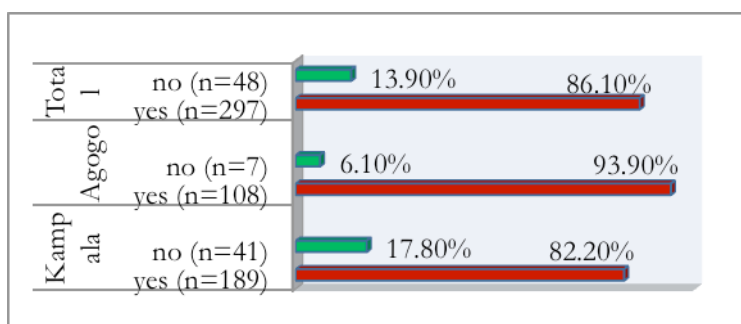
< 2 months	105	45.7	11	9.6	116	33.7
2-4 months	71	30.9	15	13.0	86	24.9
4-6 months	30	13.0	12	10.4	42	12.1
6-8 months	17	7.4	39	33.9	56	16.2
8-10 months	0	0	4	3.5	4	1.2
10-12 months	3	1.3	20	17.4	23	6.7
>12 months	0	0	12	10.4	12	3.5
<i>Total</i>	<i>226</i>	<i>98.3</i>	<i>113</i>	<i>98.3</i>	<i>339</i>	<i>98.3</i>
Missing System	4	1.7	2	1.7	6	1.7
Total	230	100	115	100	345	100

Drawing on the focus group discussions with in-school youth we note that young people have participated in KIR for about 2 years, which they calculate from the time they joined the SE classes and beyond. Most students continue sharing with their friends the information they have acquired even after completion of the SE curriculum. Students said that their teachers encouraged them to be self-appointed peer educators as a result of their participation, beyond the period of the course. Therefore they still consider themselves as part of KIR program even after their SE classes end. Thus, beside the SE class based sessions where the majority in-school youth participated (75.2 per cent from Kampala and 73.9 per cent from Agago); other youth participated in club activities (32.2 percent from Kampala and 62.6 per cent from Agago), while others participated as peer educators (15.2 per cent from Kampala and 39.1 percent from Agago); and in mapping and identification of health facilities (7.8 percent from Kampala and 33 percent from Agago) and peer educators (66.7 percent from Kampala and 10.4 percent from Agago).

3.10 Youth satisfaction with activity involvement

The Keep It Real project is a youth centered program and this operations research places specific focus on tracing youth voice and participation. According to Ali (2005) if youth have to benefit from SRHR interventions the design must target them not only as beneficiaries but also as actors. It was therefore important to find out level of youth satisfaction with their involvement in SE activities as indicated in figure 1 below.

Figure 1: Youth Satisfaction in SE Activity Involvement



Survey data revealed that 82.2 per cent (n=189) of youth from Kampala and 93.9 percent of youth from Agago were satisfied with the way teachers involved them in the SE sessions. The findings revealed that 86.1 percent (n=297) of all the participants were satisfied with the way teachers involved them in the SE classes and activities. Analysis of the key class and club activities that youth found inspiring revealed that the most enriching activities for young people included: SE classes 64.1 per cent (n=221); health talks given by health workers at school 63.8 per cent (n=220); visits to youth centers 61.4 percent (n=212) and participating in the clubs 52.2 percent (n=180).

Overall, young people in Agago noted that they appreciated the activities they did together with health workers. This is corroborated by data from focus group discussions with young people. One male participant in primary five in Agago said that prior to the visit to a health facility he, *“had never visited a hospital, it seems I have never fallen sick”* pointing to the prevalent misperception that visits to health facilities were only necessitated by ill-health. In-school youth noted that when the health workers came to school, they were friendly, knowledgeable and students were free to ask anything they wanted to know and would receive straight answers. Some students in secondary school noted that health workers were not embarrassed when talking about SRH issues unlike some of their teachers. This is consistent with what one teacher in Agago who said, *“at times pupils ask some technical questions on reproductive health, pregnancy and STDs which need health workers to provide clear explanations.”* The range of club and class activities exposed youth to a variety of learning avenues that enhanced their understanding of SRH issues. This implies that there is a need for continued capacity building for teachers and enhancement of relationships and linkages between health workers and schools.

3.11 Challenges faced by In-School Youth in the SE Activities

The KIR annual report of 2014 Or (SC, 2014:8) indicates that there was inconsistent attendance by in-school participants who were enrolled in SE courses and notes that; *“the overall lesson attendance by both in and out of school categories kept reducing as time progressed.”* Out of all the registered participants who attended at least 80 percent of the lessons in Kampala, only 54 percent of learners completed the course and only 10 percent of all the students who enrolled for the SE course completed all the 14 lessons. Northern Uganda had better indicators; of all the participants who attended at least 80 percent of the lessons, 77 percent completed the sessions and of all the learners who enrolled for SE, at least 34 percent completed all 14 lessons. It was

therefore imperative to establish the challenges the learners encountered during the SE classes, which inhibited their attendance and completion.

Table 21: Participation Challenges for In-School Youth

	Kampala		Agago		Total	
	f	%	F	%	f	%
Family does not want me to participate	14	6.1	28	24.3	42	12.2
Peer disapproval	77	33.5	42	45.2	119	34.5
My religion forbids me to talk about sexuality issues	8	3.5	21	18.3	29	8.4
In my culture we do not discuss sexuality issues	10	4.3	35	30.4	45	13
The timing of SE classes and club activities is not convenient	101	43.9	55	47.8	156	45.2
Heavy domestic responsibilities	79	34.3	45	39.1	124	35.9
Others	18	7.8	1	9	19	5.5

Multiple responses on items: n=345 (100 percent)

The survey findings (table 21) revealed that the major challenges faced by in-school youth in SE participation included: the inconvenient timing of the SE classes and club activities 45.2 percent (n=156). This was followed by domestic responsibilities and chores 35.9 percent (n=124), and by peer disapproval of the SE activities 24.5 percent (n=119). The qualitative study shows that KIR was introduced to schools in the middle of second term when the school timetable had been drawn and there were challenges with scheduling the SE sessions within the school timetable. Schools accepted the program but the time allocated was extracurricular, mostly in the evenings after classes and on weekends. After a full day of classes, many students are tired and want to go home thus fewer students attended the SE lessons. On weekends, some parents or guardians expect them to stay at home and help with chores. As one female student narrated;

‘my mother mandates that I go back home early because the route I take to go back home is not safe, full of people who take drugs, so she expects me walk in that area when there is still light and not when it is dark’ (female in-school youth) Kampala.

In Agago, the timing of SE activities and their extracurricular nature conflicts with domestic responsibilities, complicating the participation of young people in the program. However, other young people noted that their participation is affected by the conservative socio-cultural and religious norms and attitudes of adults in their context. Some young people even draw from the dominant script and youth study participants noted that some peers who do not attend the SE sessions discourage their friends from attending. A male pupil attending the SE course reported that his friends told him: *‘You have become the laughing stock, even the girls talk about you. They say you joined the SE classes because you are sexually incompetent’*. This is exacerbated by the negative attitudes some community members still have about young people’s sexuality. Indeed, young people argued that they should not be attending SE classes because many adults still assume that, *“if they know it, they will do it”*.

3.12 Challenges Experienced by Participating Out-of School Youth

Participation indicators for out of school youth are better than in school youth, especially for Kampala, though it was slightly poorer in Northern Uganda KIR annual report (SC, 2014). Save the Children established that of all the out of school learners in Kampala who attended SE, at least 88 per cent completed 80 percent of the lessons and 71 percent completed 100 percent of the course. In Agago for all the out of school youth who attended the KIR SE sessions, 62 percent attended at least 80 percent of the course and 34 percent attended 100 percent of the course. Some of the challenges they experienced while participating in the course included peer disapproval, family disapproval and other factors such as socio-religious restrictions forbidding talk about youth sexuality, conflict in the scheduling of SE classes/clubs with many domestic and home responsibilities. There were also young people in Agago who have not attended the SE program discouraging those who are attending. One such female out of school youth reportedly said to another who was participating in the SE course,

'Are you a lunatic, what is it that you do not know about sex? You have given birth already, are they going to tell an easier way of pushing out a child? You are wasting a lot of time doing useless things.'
(Female out of school youth, Agago)

For some young people such views discourage them, especially if they have just started classes and have not yet had time to start appreciating the course. Focus group discussions with out of school youth in Agago revealed that the majority of youth are parents. They have to care and provide for their families and therefore engage in a range of livelihood activities. This points to the importance of recognising the diversity among the youth participants, in this case, taking into account their economic status and range of responsibilities to help the program address some of these challenges that they noted in a more responsive way.

Data revealed that during the busy farming season, young people find it challenging to attend SE sessions. This is consistent with the findings by SC 2014 KIR annual report that more females in Northern Uganda are not able to attend SE consistently because many of them are married or cohabiting and most females have a lot of domestic roles and responsibilities which limit their participation. This implies that in designing activities, especially the timing of SE sessions, there is need for consultation with young people to determine flexi-hours that are convenient and cognizant of the multiple responsibilities for both male and female participants.

3.13 Challenges Faced by Peer Educators

Besides the challenges facing youth and inhibiting their participation in the SE program, we also investigated the challenges youth peer educators faced in the delivery of SE lessons. From the experiences of peer educators, they noted that their capacities have been enhanced; however, they had challenges in the delivery of certain topics. For example most peer educators faced difficulties in facilitating a topic on family planning. According to some peer educators from Agago, there was some resistance to this topic as participants felt that they were being trained on issues that conflicted with their socio-cultural or religious beliefs. They suggested that perhaps health workers might facilitate these sessions. Peer educators also faced problems facilitating sessions with mixed sex peers. One peer educator said that talking about condom use in sessions with such groups was very embarrassing and some participants opted to leave the sessions.

Peer educators also had challenges engaging participants meaningfully, especially when some participants did not have an interest in the discussions. For example, some participants were not always willing to participate in activities involving role-play. Regular attendance and tardiness was also a challenge as many participants would arrive late for sessions and they missed some discussions hampering the flow of the session. The peer educators also noted that male youth tended to dominate the discussions and activities and many females were shy or reserved. One female youth from Agago said, *“I have a 2 year old child, how can I talk about a condom, me a mother?”* Some male youth viewed female youth as less informed on sexuality matters and thus unable to participate actively. In Agago, gender issues are accentuated for females and constrain their free expression of sexuality issues in public. In facilitation, this calls for more encouragement of female participants so as to boost their confidence. Being aware of gender power relations within the community, at school and in the classroom, is important in helping to tackle such disparities and challenging rather than perpetuating them. These challenges point to the need for additional support to peer educators. As noted in the IPPF Framework for Comprehensive Sexuality Education, “those who deliver sexuality education, whether one-on-one or in groups, need the necessary information, skills and attitudes in order to do so effectively. Training, on-going support and supervision and access to resources and materials are essential for this” (IPPF Page 8)

The peer educators also noted that some community members rebuked them for the efforts to prevent conception noting,

“the project encourages family planning without considering that young people are expected to put in the effort to replacing those lost during the war.”

According to Amone, (2004), Lule et al, (2013) the two decade war in Northern Uganda heavily crippled the social, economic, education and health of individuals and communities. Families broke down and youth in this region are now rebuilding their homes, and struggling to re-establish the broken social, economic and health systems. Young people face community pressure to give birth to many children and this may account for adult (mis)perceptions about sexuality education, specifically their opposition to condom use which is perceived to promote irresponsible sexual activity.

3.14 Benefits of the SE program for In-School Youth

The operations research sought to examine the benefits of participation in SE classes and activities for young people. This is critical within a context of Uganda, which has very poor youth sexual and reproductive health indicators. According to UDHS (2011), teenage pregnancy is still high, comprising a total 24 percent of pregnancy by the age of 19 years and 15 to 23 per cent of female youth aged 15 to 24 years have had an abortion, yet a total of 35.6 percent female and 34.8 percent males of ages 15-19 years lack comprehensive knowledge of HIV/AIDS. The EMIS (2011) noted that there were 56,394 reported cases of HIV/AIDS among primary pupils (28,093 males and 28,301 females). Against the backdrop, it is very important that there is a solid program of sexuality education for young people. Data from the survey (Table 22) revealed a range of benefits for young people from their participation in the SE program, including: the

acquisition of general knowledge on sexuality (84.9 percent), the ability to make healthy decisions (71.3 per cent); Feeling confident about self and accepting self (53.6 percent) and confidence in seeking health services (53.6 percent).

Table 22: Benefits of SE for In -School Youth

	Kampala		Agago		Total	
	f	%	F	%	f	%
Acquisition of general knowledge on sexuality	191	83	102	88.7	293	84.9
Ability to make healthy decisions	156	67.8	88	76.5	246	71.3
Managing peer pressure	111	48.3	63	54.8	174	49.6
Ability to set goals in life	101	43.9	68	59.1	169	49
Know how to protect yourself from violence	79	34.3	73	63.5	152	44.1
Feeling confident about self and accept self	128	55.7	57	49.6	185	53.6
Feeling confident to speak up in front of others	104	45.2	74	64.3	178	51.6
Friendly learning environment	62	27.0	63	54.8	125	36.2
Confident to seek health service	106	46.1	79	68.7	185	53.6
Ability to discuss sexuality issues with parents, teachers and friends	99	43.0	71	61.7	170	49.7
Better relationships with teachers/school	92	40	72	62.6	164	47.5
Treat boys and girls equally	89	38.7	70	60.9	159	46.1
Others	7	3	0	0	7	2

Multiple responses on items: n=345 (100%)

The quantitative findings regarding benefits of SE sessions are consistent with the qualitative findings as revealed through the data collected from FGDs with students;

I have learned to control peer pressure. Now I can make healthy decisions without depending on other people. Most of the youth did not know the meaning of the word sexuality but through the training more teenagers were able to differentiate between sex as an act and as gender (being male or female). Most of the youth have learned to manage the adolescent stage, and those who have not participated do not understand sexuality because when you tell them about sexuality education and they think that you are going to discuss more about reproduction which is not the case.’ Female in school youth Kampala.

‘After a health talk session at school, I was able to go to Bugolobi (Naguru Teenage Center) to get treatment for candida. I had been living with the infection for a long time (from Senior 3 to Senior 5) and it is not that I was not getting treatment, but the infection always reoccurred after treatment from a clinic and the itching used to make me feel uncomfortable at school. Whenever I shared with my friends and my mother about it they said that is a ladies disease and it will go on its own. I went to the health center and confidently explained my problem to the health worker who was male and I received proper treatment and now I am cured.’ Female in -school youth Kampala.

I used to have a stomach problem and whenever I shared with my mother and friends at school they would say that it a small problem. I was always told I had ulcers and only needed to take magnesium. I went to Naguru Teenage center and the Doctor pressed my stomach and asked me are you pregnant? I confidently said no, and asked: do I get pregnant by drinking water? Since I felt the Doctor was judgmental I went to a female counselor at school and explained my problem to her. She assisted me and now I am feeling well.’ Female in school youth Kampala.

I acquired knowledge on STIs as the result of unprotected sex. On one accompanied visit, we watched a

documentary on STIs from the health center and the documentary was graphic. Among the diseases I was able to clearly understand the impact of genital warts. Today I cannot make a risky decision. I also know now that some health centers such as Kisugu health center and Naguru Teenage health centre provide free SRH services for young people aged 10 to 24 years, including free treatment' Male in school youth Kampala.

'Whenever I was physically close to a girl I would feel aroused. During SE lessons, we were given tips on how to control such feeling and I have learned how to manage my sexual feelings' Male in school youth Kampala.

'Before I joined the SE lessons I had no confidence especially about sexuality issues. I have learned to talk confidently about sexual desire, HIV, STIs with my fellow students. I have learned to have healthy relationships. The SE sessions have helped me to make healthy decisions. For example before I joined these sessions, I had a negative attitude about going for HIV testing but after attending the lessons I decided to go and test for HIV, I now know my status and this has helped me to make healthy sexual decisions.' Female in school youth Kampala.

These experiences of young people in school indicate that they have benefited greatly from the SE curriculum. This is consistent with findings in the study by Lule (2013) showing that of the 840 in-school youth in Gulu District 807 (96.1 percent) said that SE is very instrumental in the lives of young people. These benefits are also corroborated by most parents in Agago who confirmed that, *"the teachers are doing a great job in the lives of our children and we are beginning to see our children's behavior change and we support them in adopting more responsible behavior."* A mother from Agago added that she is sure the SE program is good because she realizes that her daughter has completely changed, she maintains very good hygiene, shares house work with other children without coercion, is more disciplined and acts responsibly.

Overall, data from focus group discussions with in-school youth and teachers revealed that youth have benefited considerably from participation in the SE program. Young people indicated that they understand problems associated with early unprotected sex, including STIs and how to avoid them, they are more disciplined in school and at home, they do their work with less supervision, they are more respectful toward their parents and other family members and they have developed more interest in their education, and consequently there are improved enrolment rates, improved academic performance and overall reduced rate of school dropout.

This was also confirmed by many head teachers, teachers and partner organizations. One of the head teachers in Agago said, *"We used to have 6-8 pregnancies a year in school, but ever since the project KIR started in this school, we have only had one pregnancy."* Another head teacher added that of the three pregnancies they had in the term, none of the girls had participated in SE.

Data from the key informant interviews with parents, teachers and head teachers, revealed that there is an improvement in teacher-parent-pupil relationships and this is largely responsible for the holistic transformation in the social lives of young people. In addition, part of the change has to do with consistent attendance by female students attributable to the fact that girls are more comfortable managing their menstruation. One of the very young adolescent noted, *"Now even during my menstruation period, I come to school since I know it is normal, I can manage it and I can even sit next*

to a boy.” Another VYA added, “*We know it is not a disease so I don’t have to stay at home to recover from it.*” An education officer supported these assertions noting that young girls can manage their hygiene and still be able to attend classes during their menstrual cycles. In addition, the female in-school research participants said that during menstruation, some of them would struggle to find sanitary products and would resort to using a range of materials including toilet paper. During the course they learnt the importance of using the right products and the dangers of using the wrong ones and they were also taught how they can make local sanitary wear, though they had not yet had the opportunity to practice how to make them. Many said that they now appreciate the fact that menstruation had been demystified and one of the boys said “*we now cannot laugh at a girl who has stamped (soiled her dress)*”. Girls also appreciated accurate knowledge about boys’ wet dreams and that they were not symptoms of any disease or disorder but part of normal growth.

In addition, VYA had greater appreciation for science classes because their participation in the sexuality education classes and language had helped them understand specific terminology that intimidated them previously and they reportedly now liked science and appreciated the terms used. Some VYAs also said that before SE activities if they had reproductive health problems like urinary tract infections, they did not share this because they were afraid of being judged and viewed as immoral.

Similarly, out of school youth also noted the benefits of participating in SE activities, which varied by locale and gender (Table 23). Findings show that in Kampala, these benefits include acquisition of general knowledge on sexuality (42.1 percent), ability to make healthy decisions (57.9 percent), and ability to set goals in life (52.6 percent); making safer relationships (26.3 per cent); and in developing confidence to seek health services (47.4 percent). In Agago, benefits from the SE program for out of school youth included: the acquisition of general knowledge on sexuality (45.5 percent), having the ability to set goals (18.2 per cent); developing confidence in seeking health services (13.6 per cent); treating girls and boys/men and women better (9.1 per cent) and managing peer pressure (9.1 percent).

Table 23: Benefits of SE Activities for Out-of School Youth

	Kampala		Agago		Total	
	f	%	f	%	f	%
Acquisition of general knowledge on sexuality	8	42.1	10	45.5	18	43.9
Ability to make healthy decisions	11	57.9	1	4.5	12	29.3
Managing peer pressure	1	5.3	2	9.1	3	7.3
Ability to set goals in life	10	52.6	4	18.2	14	34.1
Know how to protect self from violence	2	10.5	1	4.5	3	7.3
Better behavior – less fighting, cursing	2	10.5	0	0	2	4.9
Getting off the streets	0	0	0	0	0	0
Stopping substance use	3	15.8	0	0	3	7.3
Safer relationships/friendships	5	26.3	1	4.5	6	14.6
Treating girls and boys/ men and women better	0	0	2	9.1	2	4.9
Confident to seek health service	9	47.4	3	13.6	12	29.3

Ability to dialogue with parents, teachers and friends on sexuality issues	0	0	2	9.1	0	0
Others	1	5.3	0	0	1	2.4

Multiple responses on items: n=345 (100%)

These findings are consistent with qualitative data collected through focus group discussions held with out-of school youth who noted the following:

'I learned that being a man does not mean I have to sleep around with many women because I used to sleep around with many girls but after the SE lessons I learnt I should be with one partner to avoid unexpected STIs because life is precious and you cannot tell when you will be infected' (Male out of school youth) Kampala.

'During health talks, the health worker explained to us different STIs and I gained knowledge in this area to the point that I was able to share the information with fellow youth in the community. When the KIR course started, it helped in boosting the health centers with units for young people. When I go to the health center now, I do not line up with older people instead I get treatment from the youth unit like in Kawala health center. I advise my fellow youth that if they have health issues go to Kawala health center and you will receive treatment as a youth and you will not line up with older people' (Male out of school youth) Kampala.

'I didn't know that there are public health centers where young people can acquire free treatment. I have a child and whenever my baby would fall sick I would take them to a private clinic where I pay for treatment but during the mapping exercise, I came to know about these health centers. Now I take my baby to KCCA health center for treatment and the money which I would have used for treatment, I use it for something else' (Female out of school youth) Kampala.

'Recently I escorted my friend to a health center to get treatment and we noticed a health worker who was rude to young people and we approached the health worker and asked her to listen to the young person and treat them. When a health worker noticed that I was wearing a Keep It Real T-shirt, she attended to the young person and the health worker told us that Save the Children partners came to the health center and we showed them that we provide friendly services to young people well and the colleague apologized to us and we were attended to quickly and other young people as well' (Female out of school youth) Kampala.

Data from focus group discussions with out of school youth, revealed that besides SRH related benefits, they were able to gain confidence and acquired the courage to discuss issues with their friends. One of the female youth said, *'If I can share with my friend about a vaginal itch, why wouldn't I discuss any other matter?'* The confidence they acquired has also enabled them to seek health services without fear. Many youth out of school, both male and female, expressed feeling uncomfortable in seeking health services before they joined KIR, but are now free to seek services. Female youth said they would only visit health facilities if they were pregnant and still go there on few occasions like once or twice during the pregnancy phase or when they were sick or their children were sick. They didn't think it was necessary to visit health centers just to seek information when they were not sick.

Out of school youth noted that the project built their capacity to say no to negative SRH cultural beliefs about youth. The SE lessons contributed a lot to demystifying (mis)perceptions that hinder young people from making informed decisions on issues of sexuality and reproductive health. For instance one female respondent in Kampala said that *when she was growing up, her mother would tell them that only prostitutes carry condoms*. After attending the SE lessons she asked her mother whether what she used to tell her was true, her mother told her that was just a ruse to discourage them from engaging in sexual intercourse early. However today, girls realize that carrying condoms means that they are protecting themselves from STIs.

Out of school youth also said that since the use of condoms is frowned upon, most of them had never used them; they had negative attitudes towards them and did not even know how to use them. Though there were no demonstrations during SE sessions, at least they have an idea how to use them. One male youth said, *“I would never even touch a condom, it felt too evil for me”*. Other youth confessed that they feared doing an HIV test to know their status but are now confident about it. In Agago some female youth said that there myths that played a part in misinforming youth. For instance there is a myth that was if girls who have developed breasts do not have sex, their breasts would “disappear”. However, young people who participated in SE lessons easily discounted this myth. On the whole, young people acquired knowledge, which enables them to make right decisions.

Data collected with younger adolescents, using the body mapping technique, revealed the impact of the KIR sexuality education program on young people as well as the range of benefits they acquired as depicted in the box below. Young people expressed several benefits including having the ability to abstain from sex when they themselves want to abstain, which is contrary to the myth expressed by some parents that if they talked about sexuality education with their children, they (young people) would become promiscuous. The information below indicates youth perception of the changes brought about by the project as obtained from their drawings. See Annex 2 for a perspective on the actual drawings

3.15 Young People’s Experiences Before and After Participation in the SE program

Females	
Before	After
I used to feel embarrassed about sexuality issues	Now I discuss sexuality issues freely with my friends.
I could not look people in the eye (I was shy)	I can now look at people with confidence.
I viewed my body (bum) as a way to attract boys	I have a positive body image
I was not speaking respectfully to my siblings and sometimes parents.	I can speak openly with them.
I used to watch pornographic movies (to get sexuality information)	I do not watch pornographic movies. I know where to get information
I was not well informed about abstinence and condom use	Now I am well informed about abstinence and condom use.
I had partial or incorrect information about AIDS and STIs	I have correct information about AIDS and other STIs
I did not know how to be assertive	I have better information about how to be assertive
I was indisciplined about SRH issues	I try to be disciplined

I used to take risks e.g. sneaking to go to night dances	I am now more cautious and try to listen more and avoid risk taking
I used to give in to bad peer group pressure	I avoid bad peer groups/pressure
I used to listen only to my peers	I now listen to trusted adults and peers
I was not a good influence on younger siblings/friends	I try to be a good influence
I felt uncomfortable talking about me as a sexual person	Now I can talk about it especially if it is about my health
I hated the way I looked	I have a better feeling about my body and sexuality issues
I was uncomfortable talking to boys because there are taboos around this	But now I know the importance of talking to the opposite sex
Males	
I used to wonder about the changes in my body	Now I know they are a normal part of maturing and I know what causes them
I used to 'eye' every girl's body	I have control over my feelings and I have one girl
I watched a lot of pornographic movies (as source of information on sexuality)	I now have good information about sexuality
I was not comfortable talking about sexuality with my siblings	I have important information to share with them
I used to think very young adolescents are too young to reproduce	Now I know they can
I used to 'touch', tease and harass girls	I respect them so much
I used to be easily physically aroused around girls	I can control my feelings and I am comfortable interacting with girls
I used inappropriate language	Now I talk about issues that help me to grow
I had a reckless sex life	I now focus on my sexual health
I frequented clubs, dances and even paid for sex	I have learned to be disciplined
I used to fear going for health check ups	Now I have gained confidence and I do go
I viewed girls as only doing what males want in sexual relations	Now I know women have a choice about when and with whom to have sex
I was anxious and feared to ask questions and even to make decisions about my sexuality problems	Now I have self-confidence I can seek help and be open to consult in case of any problems
I believed in some myths e.g. Late first sexual intercourse can make one give birth to children with abnormalities	I know now that each person chooses when to have sex and there are no ill effects in delaying.
I was not comfortable hanging out with girls	I am comfortable around Girls
I believed that talking about sex was taboo	Now I know talking about sex is normal and we are sexual beings
I was uncomfortable about the physical body changes e.g. wet dreams, beards	I understand it is part of adolescence and part of growing up.
I used to smoke marijuana	I have stopped smoking
It was hard for me to say the words sex, condoms	I am now used to saying them.

The program has clearly had a significant impact and has been beneficial for young people. We note that the benefits go beyond those intended by the program, and are not restricted to sexuality but include general transformation for young people being more disciplined, not fighting with peers, not being disrespectful or engaging in risk taking behaviour e.g. frequenting night dances among others. These findings are consistent with Kirby (2007) who presents review findings of 80 studies that measured the impact of comprehensive sexuality and HIV education

programs on sexual behavior of young people throughout the world. Kirby concluded that two thirds of the programs significantly improved one or more sexual behaviours, and many programs either delayed or reduced sexual activity and increased condom use. Ten of these programs had long-term behavioural effects lasting two or more years

3.16 Content and Method of Delivery

Curriculum based session delivery to in-school and out-of-school youth by trained teachers and peer educators was the main strategy the KIR program applied to reach out to the young people. For in-school categories, classroom based SE uses teaching/learning material approved by the Ministry of Education and Sports (MoES). The training materials are different for the different age groups in the different spatial locations. For example the KIR program uses *The World Starts With Me (WSWM)* for secondary school learners in Kampala for Senior one and five assumed to be in the age ranges of 15-19 years old; while the *Great+ Sexuality Education Curriculum* is used for VYA (primary in-school youth and out of school) for both Kampala and Agago and The *Great + Sexuality Education Curriculum* for secondary level learners for the Northern Uganda region meant for ages 15-17 years (SC, 2014:5). The SE classes for in-school youth are facilitated by trained schoolteachers on days teachers find convenient given the extracurricular nature of the KIR SE classes. Most of the classes are held either after official classes or over the weekend. For out of school youth, peer educators facilitate the SE classes in mixed gender sessions though older youth are separated from VYA. Scheduling of sessions for out of school youth is based on times convenient for them and the medium of instruction is their local language.

3.17 The content of SE curriculum

It was important to establish the views of young people regarding the content so as to enable enhancement of its benefits and utility for the youth. We sought the perspectives of participants in Kampala and Agago to establish their opinion on the appropriateness of the mode used by the teachers to deliver course content. The survey findings reveal the sessions deemed most beneficial to them differentiated by gender as shown in table 24 below.

Table 24: Sessions Beneficial to In-school Youth

	Male		Female	
	f	%	f	%
Knowing yourself	128	35.2	121	33.2
Respect	119	32.7	88	24.2
Friendship	78	21.4	88	24.2
Family	36	9.9	28	7.7
Being a boy/girl	60	16.5	63	17.3
Growing up	78	21.4	83	22.8
Reproduction	65	17.9	46	12.6
Pregnancy	79	21.7	22	6.0
STI/HIV	72	19.8	74	20.3
Healthcare	69	19.0	68	18.7
SRH rights and responsibilities	68	18.7	76	20.9
Safety from violence	76	20.6	42	11.5

Making healthy decisions	106	29.1	126	34.6
Others	1	0.3	1	0.3

Multiple responses on items: n=345 (100%)

The most beneficial sessions of SE for males in terms of frequency ranged from knowing oneself (35.2 percent), respect (32.7 percent); making healthy decisions (29.1 percent); followed by pregnancy (21.1 percent). For girls the four most frequently noted were: Making healthy decisions (34.6 percent); knowing yourself (33.2 percent); Friendship (24.2 percent) and Respect (24.2 percent). Sessions on safety from violence, pregnancy and reproduction were considered relatively more beneficial by male youth than by female youth. Data from focus group discussions revealed that men are the predominant perpetrators of domestic violence in homes, therefore one male youth noted for instance that the SE lessons helped him to appreciate and respect women and be more sensitive. Further discussions and KIIs held with teachers, district education departments, revealed that the content was appropriate for all students and the content was comprehensive enough to capture most SRHR of young people.

3.18 SRHR topics Not Addressed in the SE Content

Survey findings established that 23.8 percent of out of school youth research participants (n=5) felt that some issues facing females out of school, 40 percent of participants (n=8) felt that some issues facing males and 23.1 percent of participants (n=3) of some issues facing married youth had not been addressed through the KIR SE training. For in-school youth, while the SE sessions were beneficial to the boys, 22.5% (n=36) youth still felt that some of the boy specific SRH needs were not adequately addressed through SE courses and club sessions. Further probing via qualitative methods enabled the research team to tease out the specific issues. FGDs with youth revealed for instance that condom use was taught but there were no demonstrations on how to use condoms. Therefore, whereas male youth know it is necessary to use condoms, they do not necessarily know how to use them. Males in one of the secondary school in Agago posed a question

“...is it easy to just go to a health facility and tell a health worker that you need an explanation on how to use a condom? They will absolutely think you are insane?”

It cannot therefore be taken for granted that since they were taught about condoms, they can apply that knowledge. This expressed need of young people for demonstrations on how to use condoms, is in contradiction with the moral standards of MoES, which does not allow demonstrations of condom use in schools. This highlights a need for more innovative approaches that pass on the message without putting the teachers/trainers at odds with the ministry. Data from FGD’s also revealed that some young people in the program contexts in Uganda were uncertain about the contradictions between the strong message of abstinence that some teachers conveyed and their lack of skills on how to handle their sexual urges and emotions. One of the male youth posed the challenge, *“My teacher emphasized that we must abstain, he also said that at some age every boy and girl must experience sexual desires as a sign of normal growth, so when I have the sexual desire, how do I deal with it?”* Similarly, some female youth noted that even though the curriculum discusses the need for making sanitary wear using local materials, there were no practical lessons because teachers said there were no materials for doing this. In addition, male youth in school also said that, though there were some hints provided, they were not given

enough information on how Hepatitis B can be transmitted. Data from FGDs with out of school youth revealed that some information on prevention of HIV like Post-Exposure Prophylaxis (PEP) is was not covered in their lesson on HIV yet, despite the fact that it is in the curriculum, as one young person explained, *'we need to be taught everything about HIV for example I hear when a girl is raped she can go to the police and report the case and the police can recommend PEP at the health centre which helps the rape victim from being infected with HIV'* (Female out of school youth) Kampala. Thus even though PEP is included in the curricula for both in and out of school youth, for these young people these lessons had been skipped.

In addition, the program did not include the component of livelihood support to youth in their activities. Youth in the vulnerable areas survive on a daily wage income and most of these youth get money from collecting scrap. During FGDs with out of school youth these young people stated that the KIR program could include a lesson on entrepreneurship skills for the boys and girls who can then teach fellow youth the acquired skills because they argued *"you cannot be healthy when you are poor"*.

Young people suggested that boys should be separated from girls for certain lessons, for example a lesson on menstruation, should be addressed to girls only in the absence of boys. Boys on the other hand noted that certain things to do with body changes, such as circumcision, should be taught in the absence of girls. For certain topics they felt that male teachers should teach male students and female teachers should teach female students. Nevertheless, we consider that this type of segregation might speak to the "silence" and taboo around sexuality and not be beneficial, as participants need to have access to all of the information, and division is more likely to reinforce sex discrimination and stereotypes.

In Agago, very young adolescents in school, who felt that the content was not appropriate for their age, argued that there are some children who join primary five when they are still too young. For these children, menstruation is distant for them. They also said that the blunt language used was intimidating to some young people. Teachers also said that VYA in primary schools were very shy, especially during lessons like body changes, menstruation, STPs, HIV and pregnancy. This is because very young adolescents are viewed as asexual and sexuality is a taboo subject even at home, where they are not allowed to mention certain words especially the V and P words (V-Vagina and P- Penis). Locally, they use euphemisms, so the penis is described as *gin-lac* (something used for urination) and the vagina referred to as - *komimimon* (female body part).

We note in the study that young people preferred health workers because they were bold and called a "spade a spade." This implies that the discomfort of uttering the *'culturally abominable'* words is not necessarily what was troubling, but who was saying the words. It is no wonder that youth in school and teachers suggested that for some topics, health workers are better placed to teach them. One female student from Agago commented shyly, *"How can a teacher mention such embarrassing words? Me I cover my eyes when he says those things."* Another female student from Agago added, *"Nurses can say those things and it is fine. Even when you go to hospital and your private parts are itching, she will see, so she can say it, but not a teacher."* This might be indicative of the fact that due to power positions that teachers hold, they are not always best placed to handle all youth SRH

issues. In delivering the SE curriculum, we note that it is important to sustain existing partnerships with health service providers as a way of enhancing content delivery.

3.19 Delivery of the SE Curriculum

According to Save the Children SE delivery was designed in such a way to be very interactive and participatory not teacher centered, but about participants being able to express their views, raise concerns about sensitive or thorny issues, explore alternatives, and be reflexive. Our survey asked participants to indicate which methods were used during their CSE lessons. Their recall of the KIR program’s participatory learning methods are shown in table 25 below.

Table 25: In -school Learning Methods Us in SE

	f	%
Information charts	173	47.5
Role plays	175	48.1
Dramas	163	44.8
Songs	138	37.9
Stories	188	51.6
Creative writing (Poetry...)	67	18.4
Talk and chalk	149	40.9
Question and answer	185	50.8
Audio-visual (films)	23	6.3
Demonstrations	96	26.4
Brainstorming	86	23.6
Other (Please specify)	2	0.5

Multiple responses on items: n=345 (100%)

During delivery of SE classes or club activities, survey data revealed that teachers applied different interactive learning methods such as the use of information charts 47.5 percent (n=173), role play 48.1 percent (n=175), drama 44.8 percent (n=163), songs 37.9 percent (n=138), stories 51.6 percent (n=188), talk and chalk 40.9 percent (n=149) and question and answer method 50.8 percent (185). Therefore the most common learning method used by the teachers in disseminating SE related activities were telling stories 51.6 percent (n=188), question and answer method 50.8 percent (n=185), role play 48.1 percent (175) and information charts 47.5 percent (173).

Table 26: Learning Methods Applied for Out of School Youth

	f	%
Information charts	16	39
Role plays	21	51.2
Dramas	17	41.5
Songs	5	12.2

Stories	11	26.8
Creative writing (poem, poetry...)	7	17.1
Audio-visual (films)	2	4.9

n=41

We also asked out of school youth participants to select the methods used by the peer educators and survey data revealed that 39 percent (n=16) youth indicated that peer educators used information chart; 51.2 percent (n=21) indicated that they used role play, 26.8 percent (n=11) reported use of storytelling; 14.5 percent (n=17) reportedly used drama, 17.1 percent (n=7) reported that the trainers used creative writing method while 4.9 percent (n=2) reported that trainers used audio visual material. Thus, the majority of the youth reported that the trainers made use of role-play 51.2 percent (n=21) followed by use of drama 41.5 percent (n=17), information charts 39 percent (n=16) and storytelling 26.8 percent (n=11). Out of school youth said that their learning would be enhanced if facilitators included audiovisuals in the delivery of sessions for a perspective on different STIs. During KIIs, discussions revealed that through telling stories out of school youth especially females were able to open up and share personal stories. They were confident that they could share stories privately facilitators as they sought solutions to some of the challenges they were going through after being inspired by the story in the SE lesson.

A majority of youth appreciated the way content was delivered. 85 percent (n=270) of both the male and female participants indicated that they liked the way sessions and classes were delivered. Young people appreciated the different games they engaged in during SE classes, they were given an opportunity to ask questions in classes and even after classes, they participated in demonstrations exploring gender roles, took part in role plays, songs and poems. These activities were more interactive and students were free to ask questions whenever they needed clarifications, especially when compared to their other classes, which were more rigid in nature. However they suggested that it would be more interactive if lessons were conducted outside the classroom to break the monotony of the classroom or change the learning environment. They also noted that some of the lessons should be delivered in audio form with interesting stories, and role play from peers, and that this would attract those learners that have not been attending the SE lessons.

Findings revealed that peer educators also used effective interactive learning mechanisms with 17.1 percent (n=7) of youth noting that peer educators talk more than teachers do; 36.6 percent indicated that training recapped previous lessons, 63.9 percent (n=27) of the students shared views and ideas freely, 19.5 percent (n=8) respected views/ideas by the trainers and others, 56.1 percent (n=23) believed that they had equal opportunity to participate in the group activities and 22.0 percent (n=9) indicated that the feedback from the trainers was timely.

Findings also revealed that a majority, over a half of out of school youth indicated that the youth participants had equal opportunity to participate in the session activities while over two thirds of the youth in the study shared their views and ideas freely with other youth. During the FGDs with out of school youth, it was revealed that some out of school youth did not respect their educators fully since they were selected from among fellow group members. They questioned their capacity to facilitate SE lessons for peers after only a short period of training by one of the

implementing partners and their ability to articulate certain issues, most especially on reproductive health and family planning. Some noted a preference for a professional to teach the SE lessons and they said that they enjoyed health talks and accompanied visits more, because during these activities they interacted with trained nurses and doctors who knew exactly what they were talking about.

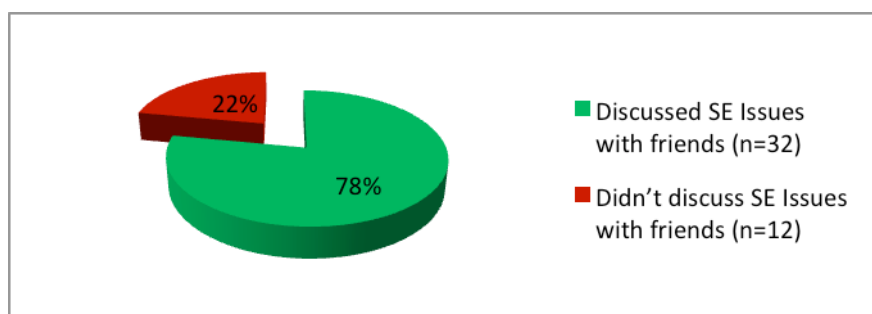
Overall, working with trained teachers to deliver sessions to young people was deemed effective. Some teachers noted that it was more efficient where the teacher was or looked younger so that the students would share information more freely to with them. In school youth also attested to this during the validation of OR study findings when they commented that when a teacher is younger he/she is approachable and students have a sense that such a teacher can understand their needs better.

3.20 Spill over Effects of SE to Communities

The survey sought to establish if the outcomes and the activities of the program influenced other youth and community members who were not participating directly. We specifically sought to understand if youth who were attending the KIR program SE sessions reached out to others around them who had not participated in the program with the information that they acquired. The data reveals that about 72.6 percent (n=257) discussed issues they learned from the sessions with their friends who were not part of the SE classes or clubs while 62.9 percent (n=219) of youth indicated that youth who were not part of the program always asked them to explain more about the program. This implies that in school SE participants and those who did not participate in the program were perceived to be interested in SE and exchanged ideas, this also indicates the potential spillover of the program.

For the Out-of-School youth, findings show that 78.0 percent (n=32) have discussed the issues from the SE activity courses with their friends who are not part of the KIR project while 48.8 per cent (n=20) discussed the issues acquired from the SE course activities with their family (parents, siblings, spouses, friends) As shown in figure 2 below.

Figure 2: Sharing SE Issues by Out of School Youth



The Focus Group Discussions revealed that young people have taken the initiative to share what they learned from SE classes with their fellow youth and other people in the community as revealed in the following experiences from discussions with the research team.

I shared information with our neighbor's daughter who is 14 years on how to keep herself clean during menstruation because she used to use one pad the whole day and at times her dress would be stained and she would continue playing with other young people. I told her about hygiene and the importance of keeping clean and changing her sanitary towels and now she is confident and takes better care of herself' (Female In- school youth, Kampala).

I stay in the slum area of Kibuli where girls give birth as young as the age of 13. Some parents send their girls to me to counsel them, people in the community trust me to share information with their daughters and I am now viewed as the 'senga' (counseling auntie) of my community because of my participation in the KIR SE program. I have told myself I will not "open my skirt" until I finish school because people look up to me. Most people in the community are happy about the KIR program since they see me as a role model for their girls'. (Female in school youth, Kampala)

Youth said that they mainly shared information with their friends and mostly with same sex siblings. Some of the VYA also said that at first they would share their lessons with adults, but some stopped because they would get negative responses. One of the VYA lamented:

"It was easy for me to share with adults what I had learnt, but some adults would tell me off and ask: "is that what you are supposed to come here and tell me? Is that the reason you go to school? Maybe you should not be going to school since it seems you are going there to get spoilt. Such issues are not told to elders by young people, you are too young to talk about such things".

This points to the challenges of overcoming intergenerational interactions, particularly for very young adolescents.

3.21 Sexuality Education and Intergenerational Dialogue

One of the main issues the OR sought to investigate was the aspect of gender and generational issues and how they relate with the delivery of sexuality education. This study thus examined the different people with whom youth shared what they learnt in the sexuality education sessions. Survey data revealed that 63.1 per cent (n=210) discuss the issues learnt in the SE sessions with their families. Family members with whom they had discussions on SRH issues are shown in Table 27.

Table 27: Family Members with Whom Youth Shared SE Issues

	f	%
Mother	105	28.8
Father	70	19.2
Brother	109	29.9
Sister	120	33.0
Grandparent	42	11.5
Others	21	5.8

Multiple responses on items: n=345 (100%)

The findings revealed that 28.8 percent of youth discuss SE issues with their mothers; 19.2 percent (n=70) discuss with their fathers; 29.9 percent (n=109) discuss with their brothers; 33 percent (n=120) discuss with their sisters while 11.5 percent (n=42) discuss with their grandparents. It is evident that the majority of youth (about a third) prefer to discuss SE related

issues with their brothers and sisters (siblings) rather than their mothers or fathers. In addition, parents noted that indeed their children would come home and share what they have learnt with other family members. One parent said of her daughter:

“She would gather all family members by the fire side as we cook supper and tell us what they have learnt. I remember for example when she was talking about the ills of drunkenness and how that leads to domestic violence; I think this has had an impact on her father who listened to her.”

Besides direct benefits for young people, they also reported a noticeable change of attitude among their parents. Young people in school said that most of their parents never used to talk about sexuality issues with them because of the taboo and silence that makes it unacceptable to discuss youth SRH issues, and the assumption was that *“children discover those things themselves when they mature”* but some of the parents are now able to ask them what they have learnt from the SE sessions and they are open to discussions, which has paved way for free discussion for some young people. One of the parents noted: *“At first I thought that during the SE sessions they would show children sexual images that would entice and encourage them to have sex, but now I know that the program is beneficial to them and to us.”* Another parent concurred, *“I had been told that they are teaching our children about homosexuality but I realized that it was not true”* (Mother from Agago).

Young people expressed concern about the negative responses from some community members. They recommended that implementing partners should increase their efforts to sensitise community members and parents about youth SE. This would help adults appreciate that SE has the benefit of bringing about positive change in the lives of young people by helping them make informed decisions. This sensitisation can be done through the media and school related programs like class days, school days and music dance and drama days. Findings also revealed that even when there have been efforts to pass SRH messages by youth and implementing partners to community members, some stakeholders have not clearly understood the aim of the KIR program and assume that it is a program that emphasizes abstinence and virginity. A comment from one of the members of the PTA is illustrative: *This is a very good program, it has respected our culture by advocating virginity, abstinence as well as keeping them safe.* Yet in reality, KIR does not have such a focus and on the contrary the overall outcome are youth who are better informed about their sexual and reproductive health and rights and are thus able to make healthy and responsible choices regarding their sexuality. It is important to bear in mind as noted by (Massaut, 2004) that abstinence is a very limited and confusing concept, and it seems to be the only option with no room for mistakes. Moreover, abstinence only messages strip young people of their sexual and reproductive rights - their right to information and to making and acting upon their own choices.

On the whole, most community members who understood the program were very happy with it because they have seen the positive behaviour change of their children. The same parents who were initially negative and had misconceptions regarding the program, now appreciate it. One of the head teachers from Agago said, *‘parents have realised that what their children learn does not contradict culture but all parents should simply be sensitised about SRH’.*

Female youth find it easy to talk to their mothers, sisters and aunties compared to their fathers. Youth found their fathers to generally have a judgmental attitude towards issues regarding their sexuality. One female youth’s comment is illustrative:

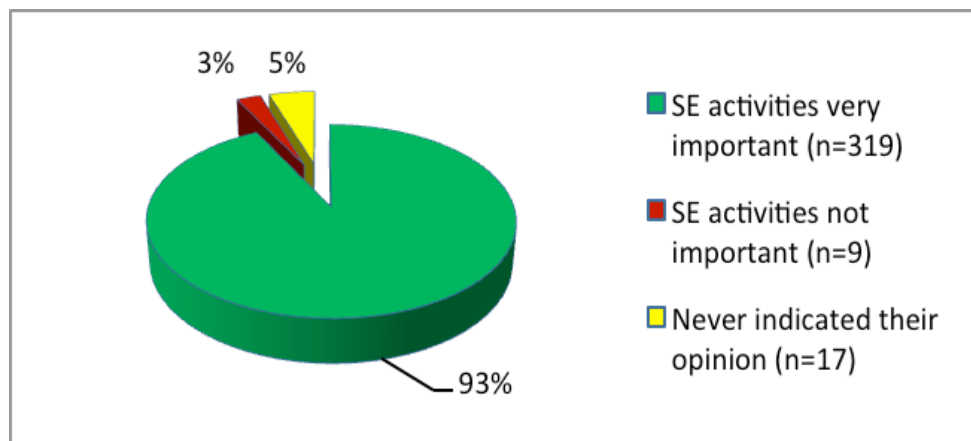
‘My father keeps telling my sisters and me that HIV/AIDS is waiting for you, syphilis is waiting for you, you are about to get pregnant... and with such words I cannot share with my father what we learn’
(Female youth) Kampala.

Indicatively therefore, even though youth report that avenues for discussing sexuality education with their families have opened up, generational power imbalances and rigid normative attitudes still hinder them and there are parents who are still difficult to communicate with. In relating to this finding, the KIR program staff indicated that efforts were put in place by the program to meet the SRH needs of youth by paying attention to the ecology in which their sexual and reproductive health is nested. However, they recognise that more efforts are required in mobilization and sensitization of communities. We note the importance of sustained mobilization to enhance the potential for this and similar programs in addressing needs of youth whilst paying attention to the ecology of SRH to engage with gendered and the prevalent adult gaze and norms.

3.22 Sustainability of SE KIR interventions

KIR is a three-year program implemented in Kampala, Agago and Nwoya with interest in ensuring that the efforts are sustained. The program deals with behavior change, which is a continuous process. We were interested in finding out plans for program sustainability as well as how this was being actualised. Survey findings revealed that a majority of youth in the study 92.5% (n=319) concurred that SE and other related class activities and health service linkages were very important to youth and needed to be maintained in the community and schools. However, 2.6% (n=9) were of the contrary opinion, while 4.9% (n=17) did not indicate their opinion.

Figure 3: Importance of SE Activities



In Agago, some of the young people (in the minority) who did not wish the program to continue in their community argued that it was against their traditional values noting their (mis)perceptions about the contaminating effects of the program. One male school youth from Agago said, *“When you use a condom, you are killing the entire clan; you never know how many boys you could have produced.”* Such views reveal that indeed some young people’s thinking is still influenced by the dominant disabling cultural gaze, particularly within the context of the need to propagate the clan. Some male youth in secondary school in Agago also had misconceptions about male circumcision, which is being promoted in this region that does not traditionally circumcise, as an HIV preventive measure, noting: *“if we are circumcised, we would be less sexually active at the age of 30 years”*. This points to myths that some young people still hold influenced by disabling beliefs that have the potential to influence sexual decision-making in negative ways.

Overall, the majority of youth, parents, teachers, and health workers concurred that the SE program should be sustained in schools and in communities. In order to maintain SE activities, study participants and teachers identified opportunities and assets that can ensure sustainability. Some teachers said that, there is already goodwill of many parents to allow their children to attend SE sessions, participating teachers have been trained on conducting SE and most students are willing and there is also support from Government. These collectively would make it easy to sustain the program with a view to scaling up SE activities.

The Project Manager KIR also noted that the Ministry of Health (MoH) and Ministry of Education and Sports (MoES) are interested in a relationship where they can work together, especially between schools and health centers. There is also the school health policy, which was designed as a joint effort of MoH and MoES, into which SC provided inputs, and is yet to be approved. The overall goal of the school health policy is to enhance the quality of health in school communities in order to promote education for all (MoH & MoES 2012:19). Besides, MoES has shown great interest in incorporating SRH issues into the National curriculum, and once this is approved, it will benefit every child in primary five. KIR program staff also noted that the curriculum review has taken place for lower secondary and in 2017/2018, it is expected that the new lower secondary curriculum will be rolled out. There are also indications that MOES has recognized the need for quality control and has expressed the intention to develop a framework to guide the implementation of SE interventions in schools.

Internally there are opportunities within Save the Children as SE can be made a part of education programs, which has relatively more stable funding. In addition, SC sits in some of the MoES internal meetings, presenting an opportunity to continuously emphasize SE issues to the Ministry for incorporation into the Ministry agenda. Some of the head teachers also said some schools have already formed clubs and have patrons for those clubs, therefore the teachers can continue to support the existing clubs as venues to keep running SE activities, especially since they have the materials to use.

However, some teachers stated that some of them were experiencing burn out in managing SE classes, especially without extra incentives. According to KIR program staff in Kampala, not all teachers in each school are trained to teach SE, so once the curriculum has been approved and SE set as an examinable subject, there will be need to train teachers who will be involved in

implementation. This presupposes the existence of an adequate budget line. From a practical perspective, whereas MoH and MoES are interested in having health officials visit schools to talk to young people, there are considerations given that health workers in Uganda already have a heavy work load.

In addition, some teachers suggested that the KIR program could give all schools relevant text books and other materials so that they can continue to tackle the SE sessions and students could read some topics on their own. There are many teachers who are participating in SE, and they need to be sufficiently trained so that they have the capacity to incorporate components of the SE sessions in their classes. Some teachers suggested that if all teachers have SE knowledge and capacity, then they can be encouraged to allocate some minutes of their lesson to pass on SE information to learners.

Other study participants suggested that for SE efforts to be maintained in schools, there was need to sensitize school administrators to institutionalize a system where class representatives talk about SE before lessons begin at least once a week. Despite that fact that the program was designed in such a way that lessons were undertaken during the school hours, some of the schools were only offering it after school or on weekends due to scheduling challenges mentioned earlier. In-school youth suggested that SE should be compulsory and should be fixed in the school timetable and relegate the extra-curricular status and not offered after school or on weekends. Youth in school further identified an opportunity, especially for senior five and senior six students who all have to study and sit for exams in the general paper subject. They suggested that SE could be a component of this subject and could be allocated 20 minutes of lesson and teaching time and can even be examinable with a question set by the Uganda National Examination Board, thus raising the stature of SE.

3.23 Leveraging Traditional Practice

Uganda still has strong cultural norms and beliefs. The KIR formative study findings (ISS, 2014) revealed that there are some enabling cultural communication and teaching practices which can be leveraged to enrich the KIR program to enhance SE. The OR survey therefore sought the views of youth on traditional communication knowledge that they were aware of. Survey findings reveal that songs 62.6 per cent (n=228), youth camps 56.9 percent (n=207), cultural dances 49.7 percent (n=181), riddles/proverbs/sayings 48.9 percent (n=178) and fire place discussions 48.6 percent (n=177) were the most common traditional practices in Kampala and Agago that are influential as communication tools for SE activities (see table 26 below). Data from discussions with young people corroborate these findings. In Kampala youth recommended that local songs composed and sang by popular musicians would be critical avenues for communicating SRH messages that appeal to young people and that would reach a larger audience. The concept of using songs varied by spatial location and in Agago, youth suggested that they could compose educational songs, hold singing competitions in their communities and the winning songs could be performed during community meetings and other large community gatherings.

Table 28: Traditional Communication Practices

	F	%
Fire place discussions	177	48.6
Riddles/proverbs/sayings	178	48.9
<i>Ssenga</i> and <i>Koja</i> Traditional auntie and uncle Counsellors	141	38.7
<i>Kisakaate</i> (Youth camps)	207	56.9
<i>Ekitontome</i> (Poetry)	146	40.1
Songs	228	62.6
Cultural dances	181	49.7
Elder dialogue	137	37.6
Informal family dialogue	96	26.4
Others	7	1.9

Multiple responses on items: n=345 (100%)

Young people also suggested that intergenerational dialogue should be introduced in schools and could be done by inviting adults and community elders to school to hold dialogues with groups of students. Young people felt they would be able to get information and have substantive discussions about culture with regard to SRHR, including the cultural space of *ssengas* and *kojas* (traditional SRH counselors). The school administrators could also invite respected cultural figures, both male and female, to talk to girls and boys.

In addition, some parents suggested that because young people like stories, riddles, and dances, these would be appropriate strategies for communicating SRHR messages that youth would pay attention to. However, despite the perceived need for valorization of these traditional learning and communication strategies, some of the parents cautioned on the need to engage with disabling proverbs, beliefs and appropriating them for contemporary use. In Agago, youth suggested that fire-place discussions used to be a strong forum for holding discussions, especially with young males, but the protracted conflict destabilised such practices. A few cultural leaders still use the practice called *wang-oo* (Fire place discussions in Northern Uganda). There was a need to borrow positive strategies and cultural aspects that could strengthen spaces for engagement while challenging and changing negative and retrogressive practices.

3.24 Preferred Traditional Practices in SE Delivery

There was a significant number of young people who expressed little knowledge on traditional communicational practices. This was also verified during OR validation meetings where all the researchers both in school and out of school from Kampala attested that they found it challenging to get views from fellow peers regarding traditional communication practices. Practices that youth proposed are presented in table 29 below.

Table 29: Most Appropriate Traditional Communication Practices

	f	%
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Riddles/proverbs/sayings	7	17.1
Traditional (Auntie and Uncle) sexuality counselors	15	36.6
Story telling	8	19.5
<i>Kisakaate</i> (Youth Camp)	22	53.7
<i>Ekitontome</i> (Poems)	9	22.0

Qualitative data collected from discussions with young people, revealed that youth camps are the most preferred strategy to reach young people with SRHR messages. The KIR Project Manager also suggested exploring possibilities of collaborating with *Kisakaate*, which is a strong youth program by the queen of Buganda. However there is a caution here because when these youth camps (*Kisakaate*) are organised, parents have to pay for their children to participate and it is rather costly and excludes the majority of poor youth. The current *Kisakaate* is organised by the *Nabagereka* of Buganda (Queen of the Buganda kingdom), and lasts from one to two weeks costing 250,000 Uganda shillings for each child. The idea would be to explore ways to make this program more inclusive for all youth.

4.0 Conclusions and Recommendations

4.1 Introduction

The Operations Research (OR) on KIR youth centered SE is meant to provide empirical based answers that can enhance the sexuality education program quality and facilitate efficient resource utilisation, but also guide similar SRHR programs. The OR locates young people at the centre of the entire research process and young people were the key study participants in the research process. Twenty-six selected youth peer researchers were part of the research team with whom we co-created knowledge at all stages of the research process, from formulation of research tools and questions through data collection to analysis. The main objectives of the operations research was to assess and document the youth centered approach and identify youth participation and youth voice in the KIR SE program. This was meant to provide KIR SE program implementers with evidence of what works well and what needs to improve. The OR was guided by themes, which included: participation and selection of KIR participants, content and methods of delivery, leveraging positive traditional practices, sustainability of SE and spillover effects. The study used a mixed method approach and employed both qualitative and quantitative data collection methods. These methods included Focus Group Discussions, Survey, Key Informant Interviews, participatory youth centered methods, observation and document review.

4.2 Participation and Selection

The KIR program purposively selected both in school and out of school youth participants. Criteria for selecting out of school youth included: interest in participating in the KIR sexuality education program, belonging to an existing youth group that was marginalised, not having received any SRH interventions. They were selected with the guidance and support of a local NGO. For in school youth they had to belong to the selected schools, and SC targeted only Government schools in Kampala as a strategy for the Government to own the program beyond

the program duration. In Northern Uganda the selected schools included community schools. Schools were selected with the guidance of District Education Officers.

From the selected youth groups, all members of the group had an opportunity to participate in SE lessons with the exception of group members who were above 24 years. For in school youth the program targeted whole classes/grade level, in which all students were expected to attend the SE lessons in selected schools. However for some specific activities, like accompanied visits to health centers and child parliament activities, since the schools did not have the required capacity to take all students, SE teachers selected only a few students randomly or purposively, to participate in such activities. In activities where only a few in school youth participated, young people were not happy with the selection criteria with the exception of SE teachers who used random sampling, which students felt was fairer.

Many study participants were satisfied with the criteria that were used to select in school and out of school youth who participated in the program. However, some implementing partners expressed dissatisfaction with the selection criteria, especially in those cases where the people in charge of selection, like Community Development Assistants were guided by their personal interests and did not apply not fair and transparent guidelines. This was exacerbated for out of school youth groups where some groups were hurriedly formed to benefit from the KIR program or with influential members. This process was thus exclusionary of “weaker” groups or marginalized youth who did not belong to groups. Action Aid (2012) notes that in working with youth it is important to seek out those who are most disadvantaged, as the youth in a group may not necessarily be the most marginalized. For example there are categories of youth who are in gambling and betting, drug use, delinquent youth, youth with disabilities and other at risk categories that are hard to reach and are not organized. This implies that programs that are interested in working with marginalized youth ought to look beyond already existing grouped youth as a criterion for selection. An intersectionality approach is beneficial to help recognise and understand the range of diversity of young people in terms of gender, economic status, faith, culture, ethnicity, spatial location, ability among others.

The research findings reveal that due to budgetary constraints, capacity and communication issues, some categories of youth who are perceived to be vulnerable like those with disabilities were in principle left out of the program. This is a problem that is not only unique to the KIR program but several empirical studies have drawn the same conclusion. From an ethical and human rights perspective, SRH programs should make intentional efforts in their design, budgeting and implementation to include special needs youth. This is because as noted by WHO/UNFPA (2009), the cost of excluding these groups may be bigger than the actual cost of reaching out to these groups.

The findings of the operations research also reveal that the majority of young people who had the opportunity to participate in the SE program expressed satisfaction with the program and with their level of involvement. Young people reportedly benefitted through acquisition of knowledge on sexuality, which has enabled them to make informed decisions with regard to their sexuality. Most importantly, young people appreciated the importance of responsibility in making informed choices and being in control, including abstinence, information about preventing STIs

and pregnancy when not abstaining, and awareness of available health centers and SRH services offered.

Based on data collected from study participants, we recommend that even when the local leadership structures are key, close monitoring is important while being careful not to disrupt the already existing leadership structures. We recommend that instead of working with already pre-formed out-of-school-youth groups, other at risk youth should be targeted and encouraged to form temporary learning groups that can be strengthened to more permanent and focused groups by the end of the SE activities. In the selection of in-school youth, since students in the same class are at times at different growth levels, with the help of teachers, we support the recommendation by young people that students who are in lower classes but mature should not be left out. In scaling and sustaining the project, it is important to think through ways in which to take into account social age in planning and moving beyond class levels and chronological age.

4.3 Content and Method of Delivery

Different training content was provided for the range of age groups to ensure age appropriateness and context. The majority of young people found the content beneficial, for example for both males and females the sessions on knowing oneself, friendship and respect, growing up and making health decisions were deemed most beneficial. However, only males found sessions on pregnancy, reproduction and safety from violence beneficial. Discussions revealed that this was because males are predominantly the perpetrators of violence and these sessions were deemed useful in enhancing their ability to respect female youth.

Youth noted that the content was comprehensive enough to cater to their SRHR needs and most of them found the session content satisfying. However, male youth noted that they were not given sufficient information on how to use condoms since there were no demonstrations. Discussions with teachers revealed that they could not demonstrate how to use condoms because the Ministry does not allow demonstration of condom use in school. Male students also stated that they did not feel like they had enough skills to manage sexual desires, which their teachers asserted were normal feelings. While the issue of using locally made sanitary products was emphasized in the curriculum, female youth noted that they did not receive hands on skills training on how to do this, thus undermining the practicality of the training. Other aspects like information on preventing HIV using PEP for emergencies such as by victims of sexual violence, which was seen by out of school youth as very important, was missing during training, despite it being a part of the curriculum. Out of school youth also noted that SE sessions would have been more beneficial if they incorporated some skill sessions on livelihood support strategies.

Youth participants found the training content largely age appropriate, with the exception of the pictures used in the training manuals, which some young adolescents felt were pornographic. Additionally, some youth were not very comfortable with the blunt language used in the manuals and sessions to refer to genitalia. They found the language to be antithetical to their culture and this was especially difficult because these terms were used by their teachers. We note the influence of culture on what the youth *should or should not see*, can or cannot articulate, thus they are under social pressure to conform to cultural standards, which use euphemisms to refer to

genitalia. This in itself may not be negative and the program and other similar programs should explore culturally acceptable ways of making references to sexual and reproductive health terms and negotiate with youth on the appropriate terms to use. In the delivery of SE, young people appreciated and enjoyed the use of interactive techniques such as games, songs, demonstrations, role plays which were participatory different from the didactic, teacher centered teaching methods in school. However, there was a time constraint and challenges in completing course activities.

The research also notes the perception by some youth that teachers, compared to health workers, may not be the most appropriate in delivering some aspects of SE curriculums since they are seen by the youth as authority figures. This either requires a rethinking of how teachers can deliver the messages without being perceived as authority figures but also a continuous engagement with gendered and generational norms within the program context. While the delivery of content by teachers is important, the OR findings indicate that there are practical challenges, especially because SE is relegated as extracurricular activity rather than a core subject and teachers may have competing demands on their time, thereby compromising the delivery and quality of training. Drawing on the suggestions by youth, we recommend the need to integrate SE into the official curriculum as well as working with teachers and the Ministry to continue to discuss further how to implement the training in a sustainable manner.

For out of school youth, we note the need to infuse SE sessions in training and support with income generation activities. This particularly important because the economic wellbeing of out of school youth is critical in enhancing sexual and reproductive health needs and rights. Out of school youth affirm that the trainers are good since they allowed participation of most members. However in some cases, there were doubts about the competence of peer trainers who were viewed as peers thus (mis)perceived as inexperienced and the breadth of their knowledge with regard to ASRH issues questioned. There is need to address both concerns. For meaningful peer sexuality education we propose that attention should be paid to strengthening the relationships amongst peer group members as well the provision of continuous technical support.

We recommend that for some topics, such as those regarding family planning and pregnancy, health workers should be invited to facilitate them. The KIR SE program and similar SRH programs targeting youth can borrow from the cross cutting mandate of SRH being a responsibility of MoH and MoES and the existence of shared policies like the National School Health Policy of 2012 and the School Health Strategic Plan for 2015/16-2021/22. This will enable learners to receive comprehensive messages from their teachers complemented by health workers and facilities. Additionally, SRHR programs ought to sensitize policy makers about the need to give accurate information to young people including how to use condoms. Kirby et al, 2007, indicate that comprehensive knowledge on SRH issues does not “spoil” young people nor does it make youth more inclined to engage in sexual escapades. Indeed, they established that even when teens have knowledge on condom use, cases of early engagement in sexual activities stay the same but cases of condom use increase. This has a high likelihood of protecting young people from HIV/AIDS, STIs and early pregnancy.

4.4 Spillover Effects of SE

The OR set out to establish if KIR has benefited other people not necessarily the ones directly targeted. Findings revealed secondary beneficiaries including community members who have benefited from the knowledge that youth have acquired. Many young people share what they have learnt with their family members, especially with their siblings after SE classes. Despite the reported cases of inter-generational dialogue occasioned by the training received by adolescents and youth, the findings indicate that some parents are still reticent on embracing ASRH and have reservations about the participation of their children in the program as well as the content of the SE program.

Drawing from discussion with youth and other participants in the study, we recommend a need for SRHR programs that enhance community entry activities, beyond initial one off community entry activities. These community entry activities should be intentional with the aim not only to introduce the program but also to seek community involvement. At community entry stage, parents and community leaders would be sensitized about the program and more activities held with parents instead of holding one-event meetings. This is because the resilience of socio-cultural norms against ASRH requires continued engagement. Such sustained engagement does not lend itself well to the strict and rigid guidelines of ASRH programs, which often have to make choices based on budgets, strategic focus among such similar considerations.

While the KIR program had a measure of flexibility as noted by staff, it was clear that community engagement was not a major thrust of the program. We recommend that in such cases where program choices and focus may make it difficult not to address some seemingly important aspects as perceived by the participants, it would be important to collaborate with other partners to complement each other. We however note the need for continued engagement with the community by KIR program partners who will continue to have a presence in the program sites.

4.5 Program Sustainability

Because of the importance that was associated with the program, many young people and adults advocated for the continuation of the program. Participants identified opportunities which are available to support the sustainability of the program, like trained teachers. This finding is supported by the assertion of MoES, which already supported the training of 55 tutors and lecturers from teacher training institutions on integration of SE in pre-service training. Additionally, in the financial year 2013/14, MoES was supported by Save the Children to train 172 teachers in Kampala and 332 teachers in Agago and Nwoya districts on effective utilization of the SE training manuals (MoES, 2014). Participants also noted that there is the existence of Government will, especially the MoH and MoES, policies in place, school clubs, and the will from parents to see their children continue to benefit from SE classes.

We note that this is a policy window that should be harnessed and the momentum maintained to enhance SE. This window is even more strategic within the context of some of the challenges identified that are associated with sustainability, which include: teacher fatigue (especially if they do not have incentives to facilitate the classes), and perceived inadequate commitment from the two key Ministries (which may not have finances committed to the program) Save the Children's strategic position, where SC sits in some of the MOES meetings offers a window of opportunity

in influencing decisions on how SE is adopted by the Ministry of Education. Save the Children is part of the team (together with the MoES, UNESCO) that is developing a national framework for conducting CSE in the country. This endeavor has the potential to maximize the impact of the CSE program by attending to more structural and macro level issues. We also see this as good practice on how other organizations can draw synergies from their work and maximize impacts beyond the specific program/project cycles by formalizing institutions and mechanisms for delivery of CSE. Similar programs can replicate this.

The manner in which Save the Children implemented the program through collaboration with partners who have a long standing presence in the program contexts and whose core competencies are in SE is innovative and has inbuilt potential for ensuring sustainability. There is also potential for the outcomes of the intervention to be maximized as these organizations integrate the program learning to their other SE activities within the community. The different program partners also worked with youth in delivery of SE, advocacy and research and in foregrounding youth voice. There is therefore great potential for sustained engagement on issues of SE and youth voice that would also be important in scaling demand for SE beyond the program cycle.

We also recommend that ASRH networking forums continue to lobby MoH and MoES to accelerate the approval of the National School Health Policy, which is now in its last stages before the commencement of implementing the School Health Strategic Plan. This would build a stronger relationship between the two Ministries. In turn, district health centers can design programs in schools and schools can continuously invite health workers within the district to deliver SE information but also offer youth friendly services to young people. Given the fact that SE is not a part of core curriculum in schools and the fact that teachers have to juggle their other core requirements of teaching, we recommend a further analysis and continuous conversations on how teachers can be motivated to continue offering or supporting the SE curriculum.

4.6 Leveraging Traditional Practices

Despite the Formative research findings that indicated that culture was very important, the OR findings indicate that cultural modes of passing SRHR messages to young people are not as vibrant. One young person lamented, '*culture is fading away*' meaning that young people cannot wholly depend on their cultural institutions to get information on sexuality but turn to their friends, the internet and the media to access such information. While noting the importance of specific cultural practices in delivering SE, young people, particularly those in Kampala, did not seem to have adequate knowledge on cultural communication practices which could be beneficial for the delivery of SE lessons. Some felt that youth camps would be a good way to teach SRHR. However as these are currently delivered by the royal queen, the costs are prohibitive and leaves out marginalized youth. Therefore, structured Sexuality Education according to young people is the most feasible strategy for in and out of school youth to access accurate, age appropriate and culturally acceptable information to enable them make informed healthy SRH decisions.

In light of the above, classroom based SE was seen as significant in guiding young people to make health decisions. It is even more efficient when young people are involved in the design and delivery of the program. We observe the submissions of the United General Assembly

(2001), which concluded that SRH education of young people, which respects and involves young people while being sensitive to their culture is likely to succeed. Therefore, whereas it is important to leverage useful and enabling traditional methods of SE communication, it is important to maintain continuous active engagement of youth in delivery of SE, especially using participatory methods of delivery, including stories, songs, role plays, demonstrations and visits to SRH service centers.

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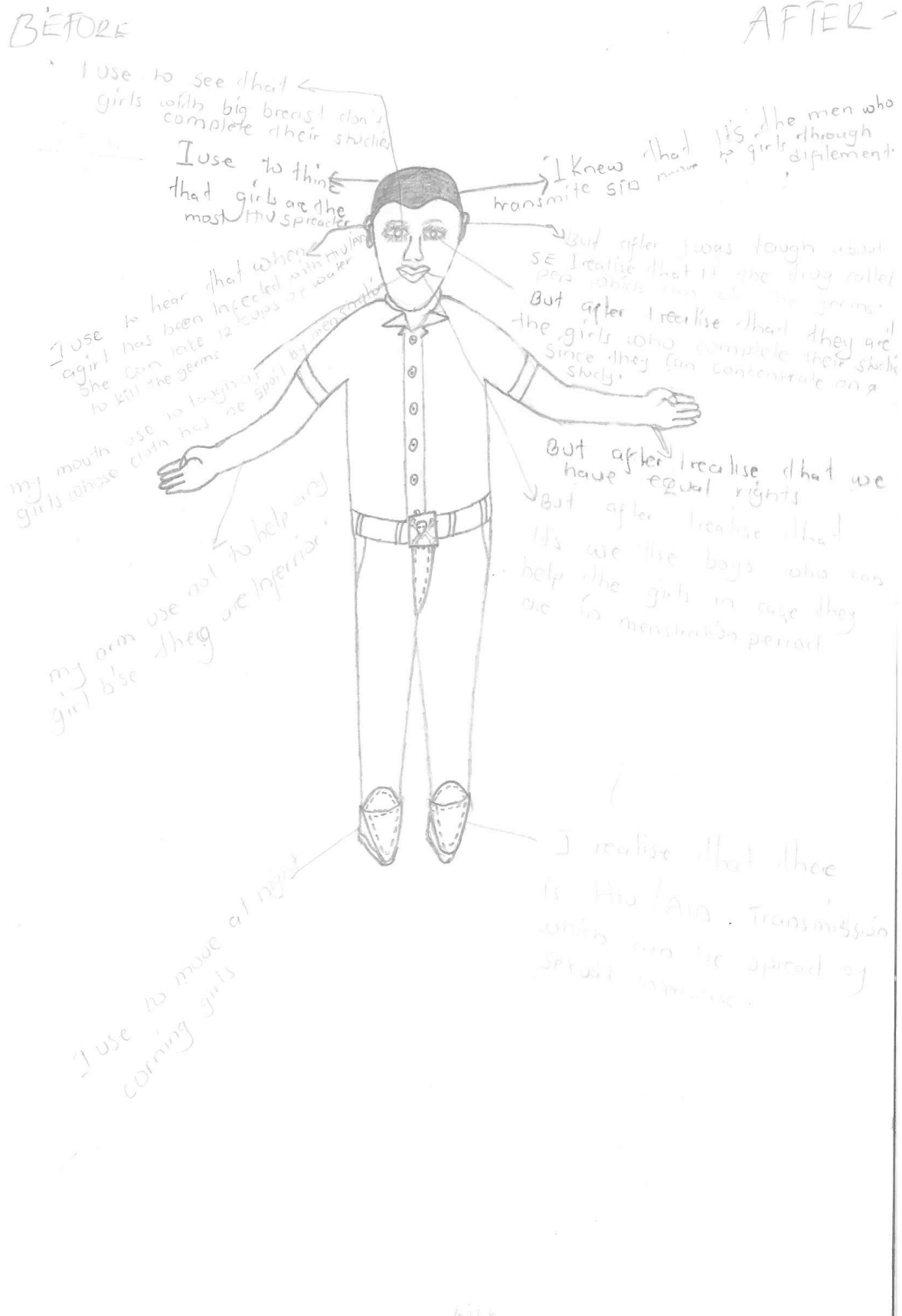
Annexes

Annex 1: Peer Researchers and Supervisors

Name of School/Group	Peer researchers	Class	Sex	Age
Kampala				
1. Old Kampala Senior Secondary School	1. Namagembe Brenda	S. 2	F	15
	2. Mugabi Douglas	S.6	M	20
Coordinating Teacher	Kyomuhangi Christine			
2. St.Dennis S.S.S				
	1. Ssali Derek	S.2	M	15
	2. Ngeso Sarah	S.6	F	18
Coordinating Teacher	Joshua Hanns Ssematimba			
3. Kololo S.S.S				
	1. Kyomukama Rachel	S.6	F	18
	2. Mukonyezi Lawrence	S.6	M	19
Coordinating Teacher	Grace Sssali			
4. Kyambogo College School				
	1. Ronald Kyeyune	S.6	M	21
	2. Bridget Nanyonjo	S.2	F	15
Coordinating Teacher	Paul Ziwa			
Out of School Youth				
1. Tusitukirewamu Youth Group				
	1. Berinda Nakimera		F	23
	2. Nayiza Maria		F	22
	3. Patrick Musoke			24
2. Home Based Care Alliance Youth Group				
	1. Lydia		F	24
	2. Ibra Kiyemba		M	24
	3. Richard Lutalo		M	20
Coordinator	Katto Edward			
Agago				
St. Charles S.S.S				
	1. Ojok Simon	S.3	M	15
	2. Okot Alex	S.3	M	15
Coordinating Teacher	Olanya Alexis			
WOL S.S.S				
	1. Achan Nancy Prisca	S.3	F	16
	2. Bongowat Geoffrey	S.3	M	16
Coordinating Teacher	Oryema John Bosco			
Kalongo Primary School				
	1. Alimo Mercy	P.5	F	14

	2. Okello Stephen Okidi	P.5	M	14
Coordinating Teacher	Nyeko Simon Peter			
Nimaro Primary School	1. Chnogura Lawrence Kabira	P.6	M	16
	2. Latabu Brenda Gifty	P.6	F	14
Coordinating Teacher	Nyeko Filder Mary			
Kubwor Primary School	1. Oryema Francis	P.7	M	16
	2. Akello Mary	P.7	F	15
Coordinating Teacher	Mwaka Samuel			
Out of School Youth Agago				
Peko - Rom youth group	1. Olanya Francis Komakech		M	24
	2. Ayaa Monica		F	24
Nen - Anyim youth group	1. Okello Micheal		M	23
	2. Pekorach Christopher		M	24
Coordinator	Ojok Kennedy			

Annex 2: Sample "Before and After" illustrations



BEFORE

AFTER

I was thinking that it was a waste of time for me to be in the SEXUALITY Education classes

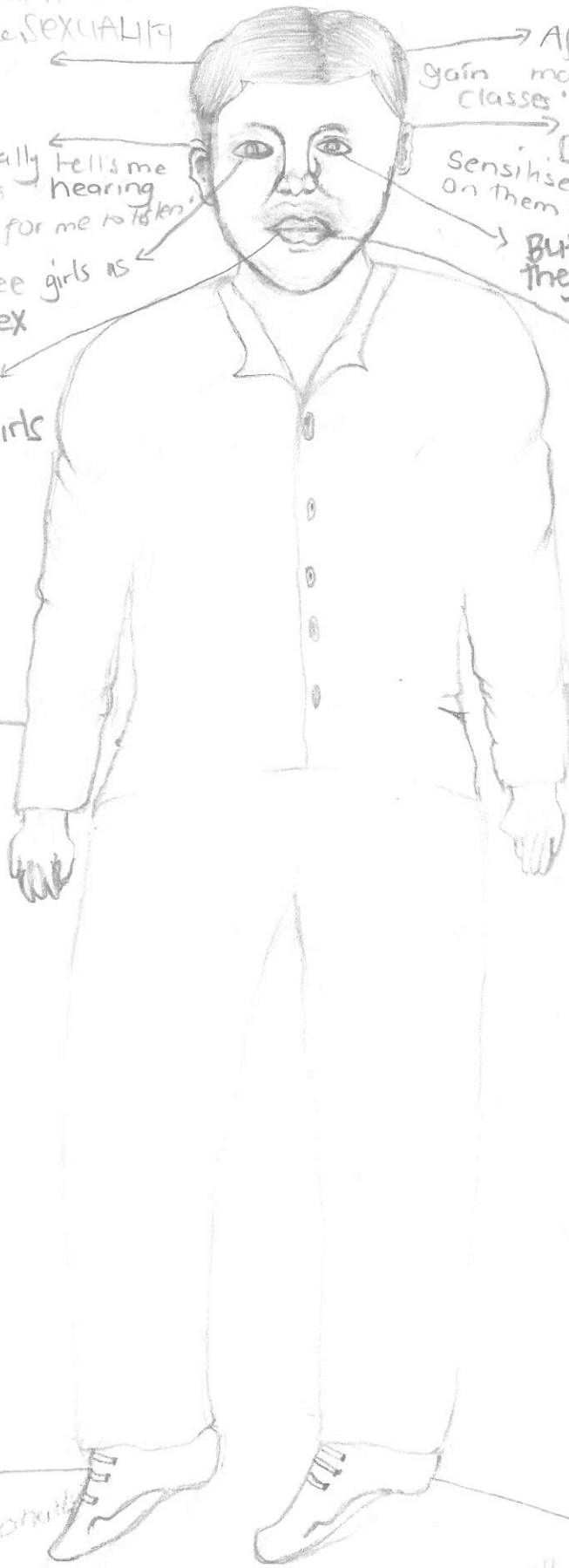
As my friend usually tells me about sexuality, I was hearing it as nonsense. I was hearing something for me to listen.

My eyes use to see girls as not being inferior sex

I use my mouth to tell young girls to play sex

I was knowing that my hand was for playing sex

use my leg usual to move to the disco



After I realised and I have gain many knowledge from SE classes

But after I have been sensised on them, continuously I have agree

But after I have learnt that they are the most important part

but after I realised that it can cause the spread of HIV/AIDS and school dropout

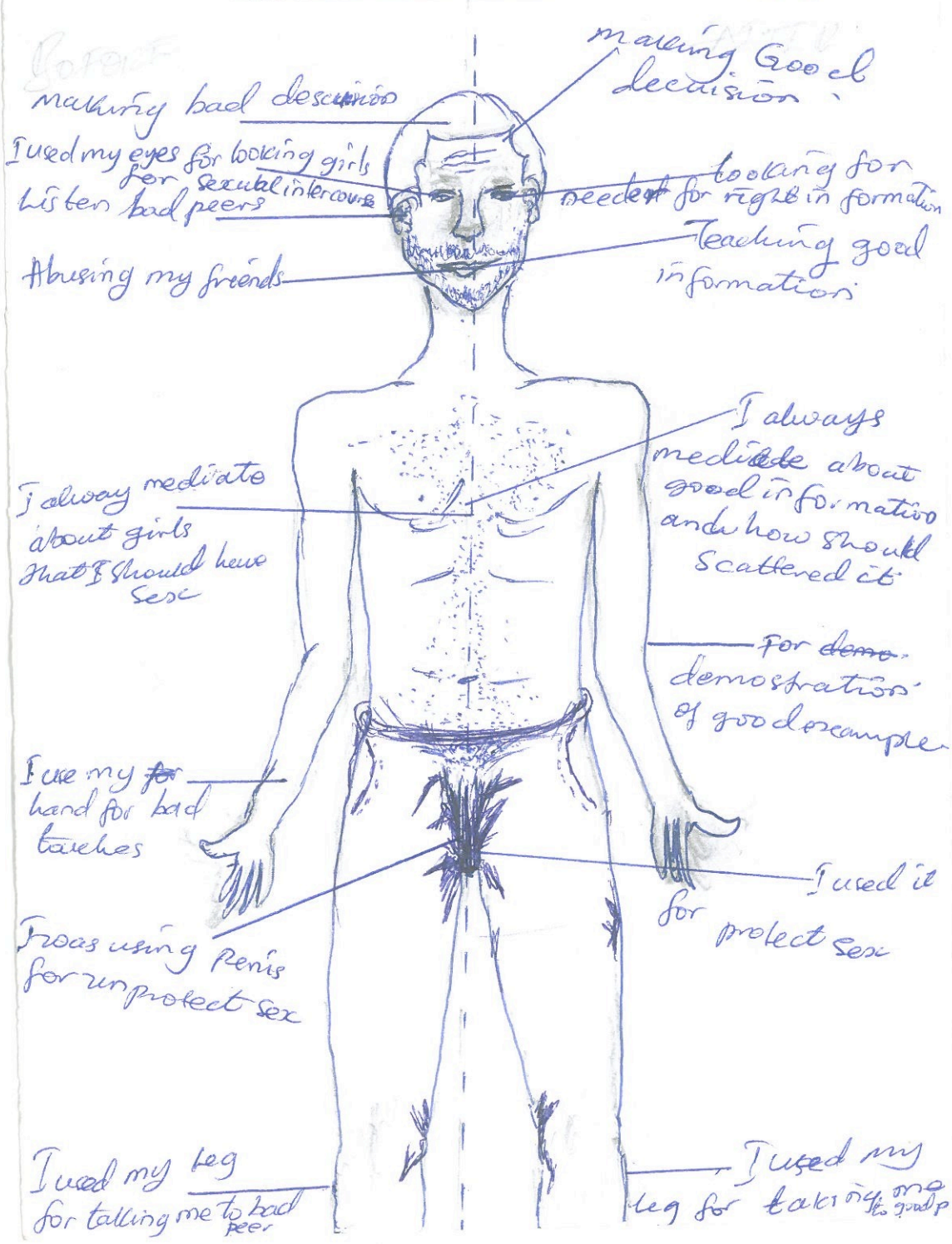
But after realise I found that I may cause infection

But after I realise that disco halls is where people big their friends heart.

BEFORE AND AFTER PARTICIPATORY ACTIVITY

BODY MAPPING

Agogo S.6



1. How do you feel about these changes
it feel good and interested about change
- It shows that I am able of making right friend

- make me proude of myself -

- The change also show that I am fertile.

2. How differently does a youth who has participated in sexuality education (SE) meet his/her sexual Reproductive Health need from that who has not -

- Through making healthy decusion.

- A person is capable to get clear information

- A person is able to made good relationship rather than the person who has not participated in SE.

3. What do you think can be done to ensure the other young people of your age can benefit from this activities.

- Through forming youth camp.

- Through giving radio programme.

- By making diannes.

- By presenting as the films.

- By putting it in school syllabus.

Before

After 5.2

Before keep it real,
I used to be shy.

But now, I look into
people's eyes confidently.

Before keep it real,
I ~~use~~ was a quiet girl
and I couldn't discuss
~~such~~ sexual issues.

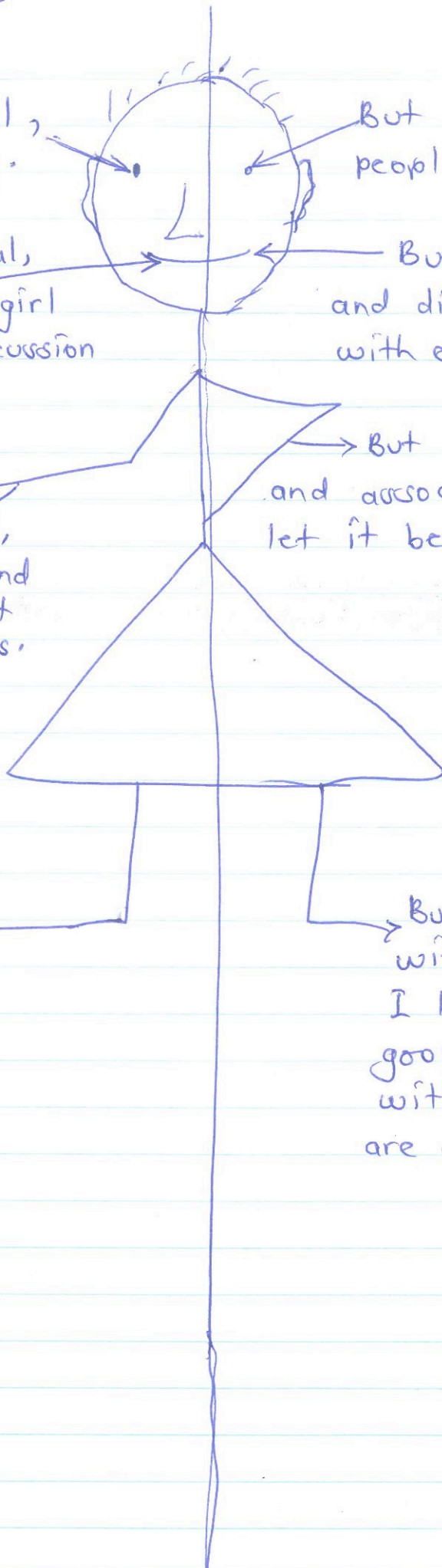
But now, I can talk
and discuss sexual issues
with everyone confidently.

Before keep it real,
I used to be tuff and
I would slap and not
associate with others.

But now, I joke, laugh
and associate with everyone
let it be boys or girls.

I used ~~to~~ not to
walk with boys
because I used
to think that it
was forbidden.

But now, I do walk
with boys because
I know that it is
good to ~~associ~~ relate
with boys because they
are our brothers.



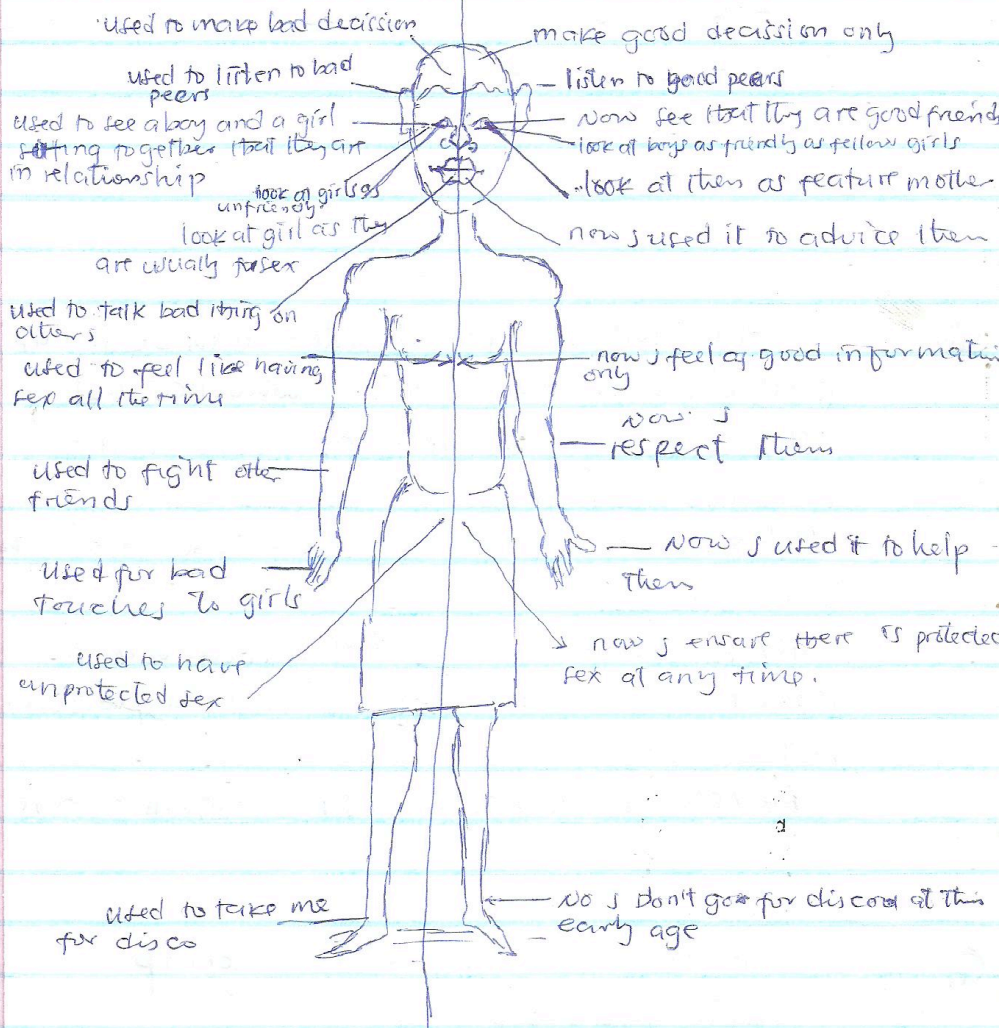
BEFORE AND AFTER PARTICIPATORY

ACTIVITY

Senior six 20 yrs

Before

After



Success has a simple formula: do your best, and people may like it.

Before

After.

I used to watch pornography

Now I watch educative movies.

I used to hear forbidden words

Now I take educative words from ~~educat~~ sexuality education sessions that have helped me know my self.



I used to move to clubs to buy prostitutes

I now move to the sexuality education sessions.

Before joining the sexuality education I used to not to know my self but after I got to know who I am and how to handle myself thus looking smart.

Before joining the sexuality education my legs used to move to clubs to buy prostitutes but after joining my legs turned are know moving to the sexuality education sessions.

Age: 15

primary

Seven

Agago District

Before

to think about
boy love

to see bab friend

to hear boy
friend

to talk bab
thing to
my friend

to knock
the friend

to fill for
love
for hard working

to store food
for attraction
of boy

to run to look
for boy friend

to work very hard to
support my future

to hear good advice
from parent

to see thing around us

to smell what other do to
to tell good words to my friend
for playing net balls

to fill good future

to write for
better result

to store good and
faeces

for sitting in desk

for going to school

Question

1. How do you fill about this
change

2. I fill is good for better life
through going to the health
worker about problem, say no to sex.

3. they should teach them about their health problem
They may be on club.

4)

Annex 3: Tools used in Data collection

KIR Project Operations Research Uganda

Survey Questions for In-school youth

No.	Question	Response	Code
1.0	Students details and demographic information		
100	Area	Kampala	01
		Agago	02
102	Name of school	Kololo senior secondary school	01
		Old Kampala secondary school	02
		St Denis Ggaba secondary school	03
		St Charles Lwanga Secondary school	04
		Wol Secondary school	05
		Kubwor Primary school	06
		Kalongo Primary school	07
		Nimaro Primary school	08
		Kyambogo College schools	09
103	Age of respondent	10-14	01
		15-19	02
		20-24	03
104	Sex of respondent	Female	01
		Male	02
105	Which class are you in?	Primary 5	01
		Primary 6	02
		Primary 7	03
		Senior 1	04
		Senior 2	05
		Senior 3	06
		Senior 5	07
Senior 6	08		
106	What is your religion?	Catholic	01
		Protestant	02
		Muslim	03
		Seventh day Adventist	04
		Born again	05
	Others	88	
2.0	Project Involvement and participation		
200	How have you participated in the KIR project?	In class lessons	01
		In club sessions	02

		Health service linkages	03
		Health talks	04
		Accompanied visits	05
201	For how long were you engaged in the sexuality education class/course through the Keep It Real Project?	Less than 2 months	01
		2 to 4 months	02
		4 – 6 months	03
		6 – 8 months	04
202	How did you start participating in the project?	Personal motivation	01
		Based on request from your teachers	02
		Based on request from your friends	03
		Based on request from school head teacher	04
		Parents	05
		Other (specify it)	88
203	In what activities did you participate during this sexuality education course/ class? (Tick all those that apply to you)	Learner	01
		Club (in school)	02
		Peer educator	03
		Mapping/identifying health centers	04
		Others	88
204	Are you satisfied with the way your teachers involved you in the SE course?	Yes	01
		No	02
205	How can you be more involved in the SE course?		
206	In which activities would you want to be more involved?		
207	In what ways have SE activities in your class/club/group benefitted you? (You can tick all that apply to you)	Acquisition of general knowledge on sexuality (can include: Puberty, boys/girls roles, SRH, HIV, pregnancy prevention, health services, sexual violence, relationships)	01
		Ability to make healthy decisions	02
		Managing peer pressure	03
		Ability to set goals in life	04
		Know how to protect yourself	05

		from violence	
		Feeling confident about self and accept self	06
		Feeling confident to speak up in front of others.	07
		Friendly learning environment	08
		Confident to seek health service	09
		Ability to discuss sexuality issues with parents, teachers and friends	10
		Better relationships with teachers/school	11
		Treat boys and girls equally	12
		Others	88
208	Would you recommend this project to other young people like you?	Yes	01
		No	02
209	Do all of your classmates take part in the course	Yes	01
		No	02
210	If No, why don't they participate in the class?	Lack of interest	01
		Lack of time	02
		Restriction from families	03
		Restriction from religion	04
		Domestic responsibilities at home	05
		They missed school	06
		Other (specify it please)	88
212	What do you think about the way different classes were selected to participate in SE course?		
213	Which other young people do you think should be reached with Sexuality Education classes?		
214	Do you sometimes find it hard to participate in SE classes?	Yes	01
		No	02
215	What are some of the challenges you face with regard to your participation in the class/ club	Family/parents do not want me to participate	01
		Peer disapproval	02
		My religion forbids me to talk about sexuality issues.	03
		In my culture we don't discuss sexuality issues	04

		The timing of SE classes and club activities is not convenient.	05
		Many domestic responsibilities.	06
		Other:	88
216	What activities have young people participated in that are very enriching? (Select all that apply)	Mapping/identify health centers and youth centers	01
		Visiting youth centers	02
		Accompanied health visits	03
		Health talks given by health workers at school	05
		Clubs	06
		Exhibitions	07
		Classes	08
		Others	88
217	From these activities, how have you benefitted?		
218	What project activities (such as classes, club, health talks, health visits, etc) would you recommend for other young people outside your school?		
219	Explain why you would recommend these activities to others?		
3.0	Content and Method of Delivery		
300	(For female youth only) What sessions of SE do you think have been most beneficial for female youth: (Tick all that is applicable)	Knowing yourself	01
		Respect	02
		Friendships	03
		Family	04
		Being a girl/boy	05
		Growing up	06
		Reproduction	07
		Pregnancy	08
		STI's/HIV	09
		Health care	10
		SRH rights and responsibilities	11

		Safety from violence	12
		Making healthy decisions	13
		Others	88
301	(For female youth only) Explain how the sessions and your general participation on SE program have addressed SRH issues young girls like you have.		
302a	(For Young Adolescent Girls Only) Are there still some needs that you have as a girl that have not been addressed through the SE course and club sessions	Yes No	01 02
302b	List some of these unmet needs		
303a	(Females only) List some cultural expectations/demands your society has regarding the way a girl manages her sexuality and reproductive health needs		
303b	Which of these cultural expectations and demands do you find to be negative? Explain		
303c	How have the SE and other club activities helped you to deal with the mentioned negative expectations/demands/obligations.		
303d	Which cultural expectations/demands or obligations do you feel the SE sessions and club activities have not addressed.		
304	(Male youth only) What sessions of SE do you think have most benefitted male youth like you?	Knowing yourself	01
		Respect	02
		Friendships	03
		Family	04
		Being a girl/boy	05
		Growing up	06
		Reproduction	07
		Pregnancy	08
		STPs/HIV	09
		Health care	10
		SRH rights and responsibilities	11
		Safety from violence	12
		Making healthy decisions	13
Others	88		

305a	(Very young Adolescent male youth only) Explain how the sessions and your general participation in the SE program have addressed SRH issues facing young boys like you?		
305b	Are there some SRH needs that you have as a boy that have still not been addressed through the SE course and club sessions	Yes	01
		No	02
306	(Male youth only) Mention those SRH need SE and club activities have not addressed		
307a	List some cultural expectations/demands your society has regarding the way a boy manages his sexuality and reproductive health needs		
307b	Which of the cultural expectations and demands do you find negative? Explain		
307c	How have the SE and other club activities helped you deal with the mentioned negative expectations/demands/obligations.		
308a	Are there some issues covered in the classes or clubs that you feel are not appropriate for young people your age?	Yes	01
		No	02
308b	If yes state which ones?		
309a	Did you like the way club sessions and classes were delivered?	Yes	01
		No	02
309b	If yes explain If no, explain		
309c	How can the classes and club activities be improved so as to include the views of all young people?		
310	During delivery of SE classes or club activities, did your teacher apply different active learning methods? (Tick all the ones that apply)	Information charts	01
		Role plays	02
		Dramas	03
		Songs	04
		Stories	05

		Creative writing (Poem, poetry...)	06
		Talk and chalk	07
		Question and answer	08
		Audio-visual (films)	09
		Demonstrations	10
		Brainstorming	11
		Other (Please specify)	08
311	How did you benefit from these activities?		
400	Spillover Effect		
401	Have you discussed the issues you learned with your friends who are not part of SE classes or clubs?	Yes	01
		No	02
402	Which issues did you discuss with your friends?		
403	After discussing sexuality issues with your friends, how did they respond?		
404	If no, why didn't you discuss with them?		
405	Have other youth who are not part of the class or club ever asked you to explain to them more about the program? Explain	Yes	01
		No	02
406	Have you discussed the issues from the class or club with your families?	Yes	01
		No	02
408	With which family members have you discussed? What did you discuss?	Mother	01
		Father	02
		Brother	03
		Sister	04
		Grandparent	05
		Others	88

409	What are your suggestions on how the information you received from the project can benefit more young people like you in the community and school?		
410a	Are there some ways in which project activities were viewed negatively by the community and other people?		
410b	If yes, explain some of these negative perceptions		
411a	If there any negative things said about the course, how did they affect you and your involvement in SE course and other club activities?		
411b	How were these negative issues resolved? (Who resolved them, how were they resolved, how long did it take?)		
5.0	Sustainability		
500	Do you think it is important to continue having sexuality education class, club and health service linkages in your school?	Yes	01
		No	02
	If yes, why? If no, what are the reasons?		
501	What needs to be done to ensure that the activities continue to run in your school even in the absence of ACODEV/Straight talk?		
502	As a youth who has participated in sexuality sessions and club activities, what are you planning to do to ensure that SE activities continue to run in your school?		
503	Explain how you intend to do it. (When will you start, with whom, any support you need?)		
504	Besides you, which other categories of people do you think can play a role in ensuring that SE activities continue to run in your school		
505	Please explain the role you think they can play.		
6.0	Leveraging traditional practices		

600	Can you identify any traditional practices or ways of passing sensitive messages by people in our community which can be useful in delivery of ASRH messages to young people	Fire place discussions	01
		Riddles/proverbs/sayings	02
		Auntie and Uncle institution	03
			04
		Kisakaate (youth camp)	
		Ekitontome (poem)	05
		Songs	06
		Cultural dances	07
		Elder dialogues	08
		Informal family dialogues	09
Others	88		
601	Which of the above mentioned traditional practices could be used to deliver sexuality education in your school?		
602	How can these traditional ways of communication be used to deliver SE in school		
603	Give suggestions on how the project at your school can be improved		

KIR Project Operational Research Uganda

Survey Questions for Out-of - school youth

No.	Question	Response	Code
1.0	Demographic information		
100	Area	Kampala	01
		Agago	02
101	Age of respondent	10-14	01
		15-19	02
		20-24	03
102	Sex of respondent	Female	01
		Male	02
103	Employment	Boda - Boda	01
		Shoe shiner	02
		Daily laborer	03
		Farmer	04
		Petty trader	05
		Garment	06
	Food preparation	07	

		Garbage collector	08
		Car washer	09
		MDD	010
		Unemployed	011
		Others	88
104	Marital Status	Single without children	01
		Single with children	02
		Married	03
		Widow/widower	04
		Divorced/separated	05
105	What is your religion?	Catholic	01
		Anglican	02
		SDA	03
		Born again	04
		Muslim	05
		Others	88
2.0	Project Involvement and participation		
200	How did you start participating in the project?	Personal motivation	01
		Request from your group, group leader	02
		Suggestion/request from friends	03
		Local leader	04
		Employer	05
		parent	06
		Other (Please specify)	88
201	In what ways has this project benefitted you? (Please tick appropriately)	Acquisition of general knowledge on sexuality education (can include: boys/girls and men/women roles, SRH, HIV, pregnancy prevention, health services, sexual violence, relationships)	01
		Ability to make healthy decisions	02
		Managing peer pressure	03
		Ability to set goals in life	04
		Know how to protect self from violence	05
		Better behavior – less fighting, cursing	06
		Getting off the streets	07
		Stopping substance use	08
		Safer relationships/friendships	09
		Treating girls and boys/ men and women better	10

		Confident to seek health service	11
		Ability to dialogue with parents, teachers and friends on sexuality issues	12
		Others	88
202	Would you recommend this course to other young people like you?	Yes	01
		No	02
203a	Did all of your friends take part in the course?	Yes	01
		No	02
203b	If No, why didn't they participate in the course? If yes, skip	Lack of interest	01
		Time inconvenience	02
		Restriction from families	03
		Restriction because of religion	04
		They were not selected to participate	05
		Distance	06
		Other (specify it please)	88
204	What are some of the challenges you faced when participating in the course?		
3	Content and Method of Delivery		
300	(To Female youth only) How has this project addressed SRH issues facing female youth like you in this community? (Give examples)		
301	Are there some issues facing female youth that have not been addressed through the training? State those issues not addressed.	Yes No	01 02
302	(To Male youth only) How has this project addressed SRH issues facing male youth like you in this community (Give examples)		
302b	Are there some issues facing male youth that have not been addressed through the training? State those issues not addressed	Yes No	01 02
303	(To Married youth only) How has this project addressed issues facing Married youth in this community		
303a	Are there some issues facing married youth that have not been addressed through the trainings? State those issues not addressed.	Yes No	01 02
304	Explain how the program has addressed cultural issues that affect sexuality of male and female youth like you in this community		
305a	Has this project built your capacity to say no to negative sexuality and reproductive health cultural beliefs about youth?	Yes No	01 02
305b	Which cultural practices did you find negative and how have you dealt with them?		
306	Are there some cultural issues concerning your	Yes	01

	sexuality and reproductive health that the project has not addressed through the course?	No	02
306b	If Yes state which ones		
307a	Are there some sexuality and SRH issues you need to know but were not discussed during the course?	Yes	01
		No	02
307b	If yes, what should be included in the course to meet your needs?		
308a	Are there some issues covered in the course that you feel are not appropriate for young people your age? (Probe for VYA, married or not)	Yes	01
		No	02
308b	If yes state which ones?		
309a	Did you like the way the course sessions were delivered?	Yes	01
		No	02
309b	If yes explain		
	If no, explain		
310a	Were the course sessions participatory? (Meaning were you able to share and exchange many ideas....)	Yes	01
		No	02
310b	Explain your answer above		
311	During delivery of sessions, did the peer educator apply trainee-centered and active learning mechanisms? (Tick the ones that apply to your case)	Trainees talk more than the teacher talked	01
		Trainers recap previous lessons	02
		Students share views and ideas freely	03
		Ideas/views respected by trainers and others	04
		Trainees have equal opportunity to participate	05
		Trainers evaluate your performance regularly	06
		Timely feedback from trainers	07
312a	During delivery of trainings, did your trainers apply different active learning methods? (Tick the ones that apply in your case)	Information charts	01
		Role plays	02
		Dramas	03
		Songs	04
		Stories	05
		Creative writing (poem, poetry...)	06
		Audio-visual (films)	07
		Other (specify)	88
312b	How can the session be improved?		
4.	Spillover Effect		
400a	Have you ever discussed the issues from the course with your friends who are not part of the course?	Yes	01
		No	02
400b	If yes, explain what you discussed		
400c	If no why not?		

401a	Have you discussed the issues from the course with your family/spouse?	Yes	01
		NO	02
401b	If yes, with whom did you discuss it with? What did you talk about?		
401c	How often do you discuss?		
401d	If yes, how was the response of your family members towards the information? Specify which members of the family, spouse father, mother etc.		
402	What needs to be done to ensure that there is continuous discussion between young people and their families on some of the issues covered during the trainings?		
403	What are your suggestions on how the information you learned in the course can benefit more young people like you in the community?		
5	Leveraging traditional practice		
500	Can you identify any traditional practices or norms you think can be useful in delivery of messages to young people	Fire place discussions Riddles/proverbs/sayings Auntie and Uncle institution Story telling Kisakaate (youth camp) Ekitontome (poem) Others	01 02 03 04 05 06 88
501	Which of the above mentioned traditional practices can be used to deliver SE programs among youth?		
502	Give suggestions on how delivery of KIR SE education can be improved?		
6	Sustainability		
600	Do you think it is important to continue having trainings on SRH issues in your community?	Yes No	
601	If no, what are your reasons		
602	If yes, why do you think that continuing the project is important?		
603	What needs to be done to ensure that the sexuality education course continues to run in your community even in the absence of ACODEV/Straight talk?		
604	Any other recommendations on how the SE course can be improved?		
605	What are you ready to do to ensure that SE continues to be delivered among youth in your community?		

Annex 4: Focus Group Discussion Guide for Youth

General Instructions to the Facilitator

Introduce yourself and give an opportunity for participants to introduce themselves. Explain the purpose of Operations research and how this discussion will contribute to the success of the study.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As a facilitator, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Participants

Type of Group	
Date of discussion	
Location	
Name of Facilitator	
Time discussion started	
Time discussion ended	

Begin the discussion by saying: Today we will be discussing some issues related to the activities of the Keep It Real project that delivers sexuality education to young people in and out of school. The KIR project is implemented by Save the Children and their partners. The findings of the Operations research will inform all of the partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors.

We would like to thank you for your time and willingness to participate in this discussion. Please be informed that all the information you provide will be confidential, meaning that what you say here will not be shared with anyone except the research team, and there is no need to mention your name in the discussion. Your participation is voluntary, meaning that you can stop and leave the discussion anytime. This is not a test. There are no wrong or right answers for the questions raised. We will all try to respect views of all members and all members are encouraged to participate

Do you have any questions before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

May we start our discussion now?

Thank you!

FGD Guiding Question

1. Can each of you share with us how you have participated in SE activities (in which capacity, for how long, which session you are on or have completed)
2. How were youth in your class/group selected to participate in the project?
3. According to you, was this the best criteria to use? Please explain.
4. Who else do you think could benefit from participating in this project? Why? (Facilitators: Probe for other young people their age, younger or older, parents, teachers, other significant adults etc)
5. Did girls and boys participate equally in SE activities? Explain (Also probe for differences from younger and older youth)
6. Were you given an opportunity to be fully involved in the training? If so, how? How would you want to be more involved in class and club sessions?
7. Basing on the activities you have had like class sessions, health worker talks, health center visits, how have they enabled youth to meet their ASRH needs? (Probe for aspects like able to make health decisions, which ones, know about SRH services available and how to access them).
8. What ASRH needs of youth do you think are not addressed through the class/club sessions and how can they be addressed? (Probe for differences for males, females)
9. Have you shared any of SE information you got from class or group activities with fellow youth? What kind of information? With whom have you shared this information? Are there others other than youth? Explain
10. What do adults normally have to say on SE classes and activities? (Positive comments and negative comments?) What do you think about comments adults make regarding the SE activities of young people?
11. Are there cases where you felt the content of training and method of delivery was not appropriate for very young adolescents (10-14)? Please explain and give suggestions on changes that should be made.
12. Are there some cases where you feel that some of the issues covered were not appropriate for your culture? Please explain and give suggestions on what should be done.
13. Give suggestions on the way class/club sessions could be improved.

Before and After Participatory activity for very young Adolescents

Introduce this 'body mapping' – before and after exercise

Participating in the KIR project has no doubt been a life changing experience. Participants have learned new skills, new knowledge, gained new skills and strengthened values or attitudes. Attitudes held by different stakeholders about their sexual and reproductive health may have changed too.

Give young people who have been actively involved in classes or club a sheet of paper and ask them to draw an outline of a body on it and then divide it in half with before on one side and after on the other. The participants collectively think about the any changes as a consequence of their participation in the program and note differences before and after their involvement in the SE activities. They should make a note of such changes on the body map – either through images, words or a combination of both. Different body parts can represent different aspects of their sexual and reproductive health as well as feelings (e.g the head what they thought before/think after, the heart – what they feel after/felt before, etc)

Facilitator then helps the participant to narrate their change stories based on the body mapping exercise.

1. How do you feel about this change?
2. How differently does a youth who has participated in SE meet his/her SRH needs from that who has not?
3. What do you think can be done to ensure that other young people your age can benefit from this course and activities?

Annex 5: Key Informant Interview Guide for Parents (out of school)

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	Parent
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors to inform similar programs.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start the discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Interview Questions

1. What group is your child/children? Are they boys or girls?
2. Are you aware that your child participates in a group on sexuality education? If yes, how did you first learn about this? What did you think at first? What do you think about this now? What do other parents /family members say about it?
3. Have you discussed with your child what they learn from the group (If No), why? (If yes), what do you talk about? How often? What have you learned from your discussions? Has this changed the way you view your child or sexuality issues? If so, what has changed? Can you share any examples?
4. From the discussions you have had with your child about sexuality education sessions, what is your comment on the sexuality education classes? Health talks and accompanied visits?
5. Do you think other parents talk with their children about issues of sexuality? (If no), why not? And what can be done to help parents and children talk about this topic? (If yes), what do they talk about?
6. Have you observed any change on your child that can be associated with the SE classes or participation in sexuality activities? (Positive or negative)? Explain
7. What more needs to be done to help you support your child on getting health services and learning about how to make healthy decisions about their Sexual and reproductive health?
8. Do you think the SE your child and others have received has benefited other members of your family? This community? Please explain
9. SE sessions in groups are guided by fellow youth, what is your reaction towards your child getting SE from his/her peers?
10. Can you share with me any traditional communication approaches adults used as they discussed with children such sensitive issues? How can the SE program benefit from these in their interactions with young people?
11. Was there a time in your culture or even today when children would receive sexuality information? What kind of information? Whose responsibility was it to pass the message? How can that approach support SE activities today?
12. What is your suggestion for improvement in delivering SE sessions to youth in your community?

Annex 6: Key Informant Interview Guide for Parents (in school)

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	Parent
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Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors to inform similar programs.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start the discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Interview Questions

1. What class is your child/children? Are they boys or girls?
2. Are you aware that your child participates in a class/club on sexuality education? (If yes), how did you first learn about this? What did you think at first? What do you think about this now? What do other parents /family members say about it?
3. Have you discussed with your child what they learn from the class or club? (If No,) why is that? If yes, what do you talk about? How often? What have you learned from your discussions? Has this changed the way you view your child or these issues? (If so), what has changed? Can you share any examples?
4. From the discussions you have had with your child about sexuality education class or club, what is your comment on sexuality education classes? Health talks at school? Accompanied health visits
5. Do you think other parents talk with their children about issues of sexuality? If no, why not? And what can be done to help parents and children talk about this topic? If yes, what do they talk about?
6. Have you observed any change on your child that can be associated with the SE classes or participation in sexuality clubs? (Positive or negative)? What is different from peers who have not participated? Explain

7. What more needs to be done to help you support your child on getting health services and learning about how to make healthy decisions about their Sexual and reproductive health?
8. Do you think SE lessons your child and others have received has benefited other members of your family? This community? Please explain
9. SE sessions in schools are guided by teachers, what is your reaction towards your child getting SE from his/her teacher?
10. Can you share with me any traditional communication approaches adults used as they discussed with children such sensitive issues? How can the SE program benefit from these in their interactions with young people?
11. Was there a time in your culture or even today when children would receive sexuality information? What kind of information? Whose responsibility was it to pass the message? How can that approach support SE activities in schools today?
12. How do adults normally respond when it comes to sexuality issues/ SRH needs of young people? Do you think these attitudes have changed as a result of parents like you participating in KIR project activities? Please explain what more needs to be done?

Annex 7: Key Informant Interview Guide for Staff Of Education Office

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers to the questions asked.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will be discussing some issues related to the activities of KIR-SE project, which is implemented by Save the Children with implementing partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

1. Tell us any specific activities that you have carried out as the education office in collaboration with the project? What is your role in the project?
2. In your opinion, is the KIR project unique as compared to other projects for young people you have worked with? Please explain
3. Before the implementation of KIR, did you ever realize there was a need for sexuality education in schools? Why or why not?
4. How relevant is the project in the context of education policies and strategies of the country/region?
5. In what ways do you think the project has contributed to addressing youth reproductive health needs in your area?
6. Are you aware of changes in students who took part in SE trainings? Discuss the differences or issues different from their peers who are not part of the training?
7. Do you think the community and parents are aware of such a program at school? If yes, what was their reaction? Were they supportive or not? Explain.
8. What role can the education sector play to sustain the program and other SE programs in schools? How can they do this and what additional resources are needed?
9. What general recommendations do you have on how to improve and sustain the success of the project?

Annex 8: KII FOR PTA/BOG

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Name of school & position on the committee	
Region	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of the Keep It Real Project. The project is implemented by Save the Children and their partners. I am working with ISS to conduct Operations research for the project. You have been selected as a member of PTA/BOG in the project because we would like to learn from your experiences. The findings of this Operations research will inform Save the Children and partners about the process of the project to and identify and document success factors and challenges. This information will help to improve KIR and inform similar projects in the future.

We would like to thank you for your time and willingness to participate in this discussion. Please be informed that all the information you provide will be confidential, meaning that it will not be shared with anyone else except the research team. There is no need to mention your name in the discussion. Your participation is totally voluntary. You can stop the interview anytime without any problems. Please feel free to ask any questions at any time. All we ask is that you share your honest opinion and experiences. This is not a test. There are no right or wrong answers.

Do you have any question before we start the discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure that you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start the discussion now?

If yes, say thank you! and continue the interview. If no, stop!

Interview guides for PTA/BOG

1. Are you aware of KIR project in your school and please explain it.
2. How relevant the project is in the context of Uganda’s education policies and strategies?
3. To what extent has the project considered the culture and social issues of Uganda, or in the region?

4. Have you observed any change among students that can be associated with students in the school?
5. How has this project strengthened relations between local stakeholders in the project areas?
6. Do you think these relations among stakeholders are likely to continue beyond the project period? How?
7. Do you think the project has contributed in enhancing youth capacity? In what ways?
8. What opportunities/challenges are there to ensure sustainability of the project and its outcomes?
9. Can you tell us effects of the project to the school community (positive and negative) can you share any incident that was negative? How was it resolved? How can such incidences be reduced?
10. How have parents reacted to SE sessions and club activities? How supportive have they been in implementing SE program?
11. What were the main challenges faced during the implementation process? What lessons could be drawn (both from success and challenges) from the implementation of this project?
12. Have you observed the spillover effect of school based SE program to the local communities? How? What examples can you mention?
13. Do you think that students who took part in the trainings discuss the issues with their friends/families/neighbors who are not part of the training?
14. What general recommendations do you have if we were to improve and/or sustain the project?

Annex 9: Key Informant Interview Guide for Youth Advocates

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	Youth Advocate
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will be discussing some issues related to the activities of KIR-SE project, which has been implemented by Save the Children and Restless Development and other implementing partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Interview Guide

1. Tell us something about your participation as an Advocate with Restless Development. What is your role as a youth advocate?
2. What comments do you have on the opportunity you were given to be one of the youth advocates on the project?
3. Why is it important to work with advocates who are youth like you in ASRH issues?
4. Tell us about the advocacy messages you have been passing to different stakeholders. How do you get those messages?
5. Please share with me your experience as an advocate (Who you reached, how the advocacy went, what was achieved, what you were happy with most? (Facilitator probe for and document specific cases).
6. In your own assessment, do you think the advocacy on friendly ASRH services has brought any benefits to youth in terms of enabling them to access ASRH services? Please explain
7. What do you think should have been done differently? Make suggestions.
8. Share with us any challenges you might have faced being a youth advocate interacting with adult implementers?
9. What support did you get from restless development on dealing with these challenges? How can these challenges be addressed in future?

10. Can you share any recommendations for a better advocacy strategy for ensuring youth friendly services?

Annex 10: Key Informant Interview Guide for Class Room Teachers

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Name of school	
Region	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of the Keep It Real Project that helps teachers and youth clubs deliver sexuality education in schools and youth clubs. The project is implemented by Save the Children and their partners. I am working with ISS to conduct Operations research for the project. You have been selected as an educator in the project because we would like to learn from your experiences. The findings of this Operations research will inform Save the Children and partners about the process of the project to and identify and document success factors and challenges. This information will help to improve KIR and inform similar projects in the future.

We would like to thank you for your time and willingness to participate in this discussion. Please be informed that all the information you provide will be confidential, meaning that it will not be shared with anyone else except the research team. There is no need to mention your name in the discussion. Your participation is totally voluntary. You can stop the interview anytime without any problems. Please feel free to ask any questions at any time. All we ask is that you share your honest opinion and experiences. This is not a test. There are no right or wrong answers.

Do you have any question before we start the discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure that you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start the discussion now?

If yes, say thank you! and continue the interview. If no, stop!

INTERVIEW QUESTIONS

1. As a classroom teacher, what activities did you do in KIR project? What is your feeling about being one of the teachers that had an opportunity to facilitate sexuality education sessions with students?
2. Does the content of the curriculum consider youth needs, diversity and differences: Male and female, locality (rural and urban), schooling status (in and out of school) and age (10-14, 15-19 years old young people?) If yes, how?
3. *(Primary school teachers only)* Do you think that there is any content that is inappropriate for 10-14 year olds? If yes, please explain?
4. Do you have any suggestions on what content should be excluded from the current curriculum? (For this question probe for attitudes negatively influencing delivery)
5. Are there some ASRH issues that students should know about but that are not included in the curriculum? If yes which ones?
6. Have you ever experienced any difficulty explaining some of the curriculum content? If yes, please explain? (For this question probe for attitudes negatively influencing delivery)
7. Do you think that SE class room mode of delivery is different from conventional teaching methods? If yes, in what ways? What more needs to be done?
8. Are there some learners who are inactive during sessions? How do you encourage participation from those not speaking up in class sessions?
9. Do you think that the time allotted for each session is adequate? If not, please mention the topics that could not be covered?
10. Have you experienced some challenges in SE teaching class due to participants' age differences? Or mixed sessions? If yes, how do you manage it?
11. Which activities were liked most during sessions? Which activities in the sessions are not appropriate and should be excluded? Why? (For this question probe for attitudes negatively influencing delivery)
12. Did you ever feel a need to have SE for students in your school before KIR? (Why or why not?) How do fellow teachers not teaching on SE perceive the program?

13. Have you observed any behavioral change among the students who have participated on SE? What is different from those who have not?
14. Did you get any support from Save the Children on how to address your own attitudes?(Probe for any orientation trainings)
15. Do you think that the school could continue to support students by conducting classroom session/club when the project ends? How so? What resources would be needed? What are you willing to do to ensure it continues?
16. Do you think students share ideas about youth reproductive health with their peers who are not participating in the project? Does the training encourage them to share with others? What more needs to be done to ensure that students share these ideas?
17. What general recommendations do you have on how to improve in school KIR project implementation?

Annex 11: Key Informant Interview Guide for Project Implementing Organizations (Straight Talk Foundation and ACODEV)

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participants and explain that participation is voluntary. Tell the participants that there are no wrong or right answers for the questions asked.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which has been implemented by Save the Children with implementing partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and recommendations. It will also help to identify and document challenges as well success factors.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any questions before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Guiding Questions

1. Tell us something about your participation in KIR CSE project. What is your role in the project?
2. How were youth participants in and out of school selected? What measures were taken to reach youth with diverse ASRH needs for both in and out of school youth?
3. Do you think that the strategy used to identify youth was successful in reaching most disadvantage group of youth? If so, how and if not, what can be done to improve this?
4. Are there other groups of young people that the project could reach (clarify within the time frame of the project)? If so please identify them and elaborate on how you think they can be reached?
5. How has the KIR project ensured there is youth participation in the activities? (Probe for role of youth in planning, implementation, monitoring, evaluation, advocacy)
6. What challenges is the project facing in ensuring youth participation – for boys and girls, VYA compared to older adolescents, in school youth compared to out of school youth?
7. What is your recommendation on how to improve participation of young people in the project? (Specify which type of activity, which type of young person, which location, etc)
8. Have you observed/received any comments on the contents of the curriculum that is being used in SE? If so please specify them and give suggestions on what needs to be improved. If there were any issues how were they resolved?
9. What are some of the methods of delivery that teachers and PEs use in the delivery of sexuality education classes and clubs for in-school learners and out of school youth?
10. Are there any problems you have observed with such methods and what suggestions can you give on how to improve the delivery?
11. What are some of the negative cultural practices that hinder the way the project is implemented and how have these be addressed through this project? What needs to be done further to address these? Are there any positive cultural practices that complement SE?
12. Besides the youth, are there other stakeholders you have extended SE training to? Explain.

13. Are there any measures in place to ensure that teachers/peer educators will continue delivering the content after the project is over? What are some of the challenges you anticipate in ensuring teachers /peer educators continue to offer support to youth? What needs to be done to address this challenge
14. Are there cultural/religious sensitive issues you have faced during implementation that needed special attention? (Elaborate-What happened? What was resolved? What continues to be an issue/ what is the status now?) What needs to be done to address such issues?
15. What is the response of adult community members towards SE in and out of school? What kind of support has the project received from community members?
16. Do you think there is any difference between youth who have attended SE and those who have not regarding satisfying their SRH needs? (cite differences in behaviour)
17. In your assessment, have there been cases where the outcomes of the project on the participants have been felt in the community? Give specific examples or cases. How do you plan to sustain such positive outcomes?
18. 16. Are there cases where the positive outcomes of the project have led to improvements in other areas of adolescents' life? If so, please specify. How would you enhance these improvements?
19. 17. Have there been any unplanned consequences of the project. Tell us what happened, what was resolved, what is the status now. What do you recommend on how to minimize the negative impacts?
20. Any other recommendations on how the project can be improved?

Annex 12: Key Informant Interview Guide for Save The Children Staff

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from participants and explain that participation is voluntary. Tell the participants that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is discussed in the order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and provide recommendations. It will also help to identify and document challenges as well success factors to help improve the project and inform similar projects.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN FOR INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Interview Questions

1. What is the role of SC in implementing the KIR project?
2. How were youth groups selected to participate in the KIR project? What do you think is the strength of this selection method? Based on your experience so far, what is the weakness of this selection method? How were schools selected to participate?
3. How were you able to reach disadvantaged youth categories?
4. Do you think that the project has addressed key sexuality education needs of young people through the project activities? How?
5. To what extent has the project considered the cultural and social issues of the country, or in the region? Are there some sensitive cultural issues that the project has had to deal with? Please specify. How did the project handle these? What remains to be done?
6. Does the content of the manuals consider the diversity of youth ASRH needs? (Probe for differences between male and female, locality (rural and urban), schooling status (in- and out- of school) and age (10-14, 15-18, 19-24 years old)? Explain. Are there some aspects of the manuals that you feel need to be changed to reflect this reality?
7. How does the delivery mechanism accommodate diverse youth groups? (Probe for gender, age, locale, marital status) Are there gaps, weaknesses and strength in the delivery that can be improved or enhanced? How?
8. How has the project ensured participation of different stakeholders including young people in developing the contents and delivery of the curriculum? How can their participation be improved?
9. Have there been any unplanned consequences of the project either positive or negative?

10. Have you observed any positive or negative effects of SE project to other communities and schools? What can be done to enhance positive effects and reduce negative effects?
11. Do you think that learners in the classes, clubs or course discuss the issues from the project with their friends/peers and families who are not part of the training? How? (Facilitator request for further evidence on this in form of case studies, other documentation, etc)
12. How have community members participated/supported the KIR project? What strategies would promote community participation in support of the project activities?
13. How has this project strengthened relations among local stakeholders in the project areas?
14. Do you think these relations among stakeholders are likely to continue beyond the project period? How?
15. What opportunities/challenges are there to ensure sustainability of the project and its outcomes? What steps need to be taken to enhance sustainability?
16. During implementation of the project, have you identified any positive traditional practices that could support delivery of SE? How can they be tapped to strengthen SE programming?
17. What general recommendations do you have to ensure the success of the project?

Annex 13: Key Informant Interview Guide [Project Implementing Partner-Restless Development

General Instruction to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of the KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and provide recommendations. It will also help to identify and document challenges as well success factors to help improve the project and inform similar projects.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not stop!

Interview Questions

1. Tell us something about your participation in the KIR SE project. What is the role of Restless Development in the project? Why do you think your role is important?
2. What different categories of youth advocates do you work with? And what is the role of youth advocates on this project?
3. How did you select the youth advocates? Explain why it is important to work with youth advocates.
4. What was the role of the youth in designing advocacy issues and the advocacy plan?
5. How have you worked with other stakeholders within and outside the KIR project to ensure successful advocacy for youth ASRH issues?
6. What platform has been available for youth to engage with on advocacy issues? Are there other institutions, organizations, offices you can reach with youth ASRH issues? Which ones? How?
7. In what ways do you think your advocacy plan addresses the gender issues associated with youth ASRH? How about ASRH needs of VYA, older youth and other categories also including disabled youth etc.
8. How supportive have adults been in communities where you hold advocacy campaigns related to the KIR project? Is there still evidence of age based power relations that hinder young people from accessing ASRH services? How are you engaging with such barriers? What more needs to be done?
9. What opportunities are there to ensure that youth advocacy campaigns continue beyond the project life?
10. Are there specific cultural advocacy strategies that you can draw from to enhance engagement with young people and community about ASRH issues?
11. Are there cultural/religious sensitive issues about ASRH you have faced during advocacy that needed special handling? Elaborate. What are your suggestions on how these issues can be addressed within the KIR project time line?
12. Any other recommendations on how youth advocacy can be improved?

Annex 14: Key Informant Interview Guides for SE Networking Partners

General Instruction to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and provide recommendations. It will also help to identify and document challenges as well success factors to help improve the project and inform similar projects.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN FOR INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Guiding Questions

1. Are you aware of Save the Children KIR SE project? In what ways have you interacted with the project?
2. Compared with similar projects, is there anything unique about the KIR project? Please explain.
3. Please share with me the gendered ASRH issues of young people in school and out of school in rural and urban Uganda. How do you think KIR project has been able to address gendered ASRH needs of youth? How best can these needs be met?
4. Have you observed any changes in young people's attitude towards gender norms, handling their sexuality issues or social interactions as a result of SE program? (cite the changes, actions taken)
5. How could adults exposed to SE program may have changed their perception of ASHR needs of young people? What is different from those not exposed to SE program?
6. From your experience working on SE programs, how do you think it has impacted on youth's SRH needs? (probe for negative and positive impact, also different for boys and girls, any changes in their behavior)
7. To what extent has the project considered the cultural and social issues of the country, or in the region? How best can they be handled?
 5. How has the project handled sensitive issues related to cultural norms, religion and other social community expectations? In your experience, what needs improvement, how?
 6. During implementation of any of the SE projects you have participated in, have you identified any positive traditional practices that could support delivery of SE? How can they be tapped on to strengthen SE programming?
 7. What general recommendations do you have to enhance the success of the project? Are there any good practices you have noticed from the project?
 8. What sustainability strategy do you recommend for the KIR Project?

Annex 15: Key Informant Interview Guide for Staff Of Health Offices

General Instructions for the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the "probe" sections extensively.

General Information about Key Informant

Responsibility	
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will discuss some issues related to the activities of KIR-SE project, which is implemented by Save the Children and partners. The findings of the Operations research will inform Save the Children and partners about the process of the project and provide recommendations. It will also help to identify and document challenges as well success factors to help improve the project and inform similar projects.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN FOR INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Guiding Questions

1. Can you share with us what you know about the Keep It Real project?
2. Tell us how the health office has been involved in the Keep It Real project. Please share the specific activities that have been carried out by health officers in collaboration with the project. What is your role? What are the successes and challenges?
3. How has the KIR project activities contributed to the district health sector (SRH) plans related to adolescent and youth reproductive health? Elaborate.
4. In what ways has the project contributed to addressing youth reproductive health needs in your area? Suggest areas of improvement if any.
5. Do you see any changes in young people's access to health services as a result of the project- including health talks in schools and youth groups, accompanied visits to health centers, and health worker training in youth-friendly health services? If yes, what changes? Any examples.
6. Have you seen any changes in health worker attitudes about youth and their reproductive health after receiving training in youth-friendly health services and linkages with schools /groups? If not what more can the project do to improve this area?
7. Are there other categories of youth who you think should have been reached with sexuality education and/or activities to link them to health centers but who were not reached? Who are they? What health activities did not reach them?
8. What is the role of your department in ensuring that linkages between health centers and schools can continue beyond the project period? How can this be done? Other than funding, what resources are needed to maintain these linkages? (Probe for who, how, when, etc.!).

9. What general recommendations do you have on how to improve the success of the project?

Annex16: Key Informant Interview Guide for Peer Educators

General Instructions to the Interviewer

Introduce yourself and give an opportunity for interviewee to introduce herself/himself. Explain the purpose of Operations research and how this interview will contribute to the success of the study.

Ask for consent from the participant and explain that participation is voluntary. Tell the participant that there are no wrong or right answers for the questions raised.

Remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the discussion guide.

As an interviewer, you should be very familiar with the guide before starting the discussion so that topics that come spontaneously out of order can be followed and that you will know when it is necessary to use the “probe” sections extensively.

General Information about Key Informant

Responsibility	Peer Educator
Location	
Date of interview	
Name of interviewer	
Time discussion started	
Time discussion ended	

Begin the discussion by saying:

Today we will be discussing some issues related to the activities of KIR-SE project, which has been implemented by Save the Children with implementing partners. The findings of the Operations research will inform Save the Children and partners about the process of the project as well as provide recommendations. They will also help to identify and document challenges as well success factors to improve the project and inform similar projects.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared with anyone except the research team. There is no need to mention your name in the discussion.

Do you have any question before we start our discussion?

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand.

Do you agree to participate in this interview?

Yes No

VERBAL CONSENT GIVEN TO INTERVIEW, CHECK BOX

May we start our discussion now?

If yes continue the interview, if not Stop!

Guiding Questions

1. Which club/group do you belong to? How were you selected to be members of that club/group? Are there other members who were left out but who could have benefited? Who are they? How can they be reached?
2. How were you selected to be a peer educator? What do you think was very good or not good about the way you were selected to be a peer educator?
3. As a peer educator, what were your roles and responsibilities on the Keep It Real Project?
4. For how long have you participated in the project? How many sessions did you facilitate? How often did you have sessions?
5. What comment do you have on the opportunity you were given to be one of the peer educators on the project? (Probe for his/her feelings being a peer educator)
6. What are the views of your peers regarding your participation as a peer educator (probe for what others say to him/her)
7. *Does* the content of the curricula consider SRH youth needs of different backgrounds? If yes, how?
8. Have you ever experienced any challenge from participants related to the topic and content? If yes, please mention the topic(s)/content and why it was an issue?
9. In what activities have you engaged youth during delivery of sessions? Which ones do you think have been most appreciated? Why?
10. Are there other activities you think should have been included in the sessions to make SE more interesting and clearer? Which ones?
11. Do you think that the time allotted for each session is adequate? If not, please mention the topics that needed more time?
12. Have you ever experienced challenges in facilitating sessions due to participants' age differences? Gender differences? Mixed sessions? If yes, how have you managed each of the challenges?
13. How do you rate the participation of your peers in the sessions? (Note differences for female/male youth, younger/older youth) How can this be improved?
14. Have you ever shared with adults the lessons you have shared with youth? If yes, what was their reaction? (Positive/negative?)
15. How do you think youth who participated in SE behave differently from those who did not participate? (Cite examples)
16. What do adults in your community generally comment about SE activities? (Probe for do they think it is a good program, bad program, helpful to youth, spoils the youth etc.)

17. What are your suggestions on what should be done to ensure that SE programs in your /community continue even after Save the Children has left your community?

Before and After Participatory activity for very young Adolescents

Introduce this 'body mapping' – before and after exercise

Participating in the KIR project has no doubt been a life changing experience. Participants have learned new skills, new knowledge, gained new skills and strengthened values or attitudes. Attitudes held by different stakeholders about their sexual and reproductive health may have changed too.

Give young people who have been actively involved in classes or club a sheet of paper and ask them to draw an outline of a body on it and then divide it in half with before on one side and after on the other. The participants collectively think about the any changes as a consequence of their participation in the program and note differences before and after their involvement in the SE activities. They should make a note of such changes on the body map – either through images, words or a combination of both. Different body parts can represent different aspects of their sexual and reproductive health as well as feelings (e.g the head what they thought before/think after, the heart – what they feel after/felt before, etc)

Facilitator then helps the participant to narrate their change stories based on the body mapping exercise.

1. How do you feel about this change?
2. How differently does a youth who has participated in SE meet his/her SRH needs from that who has not?
3. What do you think can be done to ensure that other young people your age can benefit from this course and activities?