GOVERNMENT OF MALAWI

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Joint Programme on Girls Education

SYP SAFEGUARD YOUNG PEOPLE PROGRAMME

UNFPA

Comprehensive Sexuality Education

Programming Guide for Out of School Young People in Malawi

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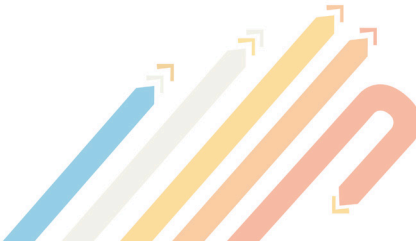


Sexual and Reproductive Health and Rights Programming Guide for Out of School Young People

This document is intended to provide UNFPA country offices and implementing partners with guidance on how to work effectively with out of school young people in a gender and rights focused manner towards their optimal health and well-being. It aims to assist in planning and implementing an essential SRHR package of services for out of school young people.

Adolescents and young people aged 10–24 make up about a third (33%) of the population in Eastern and Southern Africa (ESA). The percentage of young people who are out of school varies considerably across ESA. For example, in Botswana, South Africa, the Seychelles and Kenya less than 5% of all adolescents are out of school. In Malawi, Lesotho and Uganda between 20 and 25% are out of school, but in Swaziland, Mozambique, Ethiopia, 33-39% are. In Eritrea and Burundi, more than half of all 10-to-19-year olds are out of school. Rates of secondary and higher education enrolment remain low in many countries and girls are more likely to be out-of-school compared to boys. (PRB and UNFPA, 2012).

Why focus on Out of School Young People?

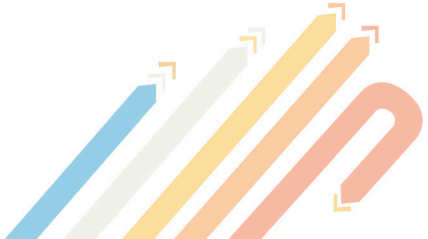
In addition to representing a significant proportion of young people in many countries in the region, out of school youth, especially those who are unemployed, are at higher risk for sexual and reproductive health and other problems than those in school. They are at higher risk because they may be more likely to have a sense of purpose in life, may be more likely to start having sexual intercourse, get pregnant and get married early. For some young people, especially girls – they may in fact be out of school because they got pregnant and/or got married. Out of school young people are also more likely to take drugs or alcohol which in turn impair judgement and increase sexual risk-taking.

Out of school young people obviously cannot benefit from the in school comprehensive sexuality education and school health initiatives that are starting to be provided in the region, and are excluded from other school based social and health interventions that are systematically delivered within the formal education system. Because they are out of school and, therefore, do not regularly gather together, they are harder to reach, requiring extra effort. This is especially true among young married girls who are largely consumed by their duties as homemakers and mothers and socially isolated.

Key Sexual and Reproductive Health Issues for Out of School Youth

UNPFA's programme for out of school youth is focused on the following key issues:

Child marriage: An estimated 34% of women aged from 20–24 years old in ESA were married or in union by the age of 18 (UNESCO, 2013). Despite progress in many countries, the practice remains prevalent in some areas and has direct negative consequences for the health, education and social status of girls and young women.
Some of these marriages are also forced and, in many, the girl has no say in the selection of her spouse. In addition to being a violation of the fundamental human rights of the girl, child marriage typically results in the end of the girl's education and early pregnancy (see below). Most often girls are married to significantly older men.



These men are likely to have already had multiple sexual partners and, as a result, are more likely to have STIs and/or HIV, which puts their young wives at risk of STIs and HIV as well. The marital relationships between these older men and their child brides are often difficult and marked by unhappiness and intimate partner violence, including rape.
Ending child marriage is a top priority because it contributes to most of the other adverse health outcomes that UNFPA is working to combat in young people (for example, preventing early pregnancy, child spacing and planning the number of children a couple has, uptake of contraception and safer sex practices).

Other Harmful Practices: Other practices that are harmful to sexual and reproductive health are found in many countries in the region. They vary significantly across and within countries. Some that deserve particular attention are female genital mutilation (FGM), dry sex, traditional male circumcision, and sexual intercourse during or immediately after initiation ceremonies. FGM is a human rights violation and is unacceptable under any circumstances. The prevalence of FGM varies significantly across the region: among adolescents aged 15 to 19, 78% and 62% have had FGM in Eritrea and Ethiopia (cite 15% in Kenya, 7% in Tanzania, and 1% in Uganda. Although the prevalence rate of FGM has come down in every country where it is practiced in the region, millions of girls are still at risk.

Dry sex is the practice of reducing moisture in the vagina in order to make it seem tighter, warmer, and to cause more friction during intercourse. For women, it can make sex uncomfortable and even painful. When followed by sex, the friction can cause tearing to the delicate lining of the vagina. Although the reason for the practice is that is said to make sexual intercourse more pleasurable for the man, it can make penetration both more difficult and also painful and can result in tiny tears to the tissues of the penis as well as the vagina. The lack of lubrication often contributes to condoms breaking as well. Vaginal inflammation and tears, tears on the penis, and increased condom breakage all make the transmission of STIs and HIV more likely when dry sex is practiced. It has been reported in South Africa, Democratic Republic of Congo, Malawi, Zambia, Kenya and Zimbabwe.

Initiation rites during adolescence usually mark the transition from childhood to adulthood and typically occur when signs of puberty are noticeable. They vary widely across countries and ethnicities, so the potential for harm to young people also varies depending on the specific practices. During initiation ceremonies, young people may be given counselling on the passage to adulthood, physical changes, how to care for themselves when menstruating for girls, how to be a good future spouse, sexual feelings and emotions, sexual behaviour, how pregnancy occurs, and STIs, HIV and safer sex. They may be advised to avoid sex, encouraged to seek it out, or initiated into sexual activity, sometimes under pressure or by force during or immediately after the initiation. In these circumstances, such as in some parts of Malawi for example, an older man called Fisi (Hyena) may have sex with multiple girls as part of initiation, most often without condoms or other contraception. Boys may also be pressured to practice their manhood by having sex.

Male circumcision and female genital mutilation may also be part of these ceremonies. For example, every year, young men may have their penises injured or die during initiation ceremonies accompanied by traditional male circumcision. Similarly, young girls are injured or die from female genital mutilation procedures. Some ceremonies involve beating and bullying. Research done in Malawi found that young people who have been initiated are more likely to have had sex and to have had multiple partners in the last year. In some instances, incorrect information about sexual and reproductive health is provided during initiation rites. Although traditional authorities are trying

to eliminate the harmful aspects of initiation ceremonies, some harmful aspects still continue in rural areas. Programmes will need to analyse the specific initiation rites where they are operating and assess the harms that may result, if any, to identify what needs to be addressed or changed.

Adolescent pregnancy: Adolescent fertility rates remain high at 108.2 live births per 1,000 girls aged 15–19 for the ESA region as a whole. The number of births per 1,000 girls aged 15-19 in 2011 ranged from 21 in Burundi to 168 in the Democratic Republic of Congo (PRB and UNFPA, 2012). The rates are especially high in Uganda, Zambia, Democratic Republic of Congo, Malawi and Mozambique. In Malawi, for example, more than 50% of women had given birth by the age of 20. By age 17, at least 20 per cent of young women in six countries in the region have started childbearing (UNESCO, 2013).

With a few notable exceptions (Namibia and Swaziland), most adolescent childbearing occurs within marriage. For example, in Zimbabwe, 41% of women ages 20-24 had their first birth before age 20 in marriage compared to 6% who had it before marriage; in Uganda the figures are 50% in marriage compared to 12% before marriage; and in Malawi, 59% in marriage compared to 8% before marriage (UNDESA, 2013). In some cases, while the birth takes places after marriage, the girl became pregnant before getting married. Although adolescent childbearing is often the result of child marriage, unmarried adolescents are also at risk for early and unintended pregnancy, especially since they often face obstacles to accessing contraceptives and health services. In addition, some adolescents become pregnant due to rape.

Medical complications from pregnancy and childbirth are among the leading causes of death for girls aged 15–19. Pregnancy in adolescence carries higher risk for obstructed labour, postpartum haemorrhaging, fistula, pre-term delivery, low birth weight, still births, neonatal mortality, unsafe abortion and maternal death. The youngest mothers are the most likely to experience complications or death due to pregnancy and childbearing. Adolescent pregnancy often leads to a girl dropping out of school resulting in long-term social and economic consequences for a girl, her family and the broader community.

STIs and HIV: The ESA region remains the epicentre of the global HIV epidemic. Prevalence rates among young people aged 15-24 years old ranging from 0.2 per cent (Eritrea) to 15 per cent (Swaziland). In 2012, an estimated 2.6 million young people (15–24 years old) were living with HIV in the ESA region. The regional HIV prevalence among young women is 4%, which is more than two times higher than among young men of the same age (UNESCO, 2013). Some adolescents were born with HIV while others have acquired it sexually.

HIV prevalence among young people is falling in many countries, however, there are still an estimated 430,000 new infections per year among young people 15-24 in ESA (UNESCO, 2013). Condom use remains low and few adolescents get tested. In addition, girls continue to face a higher risk of HIV infection than boys.

Adolescents are vulnerable to acquiring STIs and HIV because of their age, biology, social and legal status. The types of relationships that they engage in, especially multiple and concurrent partnerships and inter-generational and transactional sexual relationships, are also a factor. In six countries (Eritrea, Lesotho, Madagascar, Mozambique, Swaziland, and Tanzania) more than one in four young men aged 15–24 report having more than one sexual partner in the previous 12 months (PRB website, DHS data). In seven countries in the region (Burundi, Democratic Republic of Congo, Ethiopia, Lesotho, Rwanda, Swaziland, and Zimbabwe) more than 10 per cent of young women report having had sexual relations with a man more than 10 years their senior in

the previous year. These relationships put young women at higher risk of STI, HIV and pregnancy because their partners are more likely to have had multiple partners, are more likely to have HIV and because it is more difficult for them to negotiate condom use due to the power differential. Transactional relationships, for money, gifts such as cell phones, clothes, jewellery, alcohol, and protection, are also common and further disempower the person receiving the benefits, usually girls or young women. Studies have found that the greater the benefit, the less likely it is for safer sex to be practised (UNESCO, 2013). Young women need confidence and competence to negotiate condom use and young men must recognize the importance of consistent condom use for their own health and that of their partners (PRB and UNFPA, 2012).

Access to treatment has transformed the future prospects of adolescents and young people living with HIV. Most should be able to live long, healthy and productive lives. As they move into adolescence, they need to be able to negotiate their sexual and reproductive lives safely and special attention needs to be paid to their particular needs. Yet many adolescents living with HIV have not been tested and/or treated. This means while mortality related to HIV has fallen for children under 10 and for adults, it has increased for adolescents 10 to 19. Increasing testing, treatment literacy and adherence is a necessity for them as are fighting stigma and discrimination against adolescents living with HIV.

Sexual and gender-based violence: For many adolescent girls in the ESA region, sex, marriage and pregnancy are not voluntary, consensual or informed (UNESCO 2013). Sexual violence and coerced sex is common in relationships, and for many, their first sexual encounters are forced. Between 9–36% of girls 15-19 report having experienced sexual violence at some point in their lives in the nine countries for which data are available. Except in the Democratic Republic of Congo, the rates are higher for women aged 20–24, ranging from 18-31% (UNESCO, 2013, PRB and UNFPA, 2012).

Alcohol and Drug Use and Abuse: Many people try smoking, alcohol and drugs during adolescence and youth. These behaviours can have a negative impact on young people's wellbeing and also lead to poor sexual and reproductive health outcomes. Alcohol use may contribute to risk behaviours, such as multiple sex partners, inconsistent condom use and transactional sex. Young people who use drugs are at higher risk for HIV infection due to lack of access to information, sterile injecting equipment and services such as HIV testing and counselling. While all substance use is associated with risk-taking and higher HIV rates, young people injecting drugs have much higher HIV rates than their peers.

Key Behaviours

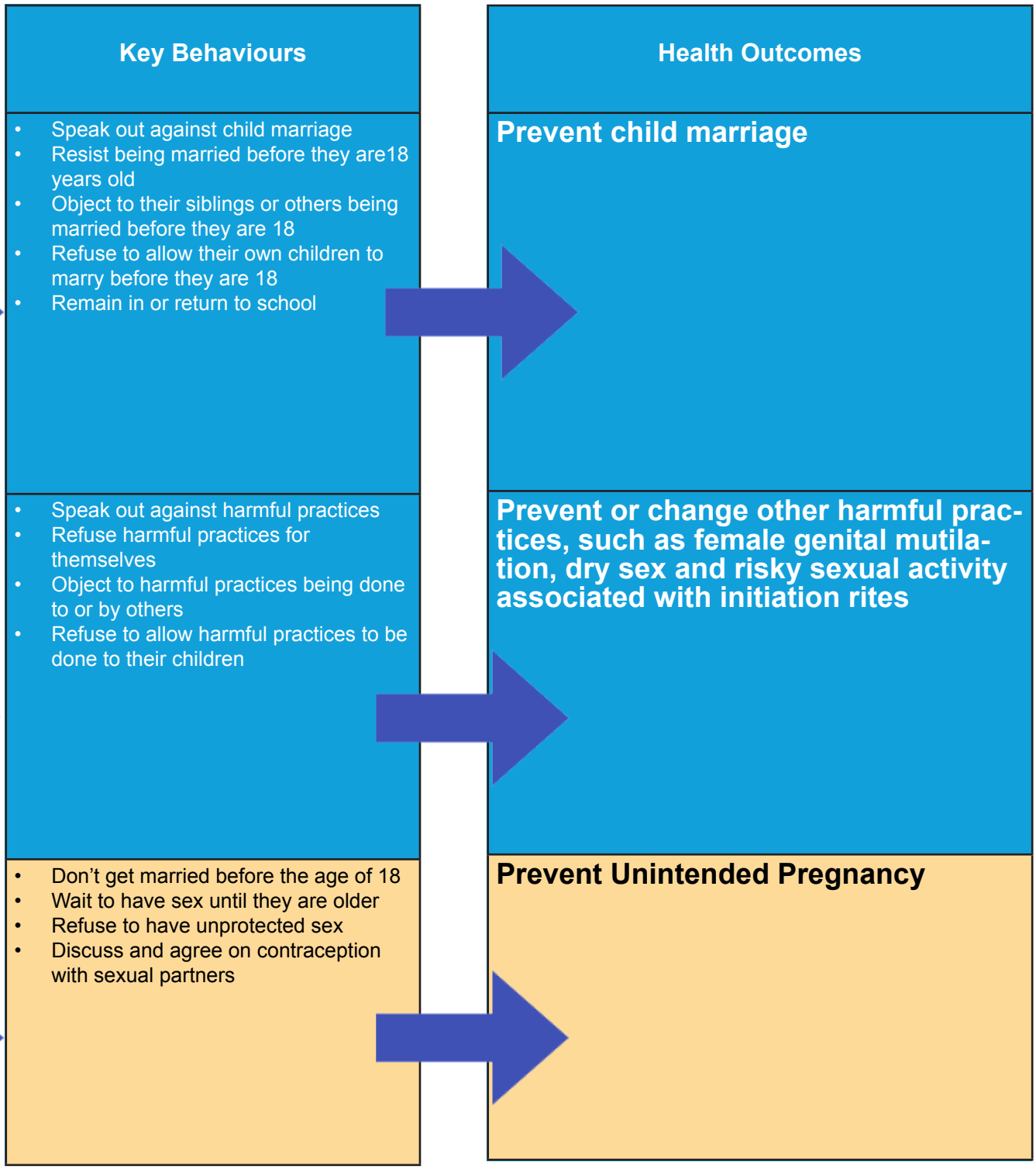
For each key issue above, the table below indicates the health outcomes that we want to achieve. It also shows the key behaviours that young people need to adopt to achieve these outcomes. The required knowledge, attitudes, values, beliefs, intentions, motivation, and personal agency and skills that are needed for the young person to adopt the behaviours are indicated in summary form. These are the areas that any programme for young people must address in order to achieve the required healthy behaviours and health outcomes. They are outlined to guide you in the essential areas to cover when you undertake programmes for out of school young people.

Programmes often focus a great deal on providing information and spend too much time talking at young people. It has been clear for decades that providing information is not enough to change behaviour. This led to programmes focused on developing life skills. However, even with

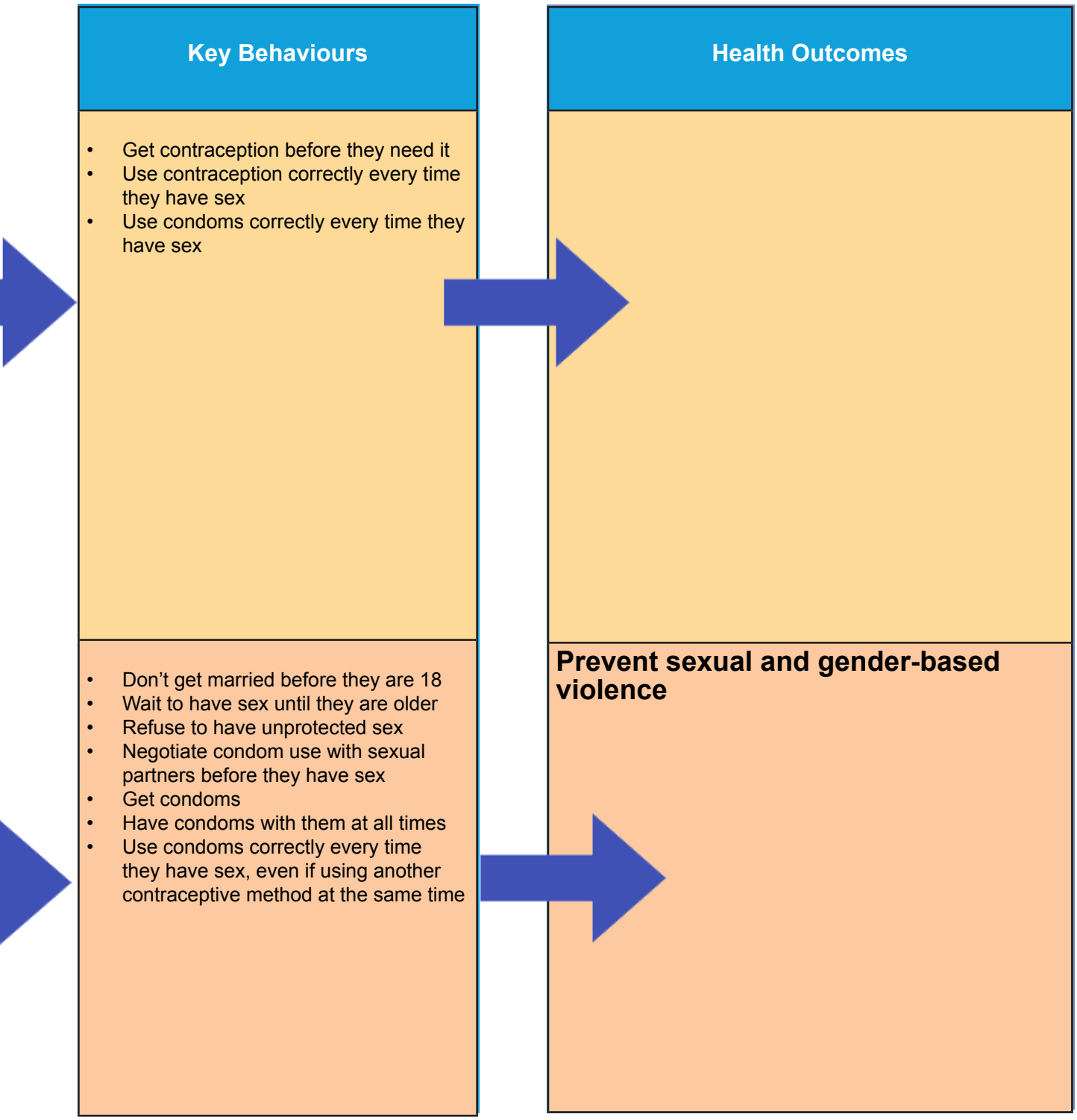
information and skills, young people still may not adopt behaviours that will protect their health and wellbeing. Therefore programmes must also explore their values, attitudes, beliefs, desires and motivations with them, help them to think through what they intend to do in different situations that they are likely to face and encourage them to personalise the information that they have learned and apply it to their own lives. This systematic approach to behaviour change is critical for programming for out of school young people. Youth workers must be able to master the content in the table for each health outcome they plan to achieve and each health behaviour they want to promote or help young people discard.

To better understand the table, first read the column on the right (Health Outcomes, then look at the next Column (Key Behaviors) that will lead to the health outcomes. After that, start reading from the right (knowledge, followed by attitudes, values column, then read skills column, then the key behaviors followed by the health outcome. To bring about a health outcome, you may have to address more than one key behaviors as shown below):

Knowledge	Attitudes, Values, Beliefs, Intentions, Motivation, and Personal Agency	Skills
• Understand the consequences of child marriage • Know that child marriage violates their human rights • Know the international and national laws that protect them from child marriage	• Believe that child marriage is wrong for themselves, their siblings, their children and others • Want to wait to get married until they are at least 18 years old • Want to continue their education • Have the confidence to stand up against child marriage for themselves and others	• Able to argue effectively against child marriage • Able to decide not to get married as a child
• Know that cultural practices can be beneficial, harmless, or harmful and that beneficial practices should be promoted; harmless ones left alone, and harmful ones changed or eliminated • Understand the consequences of the common harmful practices in their community	• Believe that the harmful practices are wrong for themselves, their siblings, their children and others • Desire not to participate in or support harmful practices • Want to protect themselves, their children and others from the harmful practice	• Able to argue effectively against harmful practices. • Able to decide not to participate or support harmful practices for themselves or others
• Know how pregnancy happens • Be able to separate myths from facts about pregnancy prevention • Know how to prevent pregnancy • Know the different contraceptive methods, including emergency contraception, how they work, and where to get them	• Don't want to get pregnant or make someone pregnant during adolescence • Accurately assess their own risk of an unintended pregnancy • Plan to wait to have sex until they are older and/or to use contraception to avoid an unintended pregnancy when they have sex	• Able to delay sexual intercourse if they choose to do so. • Able to discuss and negotiate contraceptive use with any potential sexual partner before having sex. • Able to decide which contraceptive methods to use before having sex


Key Behaviours
Health Outcomes
• Speak out against child marriage
• Resist being married before they are18 years old
• Object to their siblings or others being married before they are 18
• Refuse to allow their own children to marry before they are 18
• Remain in or return to school
Prevent child marriage
• Speak out against harmful practices
• Refuse harmful practices for themselves
• Object to harmful practices being done to or by others
• Refuse to allow harmful practices to be done to their children
Prevent or change other harmful practices, such as female genital mutilation, dry sex and risky sexual activity associated with initiation rites
• Don't get married before the age of 18
• Wait to have sex until they are older
• Refuse to have unprotected sex
• Discuss and agree on contraception with sexual partners
Prevent Unintended Pregnancy

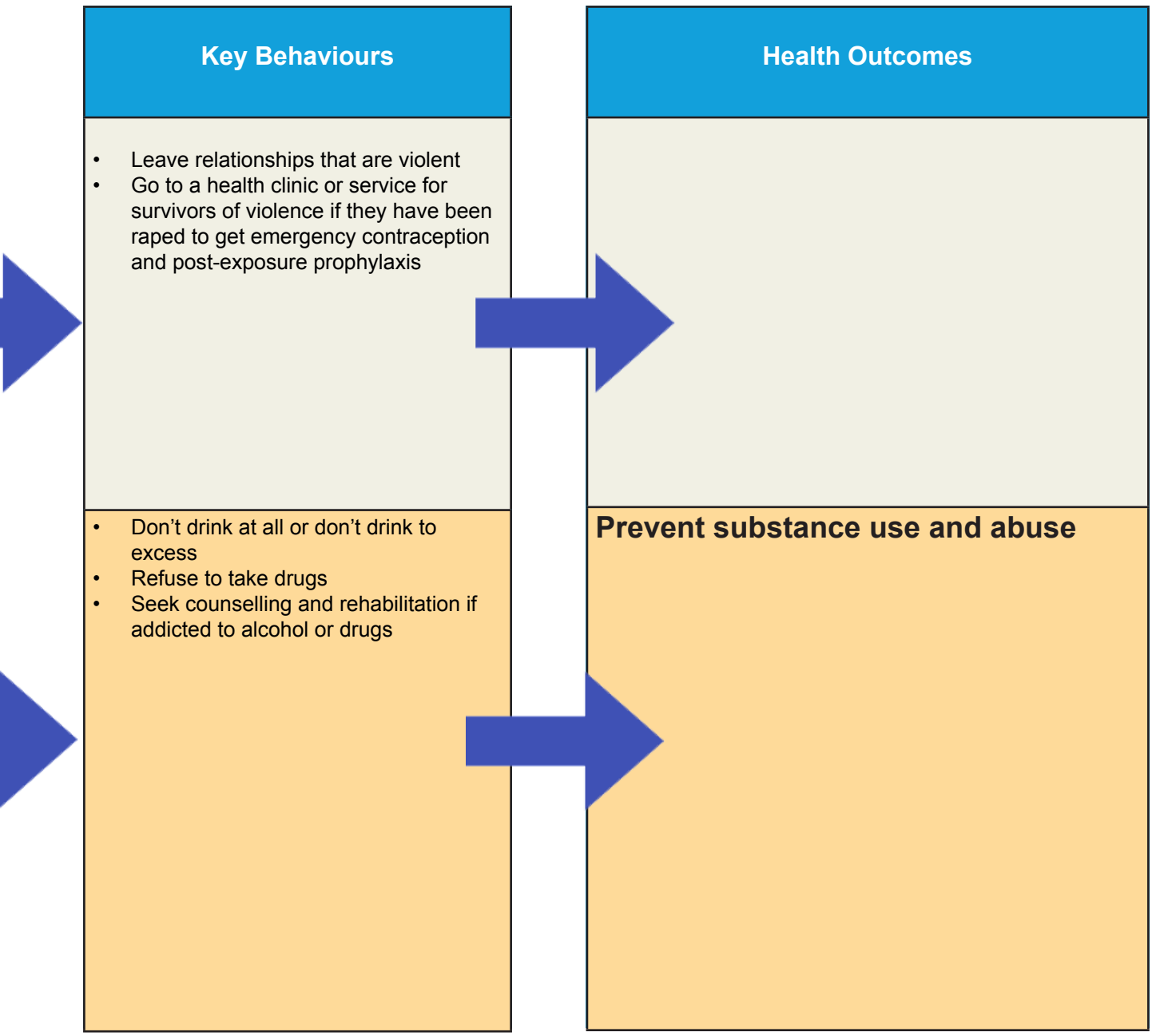
Knowledge	Attitudes, Values, Beliefs, Intentions, Motivation, and Personal Agency	Skills
• Know in detail how to use the pregnancy prevention method that they have chosen • Know in detail how to use condoms correctly • Understand the need to use condoms to prevent STIs and HIV even if they are using another contraceptive method • Know their rights and responsibilities related to relationships, sex and protection • Understand that male and females have equal responsibility for protection • Know where to get family planning services and counselling, emergency contraception and legal assistance if raped	• Believe that they are in control of their bodies • Believe that they are able to discuss and use contraception with their partners • Belief that both partners have the responsibility to prevent pregnancy	• Able to refuse unprotected sex • Able to obtain contraception and condoms • Able to use condoms correctly • Able to correctly use the contraceptive method they choose
• Know the facts about STI transmission, signs & symptoms (and lack thereof), health consequences & treatment • Know the facts about HIV transmission, disease progression, testing, treatment and positive living • Be able to separate myths from facts about STIs and HIV • Know how to prevent and reduce the risk of STIs and HIV.	• Want to avoid getting an STI or HIV • Accurately assess their own risk of getting an STI or HIV • Believe that using condoms is normal and good • Plan to wait to have sex until they are older and/or to use condoms to protect themselves when they have sex • Want or prefer to have partners who are close to the same age as they are.	• Able to delay sexual intercourse if they choose to do so • Able to discuss and negotiate condom use with any potential sexual partners before having sex • Able to refuse unprotected sex • Able to obtain condoms • Able to use condoms correctly


Key Behaviours
Health Outcomes
• Get contraception before they need it
• Use contraception correctly every time they have sex
• Use condoms correctly every time they have sex
• Don’t get married before they are 18
• Wait to have sex until they are older
• Refuse to have unprotected sex
• Negotiate condom use with sexual partners before they have sex
• Get condoms
• Have condoms with them at all times
• Use condoms correctly every time they have sex, even if using another contraceptive method at the same time
Prevent sexual and gender-based violence

Knowledge	Attitudes, Values, Beliefs, Intentions, Motivation, and Personal Agency	Skills
• Know in detail how to use a condom. • Know the behaviours and types of relationships that increase the risk of STIs, HIV and unintended pregnancy, especially multiple, concurrent partners, partners more than five years older and those who provide benefits (e.g. cash or gifts) in exchange for sex, and drinking and drug use • Understand dual protection from STIs, including HIV, and pregnancy • Know their rights and responsibilities related to relationships, sex and protection and related to living with HIV • If HIV positive, understand how ART works and why they need to take it according to the health provider's instructions	• Believe that it is not okay to exchange sex for benefits, even if you need the benefits • Intend not to have more than one partner during the same time period • Intend not to drink alcohol, or not get drunk or use drugs • Want to know their HIV status • Believe that they are in control of their body • Believe that they are able to discuss and use condoms with their sexual partners • Believe that both partners are responsible for preventing STIs and HIV • Believe that it is okay for girls to talk about sex and protection and to carry condoms	
• Know the characteristics of healthy and unhealthy relationships • Understand gender, gender stereotypes, power and gender inequality • Understand the effects of gender inequality on women and girls, men and boys, on relationships, and on society • Know the basic facts about of sexual and gender-based violence, including types and consequences, where violence can happen and situations that can lead to violence and abuse	• Believe that males and females are equal in life and in relationships • Believe that sexual and gender-based violence is always wrong • Believe that it is not their fault if they are a victim of violence • Want to be in a mutually loving and respectful relationship in which conflicts and issues are resolved without violence.	• Able to communicate about problems effectively • Able to negotiate solutions to problems non-violently • Able to get help if they are violent or are experiencing violence in a relationship

Key Behaviours	Health Outcomes
• Resist pressure to do something they do not want to do, such as getting drunk or using drugs • Have only one sexual partner at a time • Don't have partners who are five or more older than they are • Don't accept benefits in exchange for sex • Get tested for STIs and HIV, including when pregnant • Get tested for HIV with one's sexual partner before having sex and/or before marriage • If HIV positive, take ART exactly as instructed • Treat people living with HIV the same way they treat everyone else	
• Solve conflicts and problems using communication and negotiation skills rather than violence • Never inflict physical, emotional, verbal, sexual or financial violence on others • Get help if they are violent to others • Get help if they are in a violent relationship	**Prevent sexual and gender-based violence**

Knowledge	Attitudes, Values, Beliefs, Intentions, Motivation, and Personal Agency	Skills
• Know their human rights related to sexual and gender-based violence and the relevant national laws • Understand that the perpetrator is responsible for the violence that they inflict, not the victim (or survivor) • Know what to do and where to go for help if they or someone they know has experienced sexual or gender-based violence	• Intend not to be violent • Intend not to stay in a violent relationship • Believe that they can solve conflicts and problems without violence • Intend to avoid situations that may lead to violence	
• Know the basic facts about alcohol and drugs, including the negative effects and possible consequences on themselves and others • Know that peer pressure is one reason adolescents start using alcohol and drugs • Know how to drink alcohol responsibly • Understand that it is easier never to take drugs than to stop once you are addicted to them • Know signs of drug addiction and where to get counseling and rehabilitation	• Intend never to start using drugs • If drinking alcohol, intend to drink with moderation • Believe that alcohol and drugs may lead to sexual risk-taking that can result in pregnancy, STIs and/or HIV • Believe that providing alcohol or drugs to a minor • Believe that drugs and alcohol can have negative effects on one's future and health. • If addicted, believe that they can overcome drug addiction if they are committed to doing so.	• Able to refuse to take alcohol and drugs • Able to resist pressure from peers to do things they do not want to do • Able to get help for problems with alcohol and drugs if they need it


Key Behaviours
Health Outcomes
• Leave relationships that are violent
• Go to a health clinic or service for survivors of violence if they have been raped to get emergency contraception and post-exposure prophylaxis
• Don't drink at all or don't drink to excess
• Refuse to take drugs
• Seek counselling and rehabilitation if addicted to alcohol or drugs
Prevent substance use and abuse

Programming Options for Key Behaviours:

To address these issues, a strategic and systematic approach is needed. Random or ad hoc activities that superficially address one or two issues with some youth in one place and some others in another place will not bring about true understanding or behaviour change in young people. As indicated above, young people need to have the knowledge, attitudes, values, beliefs, behavioural intentions, motivation, agency and skills required to adopt the behaviours that will result in the desired outcomes.

As programme implementers, you need to carefully think through how you can ensure that the young people you work with receive sufficient inputs to adopt those behaviours and how you are going to bring about change systematically. Limited resources require strategic thinking and planning about what will be most effective at bringing about change in risk behaviours and the adoption of healthy behaviours among sufficient numbers of young people in each community, district and then nationally.

The programme needs to decide on the following:

1. Which groups of out of school young people will it be addressing (adolescent living with HIV? Young sex workers, those involved in substance use? Those working in and around the markets, all out of school adolescents in the community? Which age group will the programme focus on? Etc.
2. For each sub-group of adolescents and young people, what health outcomes and key behaviours does the programme want to address? What research has been done to identify their knowledge levels, challenges they are facing in adopting healthy behaviours or accessing services?
3. What educational package should the programme offer each sub-group and do we have the package?
4. How will we deliver the package to each sub-group or category of youth? (Face to face trainings? Outreach through peer educators? Video shows? Songs, dramas, combination of all?)
5. How long should each package last for each sub-group if the programme has to address all the behaviors? (This could be one week trainings followed by one weekly sessions to complete the manual, together with video shows, songs and a trip to a health facility to acquaint the youth with services: two week training with the manual followed by video shows and community outreach etc.; Weekly sessions from the manual followed by video shows, songs and distribution of educational materials to the youth or linkage with mass/social media programme and visit to the clinic or bringing the health providers to describe the services available for a period of 2 months for each group of youth or other combinations)
6. How will the programme monitor and ensure that each group of youth got the essential package designed for them and that all the behaviors are addressed so that each group of youth can be “well informed and empowered” youth?
7. How will the programme monitor the effectiveness or quality of each of the activities being carried out? Will there be supervisors doing spot checks? Will there be checklists to be used for documenting both numbers of youth and quality of programme activities? Will there be photos? Pre and post-tests to assess the knowledge, attitudes and behaviors of the youth?
8. How will the Programme compile all the programme activities into results oriented UNFPA

ESARO has developed a resource package of materials for working with out of school young people in East and Southern Africa that includes a comprehensive sexuality education manual and corresponding youth workbook, music, videos, and pamphlets to support your work. There is also a social media platform called TuneMe.org and the Safeguard Young People website, safeguardyoungpeople.org that contain additional information for young people. It is also important to link all the out of school CSE and SBCC activities to the provision of youth friendly services.

Some of the following programme options draw from that package and aim to guide those designing and implementing SRHR programmes for out of school youth. Please review and use it as you see fit together with any other materials that are currently using. It is not supposed to be prescriptive but to guide you based on your organizational capacity and available resources.

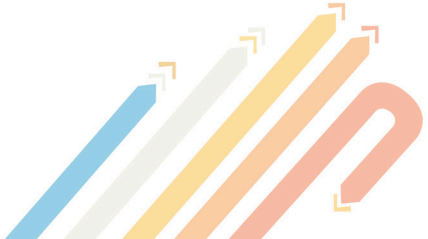
Education Programmes

Comprehensive sexuality education: UNFPA's regional office has developed a comprehensive sexuality education manual for out of school youth that addresses the set of health outcomes and key behaviors outlined above. This manual can be used in a number of different ways. Some options for using it include the following:

- Train facilitators to use the manual, including staff of NGOs and youth-led organisations (manual can be completed in 10 to 12 days);
- Conduct two-week trainings for young people to cover the whole manual;
- Conduct one week of training, followed by weekly sessions of a couple of hours until you have covered all the sessions in the manual.
- Organize 1 or 2 sessions of a couple of hours per week with a group of young people until you have covered all the sessions in the manual. Then start another set of sessions with another group of youth and continue for the whole year until you have saturated the out of school youth in each community.
- Select the activities that are appropriate to the young people in your group and to your programme goals and conduct those. You can also add activities that you know work well. You may also need to use other modes of covering all the behaviors that you need to address etc (songs, dramas, social media, radio programmes etc.).
- At the beginning or end of an educational programme, have each group select a name for itself to give them a sense of belonging. Call them for further programmes or follow on activities on the radio using their name (eg. The mighties, the tigers, the informed, the wisdom group ...).

Targeted education: Some groups of young people have different needs than others. To address their specific needs, you can organise education sessions which are targeted to those groups. Make sure that you understand their needs and have clear behavioural goals for the programmes that you develop for them.

- Form sub-groups of adolescents (i.e. single mothers, young married girls, young people living with HIV, sex workers, etc.). When implementing the education programmes or other community programmes, identify and keep track of the young people who belong to these different groups.
- Bring together one sub-group (e.g. all young people living with HIV or all single moms or married girls) for special programmes targeting their particular needs. Ask them to bring others that they know (snow-ball method) until you have identified all those belonging to each sub-group. You can work with them separately but then let join the rest of the young people when they are comfortable with themselves. Do not share information about the category they belong to in front



of other youth to avoid stigmatization—unless for example they are carrying babies that exposes their status as mothers, etc.

- Monitor progress with each sub-group and then overall progress—that allows your programme to be sensitive to the diverse needs of the diverse young people.

Community Outreach: Organisations often undertake community outreach to create awareness and provide limited education or information. The main risk with community outreach is that it can easily become ad hoc, one-off interactions rather than providing enough interaction to make a difference in all the behaviours to be addressed. When undertaking community outreach, some points to remember are:

- If you are conducting discussion sessions with young people, do not try to have a whole group discussion. Young people need to be separated by age because 22 year olds are facing very different issues than 17 year olds who are dealing with very different issues than 10 year olds. Divide the young people into four groups by age: under 10s, 10-14, 15-19 and 20-24 year olds, 25+. Then use five facilitators to run age-appropriate discussions and programmes for these groups instead of talking to all of them together if possible.
- Plan for what you will do with young children and adults. During community mobilisation, typically people of all ages show up. Young people need to have their own space without other adults to talk freely and openly. Therefore, you will need to have a plan for how you will engage those outside the youth age range.
- Plan in advance what topics you will address and how you will address them. Do not talk at young people. People's attention span is no more than 15 minutes when listening to someone talk. Instead plan interactive activities that will enable you to find out what they already know, what misconceptions they have, what they think about the topics or issue, what they want to know or do or activities that engage them in their own learning process. Use the Out of School Youth CSE manual for some ideas. Some examples of topics that can be address with the different age groups include:

Under 10

- Adolescence and puberty;
- Gender roles and equality;
- Human rights;
- Sexual abuse prevention;
- Values and education.

10-14 Years

- Sexual abuse;
- Anatomy and physiology;
- what is sexuality;
- Gender roles and equality;
- Relationship rights;
- Dealing with peer pressure;
- Decision-making;
- How pregnancy happens;
- STI and HIV myths and facts and prevention;
- Condom use; risks of older partners;
- Child marriage, and other harmful practices;
- Sexual and gender-based violence

15-19 Years

- Sexuality;
- Challenging gender roles; relationships; communication;
- Seeking consent;
- Preventing pregnancy;
- STI and HIV prevention;
- HIV testing and treatment;
- Positive living;
- Challenging stigma and discrimination;
- Multiple and concurrent partners;
- Intergenerational sex, condom use;
- Social media savvy, how to seek youth friendly services, your rights and responsibilities, fighting stigma and discrimination, prevention of mother to child transmission, resisting drug use.

20-24 Years

- Sexuality;
- Human sexual response;
- Human rights;
- Challenging gender norms;
- Preventing pregnancy;
- Preventing HIV and STIs, including multiple and concurrent partners;
- Transactional sex, prevention of mother to child transmission, HIV testing, treatment and adherence, positive living, where to access services, relationships, communication and

25+ Years

- Sexuality, prevention of unintended pregnancy, HIV and STIs;
- Antenatal, delivery and post-natal care, contraception, dual protection, HIV testing, treatment, adherence and positive living, preventing child marriage and harmful practices in the community, parenting (not included the manual), parent-child communication, prevention of mother to child transmission, human rights, seeking services etc.
- Don't be superficial because it won't make a difference. Get in depth into the topic and make sure you cover all aspects of the issue – knowledge, values and attitudes, any related skills and the protective behaviours.
- Encourage and assist youth to go back to school or to get more training.
- Mobilise young people to reach out to others, tell them about the programme, and share what they learned.
- For each community, make sure that young people watch a set of videos and are linking with mass media or social media programmes that exist so that what they learned can be re-enforced over time.

Individual discussions: Whenever you are working with out of school youth, get to know them individually. Have private discussions with them to understand who they are and what they need. Provide them with individualized guidance and referrals to specialized services and care (legal services, rehabilitation services for drug users if such services exist, or to social services, income generation programmes, and schools as needed.

Using Media

Use a variety of media that have been developed by the Regional Office to educate while entertaining and to reinforce messages. These may include music, videos, print materials, websites and other forms of communication.

Music: The Regional Office has developed eleven songs about different sexual and reproductive health issues. For example, Jack and Jill is about having multiple, concurrent partnerships, whereas Busi is about sexual abuse. These songs can be found on http://www.safeguardyoungpeople.org/music/ and in the Out of School Youth package. Some ways that you can use them include:

- Present the songs when teaching the related topics while using the comprehensive sexuality education manual.
- Use the songs while doing community mobilization by playing them as a lead in to a discussion.
- Share the songs with the young people by sending them to their phones.
- Put them on your website.

Videos: The Out of School Youth Package includes some videos that you can show young people. The videos include one on pregnancy and one on condoms by Soul City and UNFPA, which already have a discussion guide, and a cartoon called “No hoodie, No honey” from UNFPA Nigeria. To use these videos:

- Watch the video and decide what questions you will ask to generate discussion. You can use some or all from the discussion guides available or, if no discussion guide is available, you can create your own discussion guide. Make sure that your questions help young people to apply what they learn from the video to their own lives.
- Use the videos during education programmes, community mobilization, youth festivals, events and so on.

Print materials: The Out of School Youth Package also includes some pamphlets on HIV testing, rights, youth friendly services, and social media safety that you can print out. You can also make your own materials on topics of particular interest to the young people you know. These materials can be made available to young people during community mobilization activities, and other youth events.

Social Media: Young people are using social media more and more to get information, to keep in touch with their friends and family and to meet new people. When working with young people:

- Find out what social media they are using and what they use it for.
- Help them learn what the risks are and how to stay safe when using social media. See the pamphlet on using social media safely and the activity, Being Savvy about Using Social Media, in the manual.
- Link youth to the Tune Me website at https://www.tuneme.org/ and to other websites for young people that provide reliable information.
- Use Twitter, Instagram and Facebook to publicise your programmes and to reinforce key messages for young people. Link the young people you are working with together so that they share information and feel that they are members of an important network of informed and empowered young people who are leading the cause for their fellow youth. Monitor the social

media traffic and discussions going on to improve your programme and outreach.

Youth-Friendly Services

In order to fully exercise their right to health, protect their sexual and reproductive health and get help with problems like violence and rape when they need it, all adolescents and young people require access to a range of youth friendly services. Youth-friendly services should be safe, effective, affordable, accessible, and acceptable to young people. These services include:

General health check ups

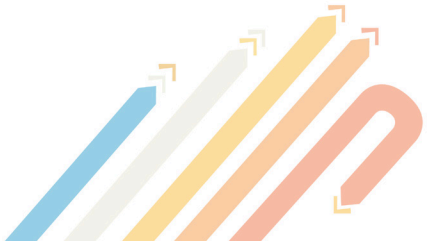
Contraceptive education and a range of modern contraceptive methods, including condoms and emergency contraception

- Pregnancy testing, antenatal, obstetric and post-natal care
- Pregnancy options counselling, safe abortion, where legal, and post-abortion care
- STI education, diagnosis and treatment, including partner notification
- HIV education, counselling, testing and referrals for treatment, care and support services
- Voluntary medical male circumcision
- Screening for cervical cancer (Pap smear)
- Immunizations for human papillomavirus (genital warts) and hepatitis B
- Assistance for survivors of sexual and gender-based violence. This should include post-rape counselling, HIV/STI testing and treatment (i.e. emergency contraception, anti-biotics to prevent or treat some STIs and post-exposure prophylaxis (to reduce possible infection with HIV), collection of evidence, and referrals for legal assistance.
- Referrals to services not available in the area.

In addition to supporting the government and NGO service providers to develop services that are truly youth friendly, you need to support young people to access the services that they need. You can:

- Invite young people to the clinic and introduce them to the services.
- Map all of the youth resources that are available in your community and develop a referral list with specific contact people that you know you can refer them to. The services on your referral list should include psychosocial counselling, drug rehabilitation, skills development and training in entrepreneurship, STI and HIV testing, violence counselling and support, antenatal care, home for pregnant girls and adoption agencies, if they are available.
- Make personalized referrals by calling your contact and telling them who you are sending to see them.

There is widespread recognition that there are SRH services that effectively improve adolescent health (WHO, UNFPA, UNICEF, 1999). There is also evidence to show that young people of varying ages are involved in sexual relationships and therefore need services. However, the delivery of SRH services to adolescents and young people is made complex by legal, cultural and religious norms.



Community mobilisation

Community mobilisation focuses on understanding the issues that a particular community is facing and helping them to plan how to address those issues themselves and to implement their plan of action. Community mobilisation is especially useful for engaging youth and communities in reducing harmful practices and gender-based violence and for addressing gender issues. When you are undertaking community mobilization:

- Act as a facilitator of a process without imposing your priorities and solutions.
- Allow young people to identify the issues of concern to them. You can give them broad categories, such as gender or sexual and reproductive health, but do not force them to focus on an issue that they are not interested in.
- Have them identify what the problem is and what the underlying factors are. If they come up with the analysis themselves, they will understand it better and believe it more than if you tell them. Provide any information they need if they do not have it themselves.
- Allow them to come up with their own solutions and to plan what they can and want to do about the issue. Provide guidance on what they can do and encourage them to become agents for change.
- Provide follow up support to help them undertake their own plan of action.

Monitoring and Evaluation

Youth-serving organizations implementing programmes for out-of-school youth need to document the e ectiveness of their strategies and activities in bringing about the results they intended to achieve among their target audiences.

To achieve this, they need to build in monitoring and evaluation into the programme from the design stage. They may need to develop a results framework which outlines the programme outcomes, outputs, key actions, and indicators together baseline and targets. The programme needs to develop tools for monitoring all programme activities in terms of quality of strategies and activities being implemented and numbers of young people reached. The programme would also need to disaggregate the numbers of adolescents reached by age, gender, background and vulnerability status and programme activities accessed.

The Programme must develop and/or adopt various tools for documenting all programme activities including workshops, outreach activities, TOTs, press events, rallies, radio programmes etc. Pictures and short videos of programme events are critical in being used for documentation of best practices if they emerge from the programme.

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