



Zambia



# Program Summary

## **Copperbelt Health Education Project (CHEP): The In-School Program**

The Copperbelt Health Education Project (CHEP) focuses on health education and HIV/AIDS prevention in the Copperbelt province of Zambia. The project started in January 1988. The main focus during the first year was information dissemination to members of the general public on the dangers of HIV/AIDS, how it is transmitted and how to protect yourself and others against it.

CHEP's mission statement notes that the project collaborates with all sectors of the community to help develop knowledge, values, and life skills that enable creativity, responsibility, and healthy lifestyles. CHEP has focused its efforts by working under three specific target program units: Child and Youth-, Community-, and Occupation-Focused Units.

The Child and Youth-Focused Unit has three programs targeting children and youth in urban and rural areas: an in-school youth program, an out-of-school youth program, and a program for vulnerable children and other youths in the community.

The in-school program is CHEP's largest program in terms of reach and resources and, together with the out-of-school youth program, represents the core of CHEP's work. The in-school youth program comprises children and youth aged 3 to 35 years in preschools, basic schools, secondary/high schools, colleges, universities, as well as children with special needs. The main goal for the in-school program is to ensure that children and youth form and maintain behaviors that will not put them at risk of contracting STDs and HIV. The main components of the in-school program include Anti-AIDS Clubs, the Sara Communication Initiative, Education Through Entertainment, Games for Life, and youth-friendly health services.

Since its inception in 1988, CHEP has been funded mainly by the Norwegian Agency for Development Cooperation (NORAD). The estimated yearly cost of running this program is US\$350,000. Of the 16 UNAIDS benchmarks for effective programs, the program was found to have successfully met 12 and partially met 2, and 2 were not applicable.



# Copperbelt Health Education Project (CHEP): The In-School Program

## **PART A: DESCRIPTION OF THE PROGRAM**

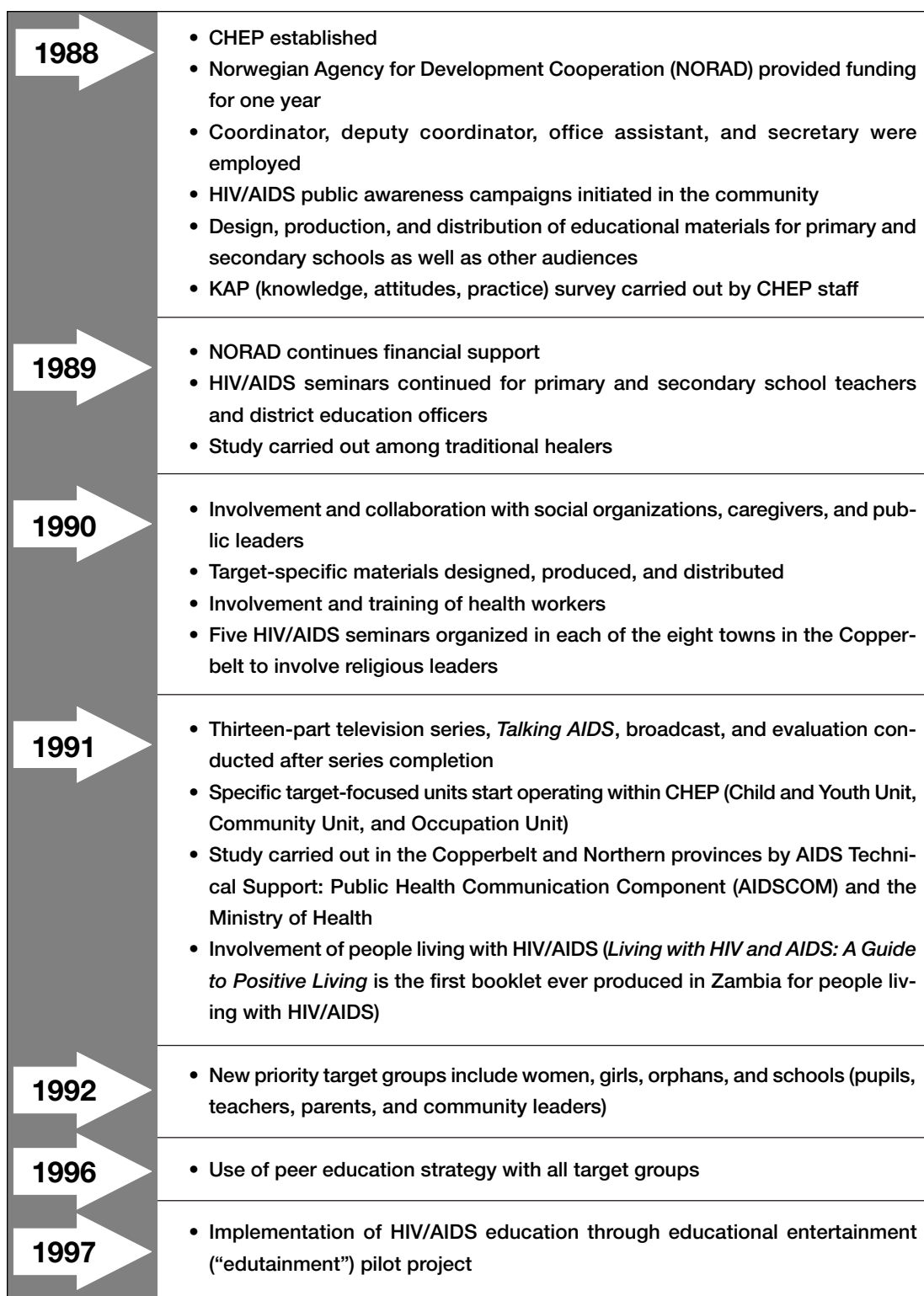
### **Program Rationale and History**

The Copperbelt Health Education Project (CHEP) began in January 1988 as a social service project of the Kitwe North Branch of the Rotary Club (a registered charity), with only two members of staff.

Initially, the project aimed to help prevent the immediate spread of HIV/AIDS by raising public awareness of the dangers of the disease and by disseminating information about HIV transmission and how to protect oneself. The project used posters, roadside billboards, leaflets, T-shirts, newspaper advertisements, flip charts, radio and television shows, street theater performances, and discussions with groups of influential members of the community to raise awareness. Even the public trash cans were used to convey HIV/AIDS messages.

During the first two years, CHEP's activities were based on the assumption that people would change their sexual behaviors if they were informed about the disease. However, surveys done toward the end of 1989 revealed that although the general public in the Copperbelt province were well aware of HIV/AIDS as a serious health problem, significant numbers of people still had misconceptions about how HIV is transmitted. In addition, HIV prevalence figures (from the surveys and national data) showed no evidence that people were changing their sexual behavior as a result of greater knowledge about HIV/AIDS.

The CHEP staff decided that as well as increasing knowledge of HIV/AIDS, people also required the motivation and self-confidence to act upon this information. People needed access to services such as professional counseling, HIV antibody testing, treatment of sexually transmitted diseases (STDs), and supplies of condoms. CHEP aimed to provide these through collaboration with social organizations, caregivers, and leaders of public opinion.



**Figure 1. Time Line of Major Program Events**

<b>1999</b>	<ul style="list-style-type: none"> <li>• Needs assessment of adolescent sexual and reproductive health (ASRH) in the Copperbelt province by CHEP</li> <li>• Work started with adolescent mothers</li> <li>• UNICEF provides funding for one year</li> </ul>
<b>2000</b>	<ul style="list-style-type: none"> <li>• NORAD provides support for CHEP for three more years</li> <li>• UNICEF renews one-year contract</li> <li>• Work with children with special needs starts in the schools</li> </ul>
<b>2001</b>	<ul style="list-style-type: none"> <li>• Program performance assessed by external evaluators</li> <li>• Gender and sexuality workshops started</li> </ul>

**Figure 1. Time Line of Major Program Events**

CHEP's main target groups are teachers, schoolchildren, and health workers. Primary and secondary schoolteachers and the district education officers have been involved in CHEP activities since 1988. Schoolchildren have been the primary target group since 1992, and at present, CHEP targets approximately 25,000 in-school youth annually. Health workers were not initially a high priority target group for CHEP. However, since 1990, the project has involved and trained health workers in all eight districts of the Copperbelt province. At the moment, CHEP offers youth-friendly services in four health clinics. In 2001, more than 9,100 youths sought the youth-friendly health services (YFHSs) provided by CHEP.

## Program Overview

### Aim

The main aim is to ensure that children and youth develop and maintain behaviors that will reduce their risk of contracting STDs and HIV/AIDS and encountering other sexual and reproductive health (SRH) problems. CHEP aims to empower children, adolescents, and youth with life skills to make them more self-confident and able to make better choices. The Child and Youth Unit also endeavors to impart practical skills such as functional literacy and numeracy, which will enable children and youth to venture into gainful employment in the future.

### Objectives

The objectives of the Child and Youth Unit are to

- involve young people in planning programs that provide accurate information on sex and SRH;
- enable young people to develop skills to make decisions and communicate about sex and sexual safety;
- promote access to appropriate services for young people to act on decisions regarding sex, their sexuality, and SRH;

In 1982, when I first arrived in Zambia, AIDS was virtually unknown. It was not until 1985 that the first case of AIDS was officially identified in Zambia.

My training was in clinical medicine, but like many other health professionals, I felt increasingly frustrated by the impotence of modern medical science in the face of HIV....

Finally, I decided to abandon clinical medicine, which I had practiced for several years, to devote myself instead to the prevention of AIDS. Together with a few close friends and colleagues, and with support from the National AIDS Prevention and Control Program and NORAD, I formed the Copperbelt Health Education Project (CHEP).

**V. Chandra Mouli,**  
**founder of CHEP**

- promote a supportive environment by addressing negative gender roles, inequalities, cultural norms and expectations, and other socioeconomic conditions, to enable young people to make healthier choices about their SRH;

Youths are a window of hope on the one hand, but they are also at great risk of HIV infection. More than two decades into a mature epidemic, we are wiser than we were before, realizing that young people are not passive recipients of information and skills but are active participators, policy definers, and key informants.

**Executive director [unanswered query: need name]**

- develop support systems for young people that will enable them to improve their risk perception, and develop and maintain safe sexual behaviors to reduce their risk of STD/HIV infection;
- establish YFHSs and strengthen existing ones; and
- reduce gender disparities between boys and girls by addressing gender roles, relations, and inequalities that hinder sexual communication and the practice of safe sex.

**Age- and Gender-Specific Objectives for In-School Youth Aged 9 to 13 years (Primary School)**

**Overall objective:** Improve knowledge and skills of young people to deal with emerging sexual feelings and risky situations.

**Specific objectives:**

- to increase accuracy of knowledge on sexually transmitted infections (STIs), HIV/AIDS, sex, and SRH through “Games for Life,” peer education, and peer counseling;
- to empower them with appropriate skills to deal with emerging sexual feelings and risky situations through peer education and counseling, by developing their decisionmaking and communication skills, and by advocacy for the protection of child rights.

**Age- and Gender-Specific Objectives for In-School Youth Aged 14 to 19 Years**

**Girls.** Overall objective: Reduce risk of HIV/STD infection among young women.

**Specific objectives:**

- to increase the number of young women who have access to SRH services by strengthening networking and referral systems;
- to increase the number of girls who are able to protect themselves from unwanted pregnancy, STIs, and HIV by using appropriate skills. (This can be done through peer education and counseling and by using the multimedia communication package.)

**Boys.** Overall objective: Reduce risk of HIV/STD infection in young men.

**Specific objectives:**

- to improve communication, manual (i.e., condom use), and decisionmaking skills;
- to increase ASRH knowledge and improve attitudes toward sex, sexual health, sexuality, and gender roles, relations, and inequalities that hinder sexual health.

**Target Groups**

**Primary Target Group**

- preschoolchildren aged between 3 and 6,
- primary schoolchildren aged between 6 and 13,
- secondary and high school youth aged between 14 and 19,
- college and university youth aged between 18 and 35, and
- children with special needs aged between 6 and 15.



### **Secondary Target Group**

Head teachers, teachers, and lecturers in all learning and training institutions, health workers, policemen, parents, and community leaders.

The Occupational and Community Units in CHEP target these groups directly (as a primary target). The Occupational Unit targets health workers, police officers, and civic leaders. The Community Unit targets parents and other community members.

### **Site**

The in-school program is mainly based in rural and urban schools in the Copperbelt province. Most activities are extracurricular and take place after the school hours or during school holidays. However, some participating schools have allowed the peer educators to work with students in the formal setting of the classroom. In addition, six schools have “Youth-Friendly Corners” in schools, where trained peer educators offer information and counseling on SRH and HIV/AIDS. These services on school premises are open to everybody.

Some activities, such as Games for Life and edutainment, take place in the communities, because these activities are provided to both in-school and out-of-school youth. The YFHSs take place in four health clinics. Trained peer educators from the out-of-school program provide these services for both in-school and out-of-school youth.

The program takes place in 4 preschools, 11 primary schools, 7 secondary schools, 4 colleges, and 1 university.

Talking about HIV/AIDS facts alone is not enough. Young people need to understand and assimilate a whole range of life skills to cope with their daily life pressures.

They also need to be helped to appreciate the links between HIV/AIDS and issues of gender and sexuality.

**Edward Mupotola,**  
*coordinator for the CHEP  
in-school program, May 2002*

### **Program Length**

The average length of club attendance is four years, and the maximum is around eight years. However, children can participate from preschool up to college or university. The participation of youth in other program components, such as Games for Life or edutainment, is voluntary, so the length of attendance can be from one time to several years.

### **Program Goals**

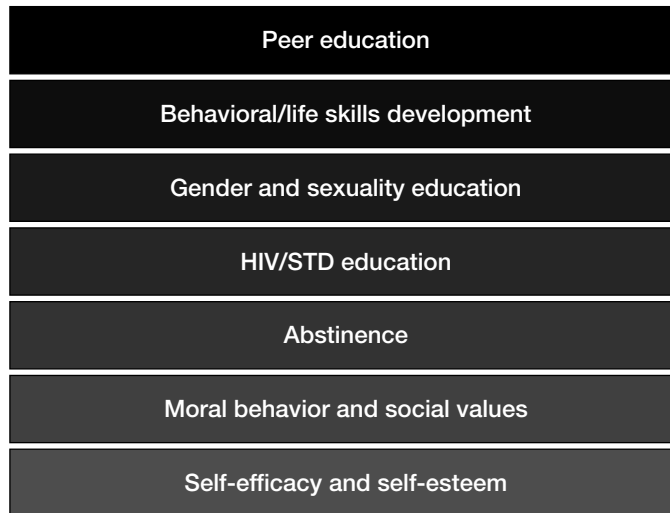
As shown in figure 2, the in-school program mainly focuses on ensuring that children and youth form and maintain behaviors that reduce their risk of contracting STDs and HIV. This is primarily done by teaching life skills, such as decisionmaking, negotiation, communication, problem solving, and survival skills. Other goals are abstinence and pregnancy prevention.

At present, most of the CHEP staff recognize that most of the young people have some basic knowledge of HIV/AIDS prevention and transmission, although this knowledge is sometimes inaccurate or inadequate. Information dissemination continues to be a major focus, but the primary goal now is to improve young people’s SRH-seeking behavior and increase their risk perception of STDs and HIV transmission while offering young people opportunities to learn new psychosocial life skills.

Abstinence is the only preferred sexual behavior for pupils younger than 15 years. Pupils older than 15 are also encouraged to abstain from sex. However, if they are sexually active, they are helped to have positive attitudes toward safer or low-risk sexual behavior.



**Figure 2. Program Goals Ranked in Increasing Importance**



**Figure 3. Program Approaches Ranked in Increasing Importance by the Program Coordinator**

**Approaches**

The program coordinator ranked the primary approaches according to importance, as shown in figure 3.

Peer education is the main approach used in the in-school program. CHEP believes that changes in behavior patterns and attitudes will be achieved only through a participatory approach to learning.

The program implementers — the volunteers and peer educators, and especially the CHEP staff — have found that peer education is a very effective and appropriate approach to use with young people. In preschools and primary schools, older children (volunteer youths who are usually secondary school secondary leavers or graduates) plan and implement the club activities. In the primary schools, the child-to-child approach is also used, with the children being encouraged and expected to teach other children about the information they have learned.

Since 2001, CHEP has incorporated a rights-based approach in all programs. Additionally, the rights of women and children have been addressed in several training workshops. These include girls’ right to refuse sex, right to be respected when they say no, right to be sexually active or not, right to marry or not, right to be free from coercion or force, and right to start, maintain, or end a relationship.

**Activities**

Various activities are used in the CHEP program, as shown in figure 4.

**Components**

The in-school program consists of five main components:

- Anti-AIDS Clubs,
- HIV/AIDS education through entertainment (edutainment),
- HIV/AIDS education through sports and games (Games for Life),
- Sara Communication Initiative, and
- YFHSs.

Drama
Role plays
Games
Sports
Community-based activities
Song
Radio programs
Talks
Poems
Newletters
Debates
Quizzes
Talent shows

**Figure 4. CHEP Program Activities Unranked**

### ***Anti-AIDS Clubs***

The CHEP in-school program directly supports Anti-AIDS Clubs in 4 preschools, 11 primary schools, 7 secondary schools, 4 colleges; and 1 university in the Copperbelt province. The Anti-AIDS Clubs are run by several different organizations, such as the Family Health Trust and Society for Family Health. CHEP also periodically assists other schools by providing information, education, and communication (IEC) materials.

The Anti-AIDS Clubs are extracurricular activities. However, some of the schools where CHEP operates have allocated slots during school hours for peer educators to teach pupils in all the grades on a regular basis.

Attitude change is a slow process.... The positive information the we peer educators give to other pupils will make someone want to change from the "bad" person that's/he was to one with good morals.

***Peer educators from Helen Kaunda Secondary School Anti-Aids Club***

The number of the regular Anti-AIDS Club members for each club varies significantly, depending on the size of the school. The club meetings usually take place twice a week. For example, in some schools, the club meets once a week during the morning period and once a week during the afternoon period. This is done to provide all pupils an equal opportunity to join the club, whatever their class schedule.

The number of the peer educators per school also varies (an average of 30 per school). The peer educators run the club activities with the help of a matron or patron and the CHEP volunteers and field officers, who visit the clubs regularly. The peer educators use interactive methods, such as drama, focus group discussions, debates, role plays, picture codes, sketches and poems to work with their fellow students on issues related to SRH. In addition, six schools also have Youth-Friendly Corners, where all the stu-

dents (not only the club members) are provided with information (printed materials and flyers) and counseling.

The curriculum for Anti-AIDS Clubs follows mainly the curriculum used in the peer educators' training. However, the club members themselves decide on what topics should be covered in each club session. They are taught assertiveness techniques, decisionmaking, survival and negotiation skills, and forms of sexual pleasure other than sexual intercourse. They also discuss issues related to gender and sexuality.

### ***Edutainment***

A number of innovative, youth-friendly, and cost-effective strategies have been used to effectively reach youth. One of these strategies is edutainment, a form of education through entertainment.

The general aim of edutainment is to provide young people with an alternative method of receiving HIV/AIDS education. Edutainment activities include debate, drama, and quiz; talent shows, musical concerts, and sports.

The debates, drama, and quizzes mainly focus on HIV/AIDS, STD prevention, and promotion of SRH. The pupils are provided with an opportunity to freely discuss important life issues that they would not normally talk about in classrooms. These activities usually take place once a year in school halls.

In addition, bimonthly talent shows have been held in two towns, Kitwe and Ndola. The guiding themes for these shows have been youth health promotion and youth development. Young people are given an opportunity to develop and design their own songs and visual artistic presentations to share with their peers. CHEP officers are always present at these gatherings to ensure accurate messages and help dispel rumors, misconceptions, and myths attached to HIV/AIDS and other SRH issues.

### ***Games for Life***

Games for Life is an education program designed to provide HIV/AIDS and SRH education to both in-school and out-of-school youth and children through sports and games, such as football, netball, volleyball, chess, and badminton in a youth-friendly atmosphere. Games for Life activities are organized by trained peer educators at the project sites.

The goal of Games for Life is to provide health education and information to vulnerable children and youth. Positive behavior change and life-changing commitments can be promoted through active participation in sports.

The games are run on a league basis or as a tournament. The first league runs from February to June, and the second league begins in August and ends in November each year. The league finalists receive prizes of health education materials, chlorine, toothpaste and toothbrush, or T-shirts.

I thought and believed that my private organ [penis] would shrink if I am not practicing sex with girls, hence, I will be impotent and not be a man enough. Now I know that it is not true but mere myth and misconception. I can still delay sex and wait for the right time.

***Anti-AIDS Club member***

### ***Sara Communication Initiative***

In Sub-Saharan Africa, many of the rights of children, particularly adolescent females, are not recognized and protected by families and communities. African girls have fewer educational opportunities and are often exploited in the labor force. They lack opportunities to develop psychosocial skills, and they are also often victims of sexual abuse. These factors have led to a growing incidence of STIs, including HIV/AIDS, among young females.

In an effort to address these issues, UNICEF has been implementing a program called the Sara Communication Initiative (SCI). SCI is an edutainment strategy that seeks to harness the drawing power of popular entertainment to convey educational messages. Sara is a cartoon character who emerges from the various impeding circumstances that she faces as a dynamic role model for the adolescent African girl. (For more details on SCI, please see appendix 1 to this chapter.)

CHEP has initiated SCI in 30 schools in the Copperbelt province. Fifteen CHEP volunteers, with the help of the coordinator, held 750 sessions between January and June 2000. Schools were then left to decide whether they wish to establish Sara Clubs. After the sessions in 2000, three secondary or high schools decided to establish Sara Clubs, which are still very active.

### ***Youth-Friendly Health Services***

The YFHSs are aimed at increasing needy young people's access to SRH services through improvements in health-seeking attitudes, behaviors, and practices. The aim is to ensure early diagnosis and effective treatment of STDs and ultimately the prevention of these diseases. YFHSs provide information, education, and communication on HIV/AIDS.

CHEP has established YFHSs in four health clinics in the Copperbelt province, with approximately 10 peer educators/counselors in each of the clinics.

The services provided by the trained peer educators and the clinic staff include counseling, STD/HIV/AIDS information dissemination, SRH education, psychosocial life skills, and information on anatomy and biological and physical developments during adolescence.

There is a great demand for these services. In 2001, 9,143 young people (3,767 females and 5,376 males) attended the YFHSs, compared with 7,500 males and females attending in 2000. There has also been an increase in the number of the boys and girls reporting STDs in the YFHSs. For example, in 2000, the average number of suspected STD cases per month was 132 per clinic. In 2001, the figure was 308 cases per clinic per month.

### Case Study: Ms. Mwale's Story

After the death of her boyfriend, Ms. Mwale (a fictitious name) decided to go for voluntary counseling and testing (VCT). She was counseled and had her blood tested. The test showed that she was HIV positive. "I was devastated and confused. I thought that this is the end of me.... I knew of course that I was not the one who caused my infection...that brought a lot of anger in me and I was at the brink of getting depressed."

After some counseling at the YFHS, she decided to break the silence. "Due to counseling, I decided to let my family know about my test results. I was still scared because I was not sure about their reaction.... I did tell them anyway." As expected, her family, especially her parents, received the news with mixed feelings. They asked her not to tell anyone about her HIV status.

"I did not like my parents' idea. I had this thing in me that continually urged me to help my fellow young people to avoid infection or to accept it if infected.... I could not remain silent; I had to broaden my disclosure circle. I decided to tell one of my best friends..."

Ms. Mwale's first public disclosure was at a YFHS workshop, where about 40 participants listened to her moving stories. Many asked her how it was possible to be happy as a lady with the virus in her. With calm and determination, she said, "HIV infection is the battle of the mind, never let your emotions overrule your thinking ability. Talk to the virus everyday, and you will be feeling better. After all, there is a possibility of living more than 15 years."

Today, Ms. Mwale is one of the peer counselors that are helping other youths to understand and know how to prevent HIV infection, STDs, and unplanned teen pregnancies. Ms. Mwale has become a role model among youths in the community. However, her parents have been unhappy with their daughter for disclosing her HIV status to the community.

*Source:* CHEP, "Narrative and Financial Reports for the Period January to December 2001"

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## PART B: IMPLEMENTING THE PROGRAM

CHEP's in-school program includes various different strategies and components, as described above. Each of them can be developed and implemented separately to suit the needs of the children and youth in different settings.

Before and during the implementation of the activities, the Child and Youth Unit and the entire CHEP organization have carried out several baseline studies.

### Needs Assessment

CHEP has conducted many KAP surveys since its inception. Assessments have been carried out for in-school youth during the years 1991–92, 1998, 1999, and 2001. The last survey, conducted

in 2002, looked at knowledge, attitudes, skills, and habits (KASH). However, results of this last survey are not yet available.

In March 1999, CHEP staff carried out a needs assessment of ASRH in the Copperbelt province. The specific objectives were to

- establish appropriate health programs to meet the health needs of the youths,
- educate and counsel youths on important topics related to SRH,
- train peer educators in ASRH,
- reduce and prevent the SRH problems affecting adolescents, and
- conduct basic research in ASRH.

A cross-sectional study of randomly selected in-school and out-of-school youth was conducted. The study sample included 94 in-school youths from four schools from grades 8 to 12 (the majority were 16 to 18 years old, from both genders) and 86 out-of-school youths (the majority were 19 to 21 years old, from both genders).

Data were collected from in-school youth by use of a structured, self-administered questionnaire and structured interviews with both open- and closed-ended questions. Focus group discussions were used with the out-of-school youths. The data collection tools were pretested with 10 in-school youths to assess the ability of the tools to yield valid information.

The results of the study are shown in table 1.

The results from the assessment are encouraging because they indicate that youth are willing to discuss SRH issues with adults and people outside their peer group. CHEP also discovered that health needs can be addressed through STD clinics and counseling service. The results from the study were used to address specific program needs and to develop the program. A copy of the needs assessment is available. Please see Available Materials at the end of this chapter.

## Program Materials

Materials development has been an ongoing process. CHEP uses and adapts some materials that have been developed by other organizations, such as UNAIDS, UNICEF, the United Nations Development Programme (UNDP), the Southern Africa AIDS Information Dissemination Service (SAFAIDS), the United States Agency for International Development–Zambia Integrated Health Program (USAID/ZIHP), the Family Health Trust (FHT), the International HIV/AIDS Alliance, and the Ministry of Health. However, many organizations have also come to CHEP to collect their materials, and have adapted them.

Most of the materials are produced in English rather than local languages. According to the unit officer, English is used in CHEP materials because most of the people who are literate can read in English.

### Target Group Materials

#### Brochures

Several brochures have been developed by CHEP for use with the target groups.

*Assertiveness; Decision and Choice Making; Self Control; Self-Awareness, Self-Esteem, Self-Actualisation and Self-Confidence;* and *Shyness* are aimed

There is a very high standard of confidentiality at this clinic. People do not know what you have come for. The youths [peer educators] are good and they have taken our parent's roles because they discuss with us important and sensitive issues.

**A YFHS client**

The key step in changing children's and young people's attitudes is getting to understand their risk perceptions, habits, thoughts, feelings, and actions towards sexual health. We have learned from previous KAP [knowledge, attitudes, and practice] and KASH [knowledge, attitudes, skills, and habits] surveys that there exist a clear disconnect between their beliefs, thoughts, and actions.

**Edward Mupotola,**  
**coordinator of the CHEP**  
**in-school program**

<b>Table 1. Needs Assessment Results</b>	<b>In-School</b>	<b>Out-of-School</b>
Main age group	16–21 years	16–20 years (58%)
Married	0/94 (77%)	25/86 (29%)
Had experienced sexual intercourse	34/94 (36%)	52/86 (60% incl. 29% married)
Engaged in first sex at what age (including those not engaged in sexual intercourse)?		
4–9 years	6/53 (11%)	0
10–15	22/53 (42%)	20/60 (33%)
16–21	23/53 (43%)	35/60 (58%)
No. of sexual partners (including those not engaged in sexual intercourse), including kissing:		
1	21/53 (40%)	30/60 (50%)
2	5/53 (9%)	10/60 (17%)
3	2/53 (4%)	7/60 (12%)
4 or more	14/53 (26%)	11/60 (18%)
Ever used condoms (including only those engaged in sexual intercourse)	24/34 (71%)	52/60 (87%)
Familiar with sex education	74/94 (79%)	56/86 (65%)
Discuss sex education with others	82/94 (87%)	66/86 (77%)
Appropriate cadre to teach sex education:		
Relatives	9/94 (10%)	2/86 (2%)
Teachers	8/94 (9%)	7/86 (8%)
Health workers	51/94 (54%)	60/86 (70%)
Peers and friends	18/94 (19%)	6/86 (7%)
Anybody	5/94 (5%)	10/86 (12%)
Not stated	3/94 (3%)	1/86 (1%)

at building the life skills of readers, improving their assertiveness, self-control, and ability to make good choices.

*Stepping Stones Strategy: Information that You Need for Full Enjoyment of Your Life* provides information about the Stepping Stones program offered by CHEP to families, companies, communities, and religious groups.

*Games for Life* is a brochure that gives general information on CHEP and the Child and Youth Unit. It also explains the Games for Life program, how the sports activities are organized, and the lessons learned from Games for Life.

*Child and Youth Focused Unit* gives information about the unit: the objective, target group, activities, achievements, challenges, and contact details.

*Explaining CHEP* gives general information on the organization, such as the mission statement, main goals, strategies, activities, and contact details.

Some of these brochures are available. Please see Available Materials at the end of this chapter.



**Booklet**

*What Everyone Should Know About STD (Sexually Transmitted Diseases)* is a 12-page booklet that gives information about STDs and HIV/AIDS, how they are and are not spread; how to know whether a person has an STD; what to do when an STD infection is suspected; how to prevent oneself from contracting STDs and HIV/AIDS; and where to get condoms.

This booklet is available. Please see Available Materials at the end of this chapter.

**Fact Sheet**

“Check Your Facts!” gives answers to some of the questions about HIV/AIDS. The questions include:

- What is HIV?
- How does HIV affect the body?
- What is AIDS?
- What is the HIV test?
- How do you get infected with HIV?
- What is high-risk behavior?
- How is the virus not transmitted?
- Can mosquitoes spread HIV?

This fact sheet is available. Please see Available Materials at the end of this chapter.

The *Gender and Sexuality Toolkit* (International HIV/AIDS Alliance–ZIHP 2001) is a guide that provides several tools to facilitate interactive, participatory discussion with young people of issues related to gender and sexuality. CHEP has organized several workshops for youth, teachers, and peer educators using these toolkits.

**Staff Training Materials**

- *Gender and Sexuality Toolkit* (see above).
- **Manual for Peer Education Training:** CHEP has developed a training manual for peer education training. This manual is used in all peer education training with youth and adults.
- **Peer Education Modules 1–10:** These modules have been developed by the University of Zimbabwe and University of Zambia.
- **Training for Transformation:** A training program for community workers that was developed in Zimbabwe, based on the seminal thinking of Paulo Freire on developing critical awareness, along with developing the skills needed for a new society, especially relationship skills.
- **Stepping Stones:** A 1995 peer-based training package by Alice Welbourn about HIV/AIDS, gender issues, communication, and relationship skills. According to the *Stepping Stones* concept, when people undergo a series of training modules, it progressively builds their self-confidence and assertiveness. As they become more self-confident with increased levels of training and knowledge, they are able to speak more openly about their private lives, including aspects of sexuality and reproduction.
- **Participatory Approaches in HIV/AIDS Community Work: A Facilitator’s Guide:** This guide, developed in Zimbabwe, provides basic information on the history and principles of participatory approaches and facilitation skills. It explains several participatory tools that can be used in HIV/AIDS education, including comprehensive guidelines on their particular uses.

Young people have negative attitudes towards VCT [voluntary counseling and testing]. Most of them think that if you were diagnosed as HIV positive, you would “lose market,” i.e., everyone will look down upon you.

**Edward Mupotola,**  
**coordinator of the CHEP**  
**in-school program**

Various other manuals are also used in staff training. Please contact CHEP (contact information in Part D of this chapter) for further information on these titles:

- *Zimbabwe's AIDS Action Program for Schools*;
- *Life Skills Education in Schools*, published by the World Health Organization (WHO)–Global Programme on AIDS (GPA) in 1994;
- *The Oxfam Gender Training Manual — Life Skills and Development*, also published in 1994;
- *School Health Education to Prevent AIDS and STDs*, a resource package produced by WHO and UNESCO in 1994.

## Staff Selection and Training

CHEP's own staff conduct most of the training for its program implementers (peer educators, matrons and patrons, health workers, and counselors). However, some training workshops for health workers are conducted in collaboration with the district health management team (DHMT), and with the Zambia Counselling Council for counselors' training.

The health workers' and peer educators' training usually lasts one to two weeks, and the counselors' training lasts around six weeks. CHEP organizes several different training workshops for its staff and for members of the wider community.

### Training of Peer Educators

Training workshops for peer educators usually last one to two weeks. After the initial training, a follow-up training is usually provided after six months.

The peer educators are trained using the peer education manual developed by CHEP and the *Peer Education Modules 1–10* developed by the University of Zambia and University of Zimbabwe project support groups (PSGs). Peer educators are trained in these topics:

- introductions to peer approaches,
- basic facts on HIV/AIDS and STDs,
- condom use,
- family planning,
- care and treatment of persons living with HIV/AIDS,
- community norms of "ideal" images of boys and girls,
- sex and sexuality,
- adolescence,
- risk assessment of HIV/AIDS,
- life skills (problem solving, decisionmaking, critical thinking, creative thinking, interpersonal relationship skills),
- assertiveness,
- school outreach and its elements, and
- participatory and interactive methodologies.

### Gender and Sexuality Workshops

Since July 2001, CHEP has organized several gender and sexuality workshops for students, teachers, and peer educators. Training lasts one to two weeks. Approximately 150 people have been trained. The trainers are CHEP staff that have been trained in gender and sexuality issues. The training takes place in schools and communities, at least twice a month.

*Facilitators' Guide to Participatory Practice in HIV/AIDS Work: Gender and Sexuality in Young Men's Lives* provides several toolkits to facilitate interactive, participatory discussions with young people about issues related to gender and sexuality. Even though these tools were originally devel-

oped to be used with young men, CHEP has found that most of them are suitable for use with both sexes. The toolkits were developed by the International HIV/AIDS Alliance/ZIHP.

An example of how one of the toolkits is used is described below:

### **Toolkit No. 5: Gender Boxes**

**Aim:** To understand the costs and benefits of conforming to or resisting gender stereotypes.

**Instructions:**

- Discuss the profiles of a number of “typical” young men and young women (including factors such as age, class background, social status, ethnicity, educational level, employment status, marital status, sexual identity, rural/urban location, religious affiliation, and so on).
- Break into smaller groups to work on one typical young person each. Ask each small group to
  - Draw the outline of a body on the ground or large piece of paper and draw a box around this body outline. This is the gender box.
  - In the box, write, draw, and mark all of the gender stereotypes about this person (including how he or she should look and behave, his or her roles, responsibilities, and expectations, and so on).
  - Outside the box, write, draw, and mark all of the things that will be said to this person and will happen to this person if he or she steps “outside the box” — in other words, if the person does not conform to the stereotype.
- Bring the groups back together to share their gender boxes. Discuss and write up the costs and benefits of staying inside or stepping outside these gender boxes.
- Lead a general discussion of gender stereotypes, their influence on SRH, and how stereotypes can be challenged to improve SRH.

**Questions to discuss:**

- What are the main differences between the gender boxes for men and for women?
- How are gender stereotypes affected by other factors?
- How are people pressured to conform to gender stereotypes?
- What are the main costs of staying “in the box”? How different are these for men and for women? How do these costs relate to SRH?
- What are the main benefits of stepping “outside the box”? How different are these for men and for women? How do these benefits relate to SRH?

CHEP educators, field officers, peer educators, and supervisors receive training and refresher courses regularly. They are also able to attend various other courses according to their needs and interests. These courses include “Training for Transformation,” “Stepping Stones,” “Peer Counseling,” “Participatory Approaches in HIV/AIDS Community Work,” “Youth-Friendly Health Services for Health Workers,” and “Matron/Patron Training for Teachers.”

CHEP holds in-service training sessions once a month for all full- and part-time staff. The staff members who have attended different workshops share their new learning with the other staff. As a result of this in-service training, the project staff are well informed in number of technical areas of HIV/AIDS prevention and community work.

## **Setting Up the Program**

Because the CHEP in-school program has so many components, describing how to set up each of them is beyond the scope of this report. For further information, please contact CHEP’s Child and Youth Unit officer or the coordinator for in-school programs. (See contact information in part D of this chapter.)

## Program Resources

CHEP has a resource room, open during working hours to everyone who is interested in CHEP educational materials. This room contains different books, reports, leaflets, videos, and so forth that are mainly related to SRH and general health.

Understanding the audience, or target group, and involving them in the process of designing health messages and materials is the key to successful health education. When planning any new materials, we first ask ourselves five basic questions:

1. To whom are the materials directed?
2. What behavior are we trying to change, and in what way?
3. What information does the target group require?
4. What emotional appeal will be most likely to strike a chord with the target group?
5. Through which communication channel, or combination of channels, can the information be communicated to the target group?

The responses to these questions determine the contents and presentation of the materials, and the ways in which they are disseminated to the various target groups, whose knowledge, attitudes, and behaviors we are trying to influence.

**V. Chandra Mouli,**  
*founder of CHEP*

## Advocacy

Advocacy has been a critical part of CHEP's strategy since its inception. The knowledge, attitudes, and skills of the wider community are seen by the program staff as important factors that affect and influence the sexual behavior of the children and youth in these communities. Therefore, their involvement is important in forming safe sexual behaviors among youth.

The Child and Youth Unit has carried out advocacy campaigns on specific issues such as prevention and mitigation of child pornography, teacher-pupil sexual relationships, abolishment of school fees for primary education, formation of community schools for vulnerable children, and child labor. These campaigns have targeted political leaders, civic leaders, police officers, teachers, school administrators, and the public, including young people themselves. The other two program units that form the CHEP project also actively involve and target civic leaders, traditional chiefs and leaders, police, traditional healers, and religious leaders.

CHEP is a member of the district AIDS force organized by the DHMT. Members from several other organizations and the government participate in meetings to share their plans and ideas related to HIV/AIDS work.

## Program Finances

The total budget for 1996 was US\$347,250, including a UNICEF contribution of US\$50,000. IEC work (support services, IEC programs, and mass media) accounted for 68.5 percent of the total amount. The remaining amount was allocated to meeting the following costs: overhead (18 percent), capital equipment and maintenance (8 percent), monitoring and research (1.5 percent), and conferences and meetings (4 percent).

CHEP's main cooperating partners are NORAD, Christian Aid, the Canadian International Development Agency's (CIDA) Southern African Training Program (SAT) program, UNICEF, the Netherlands, and the Zambia Educational Capacity Building Program (ZECAB). The support from NORAD, Christian Aid, and the Netherlands is long-term, renewable after successful implementation of each three-year plan. The other donors' support is on a yearly basis.

Costs per child per year were not available.

## PART C: ASSESSMENT AND LESSONS LEARNED

### Challenges and Solutions

- At the beginning of the project, the messages were based on fear creation, as in many other countries. However, the staff realized very soon that this kind of message served to strengthen the stigma associated with HIV/AIDS, thus discouraging people from coming forward for testing or admitting their HIV status to their sexual partners. The fear-based messages also had the unintended effect of leaving many people anxious, afraid, and even angry because they were unable to respond effectively to the threat posed by AIDS to their own health and survival. Such messages may also have reinforced the negative feelings already harbored by many people toward those already infected with HIV/AIDS. The messages based on fear creation were withdrawn and new messages that promote positive values and attitudes were produced.
- In the beginning, CHEP messages were based on one-way communication. The needs of the targeted groups were neither researched nor taken into account. Later, CHEP became more sensitive and responsive to the needs of the public through direct, interpersonal contact. This was possible, for example, through question and answer sessions during workshops and teaching sessions. The project became aware of what people in various groups already knew about HIV/AIDS and how they felt about the disease. It also became clear that there were large and important differences from one group to the next concerning their knowledge, concerns, and fears about HIV/AIDS. Thus, CHEP started to tailor the contents and presentation of the materials to the knowledge, concerns, and fears of particular audiences — target groups — rather than to the public in general. Involving the audience or target group in the process of designing health messages and materials (for example, by pretesting) is the key to successful health education.
- Training youth as peer educators and including them in the executive committee of the Anti-AIDS Clubs from each grade in each school ensures continuity of the club activities, even after graduation of the upper grades.
- Lack of incentives, either financial or nonfinancial (T-shirts, badges, certificates, transport logistics, etc.) can result in loss of volunteer peer educators, especially among the out-of-school youth and school graduates.
- CHEP conducted a countrywide survey of the Anti-AIDS Clubs in Zambia (but not in their own clubs). This survey found that rather than getting across vital education to schoolchildren as hoped, these clubs tend to marginalize young people in schools and encourage stigmatization among young people.... A significant failing of Anti-AIDS clubs is that they do not reach enough of the young people at highest risk of contracting HIV. One problem is that patrons often select for membership those pupils who they feel already exhibit the “best” behaviour (e.g., they do not engage in any sexual activities). While these young people can undoubtedly benefit from membership and act as positive role models to their peers, it is also vital to include pupils who are currently at higher risk of getting infected with HIV and other STIs.

- Since CHEP intervened in the school Anti-AIDS Clubs, with a strategy of holding HIV/AIDS sessions in each and every class (in some of the schools) and holding workshops with teachers on facilitating HIV/AIDS sessions, all the pupils are getting involved in the fight against HIV/AIDS. The Anti-AIDS Club members are more able to share information with pupils who are not members and circulate materials evenly.
- Youths like youth-friendly health education programs. This is made evident by Games for Life, in which youth have actively participated in football, netball, and other sports. Because of this, young people are more willing to come to CHEP's center to seek information on health education.

## **Evaluation**

The Child and Youth Unit undertakes continuous monitoring and evaluation of activities. The youth are actively involved in the planning, monitoring, evaluation, and all aspects of or research related to their activities. The unit ensures that the work on activities is reviewed weekly. The peer educators report their activities to the unit officer by filling out weekly monitoring sheets.

CHEP carries out monitoring and evaluation at three levels: program effectiveness, process effectiveness, and impact effectiveness. Both quantitative and qualitative research methods are used, involving observation, focus group discussions, questionnaires, individual interviews, and so forth. CHEP's programs and approaches are constantly reviewed and adapted as an outcome of this work.

### **Annual Participatory Planning Review Meetings**

Each year, CHEP's staff and cooperating partners come from all over the Copperbelt province to hold their annual participatory planning review meeting. These meetings are held to review the annual activities and strategies undertaken by CHEP in preventing and mitigating the impact of HIV/AIDS on the Copperbelt populace. The meetings discuss successes, challenges, and opportunities for growth as well as the weaknesses of the organization. The main aim of these meetings is to plan appropriate strategies for the next year.

### **Baseline Study, 2001**

One of the fundamental requirements of CHEP's donors is continuous monitoring and evaluation of the impact of CHEP's activities on its target groups. This calls for continuous reexamination at the end of the activity period of the indicators for measuring performance of programs. In addition, it is in CHEP's interest that it appraises the impact of its activities, identifying the best practices learned from the activities, with a view to improving performance and further maximizing the impact of its health education and community development programs among the vulnerable and marginalized groups in the Copperbelt province.

Therefore, CHEP commissioned Bravo Development Corporation Limited to conduct a baseline study of the key programs implemented by its three units. The overall objective of the study was to improve CHEP's planning, monitoring, and evaluation systems through review and development of qualitative and quantitative performance indicators for its activities. The results of the study will be valuable benchmarks that would make the three CHEP units more focused in their continued implementation of health education and other community-based development initiatives in the Copperbelt province of Zambia.

Please see appendix 2 to this chapter for CHEP's monitoring plan for both in-school and out-of-school youth.

## UNAIDS Benchmarks

	Benchmark	Attainment	Comments
1	Recognizes the child/youth as a learner who already knows, feels, and can do in relation to healthy development and HIV/AIDS-related prevention.	✓	Youth are actively involved in the program at different stages: They participate in the CHEP's annual participatory review meetings; their ideas are incorporated in the final program plans; all the program activities are planned and carried out by the trained peer educators, with the help of the trained matrons or patrons and the CHEP staff; they are involved in the materials development, and they have been actively involved in monitoring and evaluation of the program activities.
2	Focuses on risks that are most common to the learning group and that responses are appropriate and targeted to the age group.	Partially fulfilled	<p>The objectives and the strategies of the program are age- and gender-specific (since 2002). Gender issues related to SRH have been well addressed through gender and sexuality workshops and SCI.</p> <p>The program also targets preadolescents (preschool and primary schoolchildren), emphasizing behavior formation by encouraging values and skills conducive to safe sexual practices in the later years.</p> <p>The needs of the sexually active youth under age 15 years are not well addressed, do not receive information on safer sexual practices, such as condom use. (The baseline studies and the observations made by the peer educators and other staff clearly indicate that some of the youth start sexual activities sooner than the age of 15 years.)</p> <p>Peer pressure is commonly discussed with the young people. The youth have cited it as a very common problem affecting their behavior. The life skills taught aim at helping the children and youth to deal with everyday pressures (including peer pressure) they experience.</p>
3	Includes not only knowledge but also attitudes and skills needed for prevention.	✓	The program addresses knowledge, attitudes, and skills in trying to help young people form healthy sexual behavior patterns. The main focus of the program is on attitude change and new skills taught to children and young people include assertiveness, self-awareness and self-confidence, decisionmaking, negotiation, communication, problem solving, and refusal skills.

	Benchmark	Attainment	Comments
4	Understands the impact of relationships on behavior change and reinforces positive social values.	✓	CHEP recognizes the impact relationships can make on behavior change. The project encourages youth and children to change their behavior through peer education, debates, discussions, etc., which help to enforce positive social values and also encourage young people to work together.
5	Is based on analysis of learners' needs and a broader situation assessment.	✓	CHEP'S in-school program bases its strategies and activities on the needs of the children and youth. The program regularly carries out KAP and KASH surveys and needs assessments to find out the actual SRH needs and problems of youth.
6	Has training and continuous support of teachers and other service providers.	✓	<p>All the peer educators have received training in peer education, which usually lasts between one and two weeks. After the initial training, a follow-up training is usually provided after six months. Almost all the peer educators interviewed had received three or more trainings.</p> <p>All staff are trained and then receive refresher courses and additional training. Facilities are also provided so that staff can meet to discuss the program's progress, and offer each other advice and support.</p>
7	Uses multiple and participatory learning activities and strategies.	✓	<p>Most children and youth in Zambia lack entertainment facilities. CHEP has responded to this need by designing the edutainment and Games for Life programs.</p> <p>Most of the learning methods used by the peer educators are interactive and participatory. They include drama, debates, picture codes, role plays, focus group discussions, quizzes, poems, songs, and counseling.</p>



	Benchmark	Attainment	Comments
8	Involves the wider community.	Partially fulfilled	<p>The involvement of the wider community in the program activities is actively encouraged. According to the coordinator, behavior formation and change happen within the community. The knowledge, attitudes, and skills people in the community have, or do not have, obviously have implications for children's or youth's behavior. Thus, involving the wider community in the SRH program supports change in the community.</p> <p>However, the in-school program does not directly target the wider community. This is partly because other projects focus specifically on this area. In addition, other CHEP programs target directly the members of the wider community (community leaders, civic leaders, leaders, and members of religious groups, etc.)</p>
9	Ensures sequence, progression, and continuity of messages.	✓	There appears to be continuity in the messages promoted. A wide variety of materials that children can use are provided so that they can continue to build on their knowledge.
10	Is placed in an appropriate context in the school curriculum.	Not applicable	HIV/AIDS is not yet part of the school curriculum in all schools in Zambia, so the work done by CHEP is in some areas the only exposure children have to information on HIV/AIDS.
11	Lasts a sufficient time to meet program goals and objectives.	✓	The entire CHEP program has been in existence for 14 years. The objectives and strategies have changed over time. New target groups have been included, such as orphans, children with special needs in schools, and adolescent mothers.
12	Is coordinated with a wider school health promotion program.	Not applicable	The CHEP approach does not yet seem to be completely coordinated into the wider school health program. At present, most CHEP activities are complementary to school programs and initiatives.
13	Contains factually correct and consistent messages.	✓	The IEC materials, other materials, and contents of the workshops are regularly updated, developed, and adapted according to the feedback from the courses and results of the surveys and evaluations.

	Benchmark	Attainment	Comments
14	Has established political support through intense advocacy to overcome barriers and go to scale.	✓	CHEP collaborates actively with other local, national, and international organizations and government offices, such as CINDI (Children in Distress Project), Friends of Street Kids, the Salem project, Catholic Diocese, the Society for Family Health, the Lions Club, FACT Mutare (Zimbabwe), Heart and Lung Association of Norway, DHMT, and the National AIDS Council.
15	Portrays human sexuality as a healthy and normal part of life, and is not derogatory against gender, race, ethnicity, or sexual orientation.	✓	<p>According to the program coordinator, sexuality is portrayed as a concept that takes into account all aspects of people's sexual lives, including desires, identity, fears, and past histories. Issues related to sexuality are discussed in the peer educators' training workshops as well as in other trainings.</p> <p>Homosexuality is discussed with peer educators during their training (respecting each other's sexual identities and sexual and reproductive rights).</p>
16	Includes monitoring and evaluation.	✓	Monitoring and evaluation of the program and its impact take place regularly, i.e., the peer educators from schools record their activities on a weekly basis; the unit monitors quarterly all its activities (using the monitoring plan); and CHEP has both midterm and annual review workshops.

## **PART D: ADDITIONAL INFORMATION**

### **Organizations and Contacts**

#### **Contact persons:**

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### **Contributors to the Report**

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Edited by Katie Tripp.

#### **Thanks to all CHEP staff, especially:**

Mr. Nyirenda Alick, executive director

Mrs. Theresa Simwanza, office administrator

Mrs. Evelyn Lumba, unit officer and manager for the Child and Youth Unit

Mr. Mupotola Edward, coordinator for the in-school program

Ms. Chileshe Cecilia, field officer for the in-school program

Twelve Anti-AIDS Club members and the matron from Matete Primary School

Four peer educators from Helen Kaunda Secondary School

Fourteen CHEP volunteer peer educators

## **Available Materials**

For information on how to obtain these materials, please see color insert in this report.

*Baseline Survey, October 2001*

(order number: CHEP01)

“Needs Assessment of Adolescent Reproductive H — Copperbelt Province — Zambia”

(order number: CHEP02)

*Working with Young People: A Guide*

(order number: CHEP03)

*Person to Person: Communication in HIV/AIDS Prevention* (peer approaches)

(order number: CHEP04)

“Peer Education Training Workshop for In-School Youth 2001”

(order number: CHEP05)

*Peer Education Training Manual*

(order number: CHEP06)

*Participatory Approaches in HIV/AIDS Community Work: A Facilitator’s Guide*

(order number: CHEP07)

“Report on the Annual Participatory Review Meeting”

(order number: CHEP08)

“Annual Participatory Review Workshop, November 1999”

(order number: CHEP09)

“Evaluation of HIV/AIDS Education Through Entertainment” (Edu-tainment Initiative), July 2001”

(order number: CHEP10)

“Annual Planning Meeting 2002: Child and Youth Focused Unit”

(order number: CHEP11)

*Annual Report 2000: Child and Youth Focused Programme*

(order number: CHEP12)

*Narrative and Financial Reports for the Period January to December 2001*

(order number: CHEP13)

*All Against AIDS: Strategies for Hope*

(order number: CHEP14)

**Pamphlets:**

“What Everyone Should Know About STDs”

“Prevention, Care, Openness: Community Focused Unit”

“Self Control: Owning Yourself”

“Shyness: No! They Will Laugh at Ne...”

“Explaining CHEP”

“Decision and Choice Making”

“Young People First”

“Young People: A Force for Change”

“Games for Life: Fighting Against AIDS the Sportive Way”

“Check Your Facts!”

Men Against AIDS”

“Self-Awareness, Self-Esteem, Self-Actualisation, Self-Confidence”

(order number: CHEP15)

## APPENDIX 1: THE SARA COMMUNICATION INITIATIVE

The Sara Communication Initiative (SCI) uses a multimedia approach within the wider context of social mobilization, advocacy, and program communication. The existing package consists of an animated film, a comic book, a user's guide, a brochure, a poster, and a radio series about the "Sara" character's activities. This multimedia effort seeks to address discrimination against women in access to education, health, and social services and enhance the development of girls' psychosocial skills.

Before SCI's creation, a needs assessment was carried out in eastern and southern Africa. Several problems of adolescent girls were identified.

The overall goal of SCI is to promote child rights and support their implementation and realization, with special emphasis on adolescent girls in eastern and southern Africa and in other parts of Sub-Saharan Africa, where the materials are found to be acceptable and appropriate.

The main objectives of SCI are to

- support advocacy for the reduction of existing disparities,
- support social mobilization processes for girls,
- support the development of a positive symbol and dynamic role model for girls, and
- communicate specific messages on
  - rights,
  - education, and
  - health and nutrition.

The themes and rights highlighted in the seven-episode Sara series are

- *The Special Gift*: on girls staying in school and their right to education and nondiscrimination;
- *Sara Saves Her Friend*: on sexual harassment and HIV/AIDS; the right to protection from sexual exploitation, abduction, and violence; and the right to health and education;
- *Daughter of a Lioness*: on female genital mutilation and the right to health and protection from harmful traditional practices;
- *The Trap*: on "sugar daddies," HIV/AIDS, and the right to protection from sexual exploitation and abuse;
- *Choices*: on teenage pregnancy and continuing education, positive adolescent relationships, avoiding HIV/AIDS, and the right to education and health;
- *Who Is the Thief?* on domestic child labor, the right to protection from harmful and exploitive labor, and the right to education; and
- *The Empty Compound*: on breaking the silence about HIV/AIDS and care of orphans, and the right to life and maximum survival and development.

## APPENDIX 2: MONITORING PLAN

Program components	Implementation indicators	Information source	Frequency
Advocacy	Number of schools implementing SRH and HIV/AIDS education	School project records	Quarterly
	Number of communities participating in youth prevention activities	Peer educator records	
Training	Number of trained peer educators who are active	School project records	Monthly
	Number of trained matrons and patrons who are active	School	
Peer education activities	Number and type of informal activities implemented	School project records	Monthly
	Number and type of formal activities implemented		
	Number of target groups reached (male and female) and type of activity		
	Number and type of IEC materials given out		
Organizing other services (VCT, STI, treatment, condoms)	Number of young people referred from schools and Youth-Friendly Corners to clinics	Youth-Friendly Corner records	Monthly
	Number of young people treated for STIs	Clinic records	
	Number of young people counseled on safer sexual practices	School project records	
	Number of young people who receive condoms		
	Number of young people counseled on sexual abuse/violence or referred to the police victim support unit		

## APPENDIX 3: STEPS FOR AN ANNUAL PARTICIPATORY REVIEW MEETING

