Program Summary

Planned Parenthood Association of Zambia (PPAZ), Family Life Movement of Zambia (FLMZ), and Swedish Association for Sexuality Education (RFSU): Kafue Adolescent Reproductive Health Project (KARHP), Peer Education Through Family Life Education Clubs

KARHP is a multifaceted school-, community-, and clinic-based intervention that began in 1997 in the Kafue district of Zambia. The overall aim of the program is to develop strategies for the delivery of sexual and reproductive health (SRH) and family life education (FLE) information and services to in-school youth between 10 and 24 years of age. To achieve this, the program adopted an approach called "triple Ps": peers, parents, and providers. Trained peer educators, parent-elder educators, and health providers act as channels to deliver SRH and FLE information and services to in-school youth, as well as to mobilize and sensitize the wider community.

The main program component for in-school youth is the peer education program through FLE Clubs in the schools. FLE Clubs are extracurricular activities. The club activities are facilitated by trained peer educators and supervised by trained teachers (called matrons and patrons). Several topics related to sexual health are discussed, such as abstinence, decision-making, and communication skills. Abstinence is promoted as the preferred sexual health decision for young people in the schools, but for those young people who are already sexually active, effective condom use is encouraged and taught.

Initially, the program targeted 10,700 in-school adolescents. In 2000, an evaluation led to a subsequent expansion, to cover most of Kafue district. The estimated total number of adolescent beneficiaries (both in and out of school) over the duration of the program is 53,000, at an average cost of US$2.26 per youth per year. NGO involvement came to an end in 2002, and the program is now under the control of the District Offices of the Zambian Ministry of Health, Ministry of Education, and Ministry of Community and Social Development.

Of the 16 UNAIDS benchmarks for effective programs, the program fulfills 10 and partially fulfills 4, and 2 were not applicable.

PPAZ, FLMZ, and RFSU: Kafue Adolescent Reproductive Health Project (KARHP), Peer Education Through Family Life Education Clubs

PART A: DESCRIPTION OF THE PROGRAM

Program Rationale and History

In 1995, the Zambian government, with assistance and funding from the Swedish International Development Authority (SIDA), developed the Kafue Adolescent Reproductive Health Project (KARHP). Kafue district was selected by the Zambian Central Board of Health (CBoH)[1] because it includes both urban and rural settings lacking sexual and reproductive health (SRH) education programs, and is a high-risk area for HIV/AIDS and other sexually transmitted infections (STIs) because it is situated along the highway to Zimbabwe and South Africa.

> Peer education is seen as having the potential to influence social norms and enhance positive attitudes as well as being a way to teach skills needed for prevention and risk reduction for HIV/AIDS, STIs, teenage pregnancies, and drug abuse.
>
> ***Program coordinator***

In 1996, The Planned Parenthood Association of Zambia (PPAZ), Family Life Movement of Zambia (FLMZ), Young Women's Christian Association (YWCA), and Swedish Association for Sexuality Education (RFSU) carried out a needs assessment. The main aim was to find out about adolescents' attitudes and behaviors regarding SRH and what factors influence these behaviors in

1. The Central Board of Health is a national technical administrative body responsible for overall provision and development of health services.

Kafue district. It also looked at the health and educational facilities available to adolescents. Based on the results of the needs assessment, the project structure and materials were developed, and a project coordinator was appointed to manage the day-to-day running of the project.

The project began in 1997 in seven communities and nine schools (two primary, five basic, and two secondary) and targeted 10,700 in-school adolescents. The main focus of the program was the Family Life Education (FLE) Clubs in schools. In these clubs, peer educators were responsible for conveying messages to the adolescents about their SRH in a variety of ways. Toward the end of 1998, two youth-friendly clinics were also established, and two more were operational by the end of 1999.

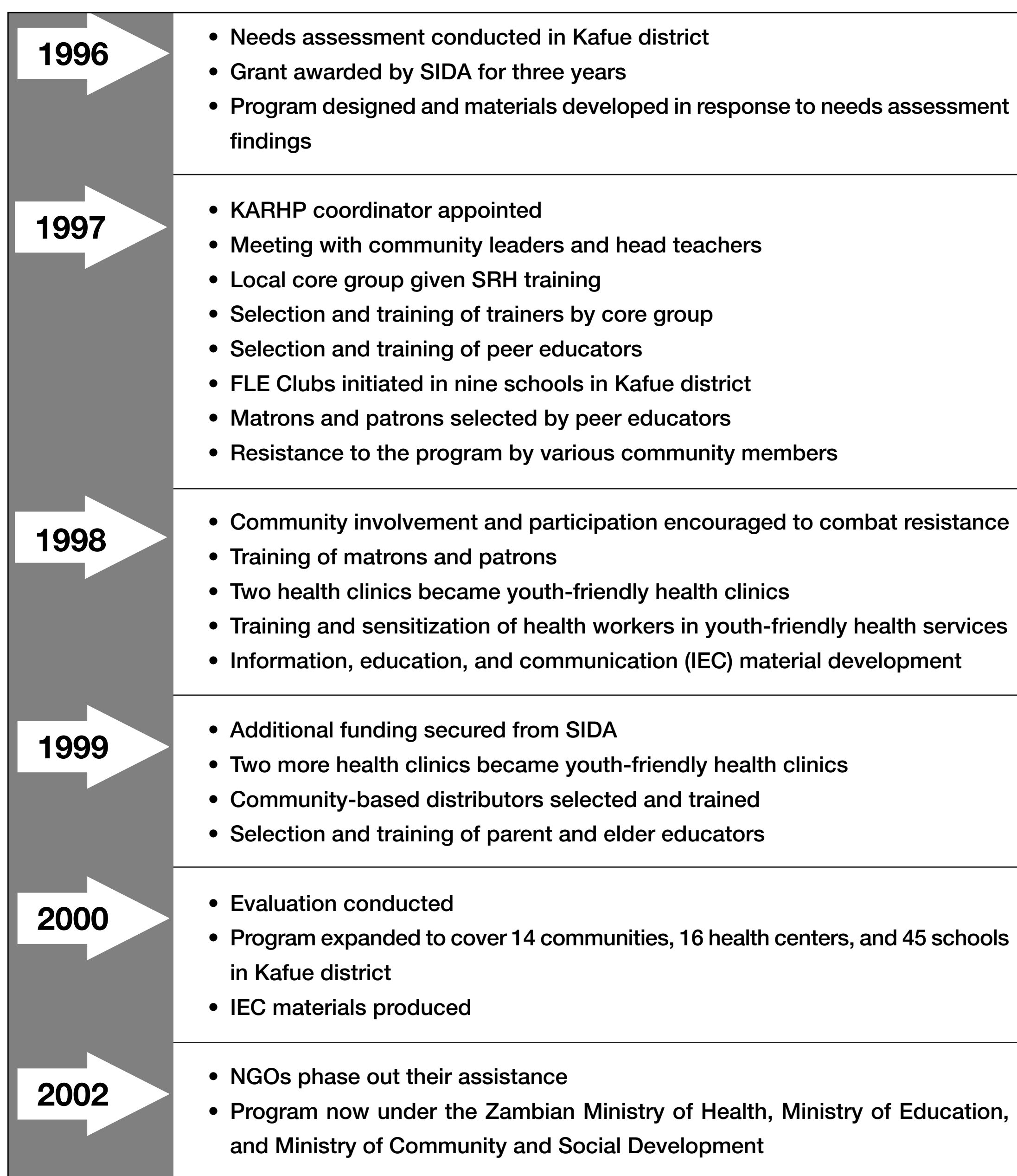


Figure 1. Time Line of Major Program Events

Despite holding advocacy meetings with leaders of the community and the head teachers, the program met with some resistance from members of the community. Their main complaint was that they felt young people should not talk about sex. In response, community members were encouraged to become integrated into KARHP, and they are now actively involved and happy to support the clubs and help organize community events.

In 2000, the University of Zambia and the Institute of Economic and Social Research conducted an evaluation. As a consequence, more funding was secured from SIDA, and the program was expanded to cover 45 (75 percent) of the government schools, 16 health clinics, and 14 communities.

> Drama and counseling are important because they reflect real-life situations. Lectures and talks are less effective because the adolescents find them boring.
>
> ***Peer educator***

In April 2002, the program was integrated into the district offices of the Ministry of Health, Ministry of Education, and the Ministry of Community and Social Development, and the assistance of the founding NGOs and the SIDA funding was phased out.

Program Overview

Aim

To deliver information and services concerning SRH to 10- to 24-year–old, in-school youth in Kafue district through strengthening the collaborations between the institutions involved (PPAZ, FLMZ, and RFSU).

Objectives

The program objectives are to

- promote young people's access to SRH information and services,
- increase the involvement of parents and elders in empowering adolescents to adopt healthy sexual and reproductive behavior,
- foster positive behavioral change,
- equip in-school adolescents with the necessary knowledge and skills to negotiate and practice safer sexual behaviors,
- reduce the risks of negative peer pressure, and
- help youth to develop positive attitudes about each individual's — and especially her or his own — worth.

> Girls and boys have some activities separately. It is good that there are some separate activities, as they help girls to build self-confidence and awareness.
>
> ***Program coordinator***

Target Groups

Primary Target Group

Initially, the primary target group was 10,700 10- to 24-year-old adolescents and youth in nine schools (two primary, five basic, and two secondary) in Kafue district. Since 2000, the project has been scaled up to 45 schools (19 primary, 25 basic, and 4 secondary), but the numbers of youth targeted are now unknown. Any young person 10 to 24 years old can participate in the FLE Clubs as long as they are attending school.

Secondary Target Group

The program also directly targets parents and health providers, who are trained to help improve information access and services related to SRH.

Site

The program was started and is mainly based in schools in the district. It later began working in the clinics and the community.

> Some of the problems the adolescents face can be complex. A strong support structure is important so that peer educators can ask for assistance.
>
> ***Program coordinator***

Kafue district is situated approximately 45 km south of the capital, Lusaka. It is geographically diverse, but predominantly rural. The town is located on the transit corridor formed by the Great North Road and the railway line, which are channeled between the Kafue River and the hills to the east.

Program Length

The average length of attendance at an FLE Club is two and a half years, and the maximum is eight years. The school-based FLE Clubs operate continuously, once a week during the school year. The club meetings do not take place during the school holidays. During the school holidays, different activities are organized, such as educational picnics and training. The clinic-based activities (youth-friendly health services) are available for young people throughout the year. The community-based activities also operate continuously throughout the year.

Program Goals

The program coordinator ranked the program goals as shown in figure 2. Behavior change was thought to be one of the most important because it is through behavior change that the other goals can be achieved.

Approaches

The main approach that has been used by the KARHP is the peer, parent, and provider (PPP) approach: The FLE Clubs and community support goups provide peers with an opportunity to learn from one another. The Parent Elder Education Program encourages parents and children to talk to one another about SRH issues within the community, and the youth-friendly health services and condom distributors allow health providers to see to the SRH needs of the youth.

Various approaches are taken in each of the three program sites. It was impossible to rank the approaches, as all were felt to be important. However, in the school setting, peer education was mentioned as one the most effective ways of fulfilling the program goals because in-school

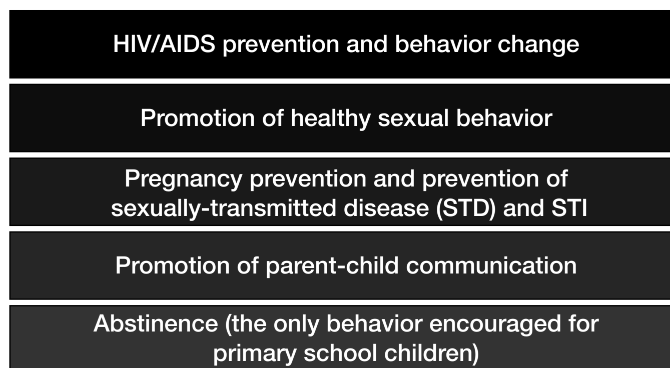


Figure 2. Program Goals Ranked in Increasing Importance by the Program Coordinator

adolescents are thought to be easily influenced by their peers and their environment. By using peer educators as positive role models, adolescents are more likely to change their attitudes, engage in safer sexual behaviors, and learn more about SRH. The main role of the clinics is to provide SRH services and information.

Activities

KARHP activities are shown in figure 4. Peer educators felt that one-to-one counseling; drama, sketches, and role play; and poems were the most effective. These were thought to be the most beneficial activities because they reflect real-life situations and because everyday, comprehensible language could be used.

> We discuss the topics that are raised by the adolescents in the clubs. We then plan to cover topics that adolescents are interested in.
>
> ***Matron***

Components

The program consists of four main components:

1. FLE Clubs in schools, including peer education and counseling and matron and patron supervisors;
2. parent and elder educators to promote parent-child communication;
3. youth-friendly services in clinics; and
4. Community-based distribution of contraceptives and information on family planning.

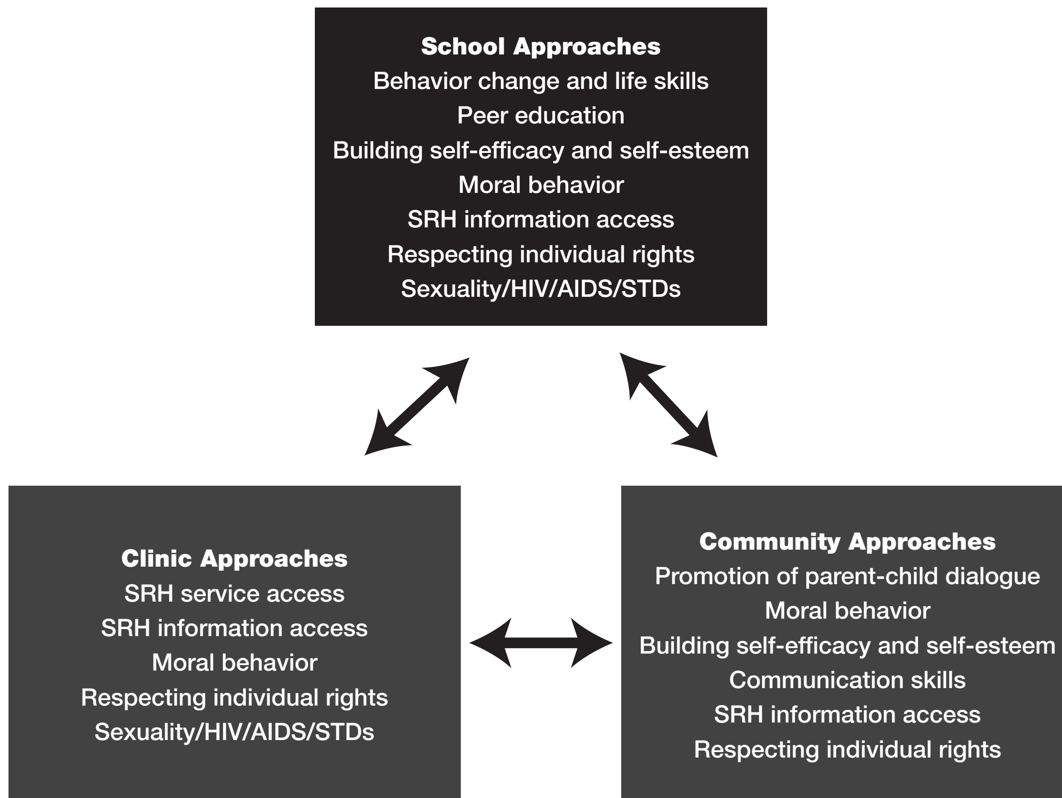


Figure 3. Program Approaches

Program Activities
Group discussions
Print materials (pamphlets, brochures, newsletters, etc.)
Lectures
Songs and poems
Games
Drama, sketches, and plays
Sports (e.g., father-son football)
Puppet shows
Condom distribution
One-to-one counseling
Films and videos

Figure 4. Program Activities Unranked

FLE Clubs

During the school term, each of the schools in the program holds an FLE Club meeting once a week after school. The clubs are organized and run by the peer educators and counselors, who are supervised by the matrons and patrons. The club meets in a classroom, and meetings last between one and two hours. Each week, a different topic related to SRH is discussed. These topics are described in the Target Group Materials section of this chapter.

Each week, various activities are used to promote the program approaches (e.g., a discussion on respecting individual rights and moral behavior). The youth are also encouraged to suggest topics to be included in future club meetings.

> More and more members of the community are becoming aware of the purpose of the project. One mother said that nowadays she wants her child to be seen in a condom not a coffin.
>
> ***Matron***

Students who want individual counseling can approach trained peer educators, who will take them into another classroom, a nearby clinic, or anywhere where privacy can be found to discuss their problems. When needed, the peer educators can refer young people to the clinics for medical attention. They have referral forms to fill in that explain the problem. In cases of sexual abuse, the case is referred to the matron or patron if the adolescent concerned agrees. Then it will be taken to the KARHP, YWCA, or the victim support unit of the police service.

FLE Clubs Case Study

David is 12 years old and has been attending the FLE Club in his school for the past three months. He has just moved to Kafue from another district and did not attend an FLE Club there.

Today, he attended the FLE Club after school. The meeting's theme was dating and relationships. The peer educator began by giving a short talk. He said that even if two people in a relationship love each other, they should wait until they are married before having sex. He said that if you have sex before you are married, you may get pregnant or even catch HIV or an STD. At the end of the talk, the adolescents were encouraged to ask questions.

The peer educator then asked the adolescents to split into groups. He told them to think of a short role play about a dating couple. He said the role play should be about what to do if the boy wants to have sex and the girl does not. The groups were given time to prepare their role plays, which they then acted out for the rest of the club. The peer educator then led a short final discussion about the issues that had been raised by the role plays.

Peer educators and counselors. There are between 5 and 15 peer educators in each school. Their main task is to run the FLE Clubs. However, they also partake in community outreach activities (e.g., door-to-door campaigns, drama), youth-friendly clinic activities, organization of community events (e.g., World AIDS Day), presentations for the whole school, one-to-one talks with students who are not club members, and activities held outside the school term (e.g., picnics, sports events).

> The integration of the PEEP program into KARHP activities has increased community acceptance of the concept of sexual and reproductive health education.
>
> ***Program coordinator***

Matron and patron supervisors. In each school, two matrons or patrons are appointed to help with running the FLE Club. The matrons and/or patrons meet with the school peer educators and counselors every week after school, in a classroom. They work together to plan the agenda for the next club meeting and share new ideas and information. These sessions with their supervisors also provide a feedback mechanism whereby the peer educators and counselors can discuss any new developments in the club and how to handle them.

Although the main role of the matrons and patrons is to offer the peer educators help and support, their other roles include:

- Preparation of quarterly reports on the activities of the club.
- Finding any extra materials and information needed to help run the clubs from the KARHP office, PPAZ, FLMZ, and the District Education Officer's (DEO) office. They also have an HIV/AIDS focal point in each zone[2] in the district, whom they can ask for up-to-date HIV/AIDS information.
- Raising awareness among parents and the community about the FLE Clubs. One of the ways the matrons and patrons do this is through holding short talks at parent-teacher meetings. By talking about the program, and its aims, objectives, and activities, the community is made more aware of what their children are learning and why the program is important.
- Training future matrons and patrons (some of the matrons and patrons are selected and trained to become trainer of trainers).
- Training peer educators and counselors.

2. Each district is split into several zones.

The matrons and patrons also meet with other matrons and patrons in the district and the KARHP coordinator at KARHP headquarters. They discuss any problems they are having and share their experiences. When the program was first established, the meetings took place every month. Once the program was firmly established and running smoothly, the meetings were held on a quarterly basis.

Parent and Elder Educators

The Parent Elder Education Program (PEEP) equips parents, elders, and community and religious leaders with knowledge and skills on issues of SRH to facilitate positive parent-child communication. This component is vital in the KARHP because it helps parents to examine their values and attitudes on issues of sexuality, STIs, and HIV/AIDS and make them comfortable in discussing these issues with their children. PEEP supports and complements the FLE/SRH information given to the youth through the other components of the project.

At first, community taboos about sex meant that parents were not very willing to discuss sexual issues openly with their children. After community advocacy, awareness of the program increased and the stigma surrounding HIV was reduced.

Program coordinator

Parent and elder educators organize community meetings, weekly door-to-door campaigns, religious meetings, and monthly Parent-Teacher Association (PTA) meetings, where they talk about the program, SRH topics, and the importance of parent-child communication. They also give written referrals to the health clinics for people requiring medical attention. The parent and elder educators explain to parents and the community that the aim of the program is to help youth learn important skills that will help protect them from HIV/AIDS, STIs, and unwanted pregnancy.

Youth-Friendly Services

An important component of the program is the establishment of youth-friendly services in the district's health clinics. One of the main roles of the clinics are to provide access to condoms and other contraceptives. In addition to such family planning services as pregnancy testing, the clinics also provide STD and HIV screening.

Certain clinic staff are specially trained in how to serve adolescents. These staff are also trained on how to give talks on SRH issues (e.g., contraception).

When the youth attend the clinics, they are first directed to "Youth-Friendly Corners," where the peer educators and counselors can discuss issues with and counsel them. Then, the young person and the peer counselor usually go together to see the nurse or other health worker. The peer educators and counselors usually offer their services three times a week in these clinics.

Shortages of condoms and inadequate numbers of trained community distributors in rural areas means that some youth might not get the services they require.

Program coordinator

Community-Based Distributors

The community-based distributors (CBDs) are young people trained in the delivery of SRH messages, family planning, and contraceptive methods. The main aim of this component of the program is to reduce the incidence of unwanted pregnancies, HIV infection, STIs, early marriage, and risky sexual behaviors.

The CBDs offer services to all youth (in-school and out-of school) in the communities. They work hand in hand with the local clinics that supply the materials needed (i.e., condoms, contraceptives). The CBDs also refer clients that need medical attention to the nearest clinic.

This approach to service delivery has been advocated to address the limitations of the clinic-based service delivery network: lack of trained personnel, shortages of contraceptives, inadequate coverage of rural populations, and a bias against serving adolescent sexual and reproductive health (ASRH) needs.

PART B: IMPLEMENTING THE PROGRAM

Needs Assessment

In 1996, a needs assessment was conducted in Kafue district to gather information on the sexual behavior of the young people and the factors affecting and influencing their behavior. The needs assessment also aimed at evaluating the educational, recreational, health, and other social facilities available to youth in their communities. The needs assessment took place as follows:

- It was carried out over a period of three weeks (October 29 to November 19, 1996) by a team of professionals from the PPAZ, FLMZ, RFSU, and YWCA who were familiar with Kafue district and its communities.
- Information was collected on knowledge related to HIV/AIDS and STDs/STIs, attitudes toward relationships and sex, sexual behaviors and practices, and health-seeking behavior.
- The information was collected through individual interviews, focus groups, and observations in places where young people gather.
- In total, 70 people (including young people, teachers, health staff, and community leaders) participated.

Reaching out to young people in Kafue, and sharing and learning how young people perceive issues related to sex, has been interesting. I realized that there are a lot of rumors, myths, and misconceptions in the minds of young people, and these, unless addressed, will continue misleading them.

Youth participating in needs assessment

The main results revealed that poverty was one of the major risk factors, leading young women and girls to engage in sexual activities in exchange for gifts and money that they use to survive and pay school fees. One of the main problems affecting boys and young men was the use of alcohol and marijuana. It was also found that early marriages, STIs (including HIV), and unwanted pregnancies were common problems.

The findings from the needs assessment and information collected from the district health officer gave a good understanding of the SRH needs in Kafue district. The results enabled the design, planning, and implementation of the project:

- establishment and implementation of FLE Clubs, community support groups, PEEP, and youth-friendly services;
- development of curriculum and training programs;
- training and sensitization of different of stakeholders; and
- youth-based community services and distribution of contraceptives and family planning information.

Program Materials

The program materials have been developed over the course of the project. Most of the initial materials were developed using the results of the needs assessment to adapt materials available from the Ministry of Health, the United Nations Population Fund (UNFPA), the Society for Family Health, PPAZ, FLMZ, and RFSU. Other materials have been produced as the program has evolved.

Most of the materials are produced in English rather than local languages. Yet local languages were particularly encouraged in the training workshops.

Target Group Materials

Family Life Education Curriculum

Family Life Education: A Curriculum for Teachers and Trainers was developed for use by trainers, peer educators, matrons and patrons, parent and elder educators, and CBDs for use in the FLE Clubs and various community meetings and trainings of all program workers. The curriculum was developed by a consortium of youth service professionals and young people themselves, with assistance from the Margaret Sanger Centre International and UNFPA. Seven agency members, namely PPAZ, FLMZ, Young Africans Welfare Association, Girl Child Adolescent Reproductive Health Project, YWCA, Community Youth Concern, and the Department of Youth Development make up this consortium, called the Adolescent Reproductive Health Project.

I learned that in Kafue, sex is taken as a major source of income among many young people due to poverty and unemployment.

Youth participating in needs assessment

The curriculum does not have to be followed in a strict order, but it is important that the clubs cover a range of issues to ensure that young people gain knowledge and skills on a wide range of topics. The same curriculum is covered each year in the FLE Clubs. However, the emphasis in primary schools is on abstinence, whereas in secondary schools, information on condom use is also provided.

The club curriculum is as follows:

Unit One: The Family
- Family Structures
- Family Relationships
- Family Roles

Unit Two: Self-Awareness
- Who Am I?
- Human Development
- Adolescence
- Decision-Making

Unit Three: Gender and Sexual Expression
- Gender Identity Formation
- Sexual Orientation
- Sexual Expression

Unit Four: Family Planning and Contraception
- Traditional Family Planning Practices
- Reversible Methods of Birth Control. Permanent Methods of Birth Control
- Emergency Contraception
- Abortion
- Contraceptive Use in Special Situations

Unit Five: Relationships
- Friendship
- Dating
- Love
- Marriage and Other Life Partnerships
- When Relationships Sour

Unit Six: Responsible Parenthood
- On Parenting
- Demands of Parenting
- Pregnancy and Childbirth
- Breast Feeding

Unit Seven: Personal and Sexual Health
- Zambia's Health Goals
- Critical Health Concerns
- Basic First Aid
- Preventive Health and Hygiene
- Sexually Transmitted Infections
- HIV and AIDS
- How to Use a Condom

Unit Eight: Abuse and Violence
- Child Abuse
- The Touch Continuum
- Sexual Abuse
- Domestic Violence
- Employer Abuse

Unit Nine: Drugs and Mood Altering Substances
- Drugs
- Alcohol

Unit Ten: Youth Rights
- Bill of Rights
- The Juveniles Act
- Youth and Reproductive Health Care

This curriculum is available. Please see Available Materials in part D of this chapter.

Using nonlocal languages can enable people to discuss issues that they would be too embarrassed to talk about in their own language. For example, adolescents were willing to name the sexual parts of the body in English but were reluctant to do so in their own language.

Program coordinator

One of the major problems is the high turnover rate of peer educators due to lack of motivation, changing schools, and leaving school to start work..

Program coordinator

Brochures

Peer educators, with the assistance of resource persons from PPAZ, FLMZ, and RFSU, designed and developed IEC brochures. Five brochures on different topics addressing young people's concerns and problems were produced and pretested using structured questionnaires and focus group discussions. These brochures provide additional information to supplement the FLE activities. The five brochures are:
- *Sexually Transmitted Infections*
- *What's Up on Drugs and Alcohol?*
- *Early Marriage: Know the Facts*
- *Avoiding Many Sexual Partners: What You Should Know*
- *Facts About Growing Up*

A total of 50,000 copies (10,000 copies of each brochure) were produced. Copies of the new brochures were distributed to the peer educators, matrons and patrons, CBDs, parent and elder educators, health service providers, all schools in Kafue district, football teams under the Kafue sports advisory committee, and members of the communities.

These materials are available. Please see Available Materials in part D of this chapter.

Staff Training Materials

Family Life Education Manual

Family Life Education: A Manual for Parent Educators was designed to train and guide parent and elder educators in leading community-based education sessions with community members. The manual provides details on the kind of techniques needed when conducting community meetings and one-to-one sessions. The manual also outlines several activities that can be used to promote interest in the program among the community. It explains the purpose of each activity, gives step-by-step instructions, estimates time and materials needed for each activity, and gives fact sheets, questionnaires, case studies, and role plays. There is also advice on how each section of the manual can be adapted to suit the needs of the group and the time available for the session.

> It is recommended that the matrons and patrons receive "refresher" courses to keep them motivated and to provide more skills and information.
>
> ***Program coordinator***

The manual was not specifically developed for peer educators to use in FLE Clubs. However, some of the sections have been used after revision to guide and help conduct FLE Club activities.

This manual is available. Please see Available Materials in part D of this chapter.

Staff Selection and Training

Staff selection methods may change over time. All staff go through training with the following activities:

- Question boxes: During the training, participants are encouraged to anonymously write questions they are concerned about. Every morning questions are discussed and answered.
- Steps to condom use: Different stages of condom use are written on strips of paper, and participants are asked to put the stages in order.
- "Teach back": Participants are encouraged to teach other participants what they have learned during their training.
- Pretest and posttest training: Participants are tested before and after training to assess their level of knowledge and specifically what they have learned during training.

Trainers of Trainers

- A core group, formed by representatives from PPAZ, FLMZ, and the CBoH, selected the first trainers of trainers (TOTs). The trainees were teachers, police officers, and government officials. Peer educators, matrons and patrons, and parent and elder educators have since been trained as trainers of trainers.
- Training lasts between one and two weeks and is conducted by the master trainers from PPAZ, FLMZ, RFSU, and KARHP.
- At the end of training, the TOTs should be able to plan, organize, and conduct training workshops in FLE/SRH. The training objectives include strengthening participants' knowledge on FLE/SRH, making participants understand their own attitudes toward ASRH matters, imparting skills on how to conduct FLE/SRH training, and making participants feel comfortable in their roles as trainers in FLE/SRH.
- The TOTs receive refresher courses after their initial training.
- Some of the TOTs were later trained as master trainers.

Peer Educators and Counselors

- The TOTs and the matrons and patrons select the peer educators and counselors from the members of the FLE Clubs. Peer educators and counselors should be accepted and respected

by the other youth and the members of the wider community (parents, teachers, etc.). They should be willing and motivated to be trained and work as peer educators and counselors, and be committed to the goals and objectives of the program.
- The TOTs, master trainers, and/or matrons and patrons train the peer educators and counselors for 5 to 10 days, depending on the budget and availability of trainers.
- The training content is adopted from the FLE curriculum. The training also includes an introduction to the program's goals and objectives, the concept of peer education, and facilitation and communication skills.
- Refresher courses have been offered to peer educators to keep them motivated and help them learn more about SRH issues.

Matrons and patrons

- Two matrons or patrons are selected in each school by the peer educators and counselors and school heads.
- The TOTs, master trainers, and/or experienced matrons and patrons train the new matrons and patrons. The training lasts between 5 and 10 days, depending on the availability of trainers and the budget.
- The training covers human sexuality, values, facilitating skills, gender and sexuality, behavior change, equal rights, adolescence, relationships, fertility awareness, setting up FLE Clubs, condom use, abuse and violence, STDs and HIV/AIDS, roles of matrons and patrons, and work plans.
- The matrons and patrons receive refresher courses to keep them motivated and provide them with more skills and information.

Health Service Providers

- In each of the youth-friendly health clinics, the district health management team (DHMT) selects two staff members to be trained as youth-friendly health care providers. They are trained for seven days by the master trainers.
- The objectives of the training workshops are to
  - create awareness among health care providers on ASRH needs,
  - help health care providers foster positive attitudes to young people's SRH,
  - help health care providers develop communication skills, and
  - create a youth-friendly environment in all health care facilities in the district.

> Without community support and political will and commitment, the efforts to prevent HIV/AIDS transmission will not succeed.
>
> ***Program coordinator***

Parent and Elder Educators

- Initially, members of the neighborhood health committees, PTAs, PPAZ, and FLMZ nominate two or three parents per community to be trained as parent and elder educators. Later, the KARHP advertised in marketplaces, clinics, and shops. (Applicants had to fill in a form concerning their previous experiences of volunteer work with people, especially in the area of SRH and youth.) The final selection is made by KARHP assistants and the coordinator after interviews.
- The parent and elder educators are trained by the TOTs, master trainers, and/or other experienced parent and elder educators for 5 to 10 days.
- The topics include remembering your youth, sources of values, facilitation skills, nuts and bolts of parent and elder education (components of PEEP), human sexuality, fertility awareness, traditional modes of education, STIs and HIV/AIDS, family planning, responsible parenting, what hinders communication, behavior change, gender and sexuality, abstinence, victim

support unit (police), relationships and sex and love, abuse, linking prevention with care, community involvement in PEEP, community mobilization, and target groups.
- After initial training, refresher training is provided to parent and elder educators.

CBDs

- The community members selected young people from their communities to be trained as CBDs.
- The CBDs are trained by trainers from PPAZ for 14 days.
- The objective of the training is to equip the CBDs with skills and knowledge in providing family planning and SRH services in the communities to reach out to fellow youth.

Setting Up the Program

Before the program was set up, the Ministry of Health and the Ministry of Education were fully involved in the its development. Community leaders, head teachers, and other key members of the community were also consulted at all stages of its establishment.

How to Set Up an FLE Club

- Seven schools (six rural and one periurban) were selected by the CBoH, PPAZ, and FLMZ.
- Consensus meetings and sensitization workshops concerning the program (goals, activities, strategies, etc.) were held with all head teachers and teachers.
- Staff (peer educators and counselors, matrons and patrons) were selected and trained, and the first clubs were established.
- Matron and patrons meet with the peer educators and KARHP coordinator to discuss club curriculum and activities.
- The clubs are publicized in the school through school assemblies and posters on the notice board.

Youth-Friendly Services

- Health clinics are selected to become youth-friendly centers by the DHMT.
- Two staff members per health clinic are selected to be trained as youth-friendly health care providers.
- All health clinic staff are sensitized on how to create a youth-friendly environment.
- Youth-friendly services are publicized in radio programs, newspapers, and their own brochures, and in door-to-door campaigns and public places, such as bus stops.

Program Resources

The KARHP has two offices with photocopying facilities and a meeting place that project implementers can use. The coordinator has a computer (with Internet access), brochures, some videos, the FLE manual, and curriculum and other materials in his office to which implementers have access.

Advocacy

The KARHP promotes the program's aims in the community by holding workshops, picnics, and other events with all members of the community. To gain the community's acceptance, there was a concentration of these events when the program was established and during program expansion.

The Ministry of Sport, Youth and Child Development; the Ministry of Health; and the Ministry of Education have all supported the KARHP by directly ensuring partnership at regional

and district levels. The overall role of these partners was to provide legitimization of the program and advocate support in the community. In addition, they allow school facilities and various community venues, such as community centers, to be used for holding club meetings, talks, and program events.

In 1999, the KARHP held a meeting with key political figures to raise awareness of the importance of HIV/AIDS prevention in the community. The workshop concluded by asking for political commitment and support to expand the program to the whole of Kafue district. The KARHP also helped form the HIV/AIDS Network Co-ordinating Committee, established in Kafue district in 1999. The committee tries to join together the efforts of all the people in the community fighting against HIV/AIDS.

Program Finances

The yearly budgets (total expenditure) were:

1997: US$148,219,
1998: US$137,842,
1999: US$123,902,
2000: US$197,316, and
2001: US$120,000 (until March 2002).

A breakdown of spending for the KARHP program is not available. It is estimated that 53,000 youth have benefited from the program at an estimated cost of US$2.26 per youth per year. However, it should be noted that 101,400 adults have also been targeted by this program since 2001.

PART C: ASSESMENT, CHALLENGES AND LESSONS LEARNED

Challenges and Solutions

Program Coordinator

- It is important that the needs assessment include both qualitative and quantitative techniques. This will aid monitoring and evaluating the program because it will be possible to see trends and changes over time.
- Certain community members, along with the religious organizations, were unhappy about the program running in their community. Hence, it is crucial to rally their support for and involvement in the program before implementation begins.

- At first, training was not long enough, and it needed to be extended so that staff would be equipped with the necessary skills and information to do their jobs. Continuous training is needed to maintain the necessary numbers of staff.
- The initial aim was to work with very young children, to allow them to grow and develop with the program. However, the core group did not want a program to work for children younger than 10 years of age. In the future, the program coordinator would like to target a younger age group. This is a problem that is still being faced.
- It is important to be innovative and try out new ideas, such as educational picnics.
- One major challenge was how to scale up the program. The logistics of running the program on a large scale are far more complicated, and these need to be thought through carefully if the program is to work on a larger scale.
- There is a high drop-out rate of volunteers because of the lack of (monetary) incentives.
- Sometimes it took longer than anticipated to receive the needed funds from SIDA. These delays can cause problems.
- Sufficient quantities of materials are not always available.
- Lack of staff at senior levels has led to a backlog of work that still remains.

Adolescents that participate in the clubs are the ones that are motivated to attend. It might be that those adolescents who don't attend the clubs frequently are the most at risk of contracting HIV.

Program coordinator

Evaluation

In 2000, an evaluation was carried out to assess knowledge, attitudes, and practices (KAP) in relation to SRH/FLE by Institute of Economic and Social Research at the University of Zambia.The general aim of this study was to document and evaluate the KARHP to determine its achievements and/or limitations based on process, outcome, and impact measures.

A cross-sectional survey of 10- to 24-year-old youth in households was undertaken in the project sites (371 youths) and in out-of-project sites (87 youths). In addition, focus group discussions and individual, in-depth interviews were conducted with project staff, peer educators and counselors, trainers, CBDs, parents, and teachers (altogether, 70 people). A semistructured questionnaire was used to collect information from the 458 youths.

The results showed that the problems identified in the needs assessment (prostitution, unwanted pregnancy, drug abuse, STIs, poverty, and unemployment) were still problems faced by young people, but the focus groups were unanimous that these problems were worse before the KARHP program. They felt that KARHP activities were directly responsible for these changes.

A copy of the evaluation is available. Please see Available Materials in part D.

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.	✓	The youth have been involved in various stages of the design, planning, and implementation of the KARHP activities since the beginning of the project. The targeted youth are encouraged to express their SRH needs and find their own solutions to problems and risky sexual behaviors.

	Benchmark	Attainment	Comments
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	A needs assessment was carried out before the implementation of the program. The findings were used to develop the program. The peer educators being from the same age group as the members of the clubs ensures that the risks most common to this age group ae addressed. There is no age-specific targeting of messages. Although the messages are built upon during the course of the year, ideally different types of messages need to be imparted to different age groups. The wide age range of young people targeted could mean that some may be too young or too old to relate to their peer educator/counselor.
3	Includes not only knowledge but also attitudes and skills needed for prevention.	✓	The program tries to increase people's knowledge, and also to equip them with new skills and new attitudes. This multidimensional approach is more likely to result in behavioral changes than any one approach.
4	Understands the impact of relationships on behavior change and reinforces positive social values.	✓	The KAAHP actively promotes and tries to reinforce positive social values. The main principle behind the program is its focus on behavior change through peer education.
5	Is based on analysis of learners' needs and a broader situation assessment.	✓	The program design is based on an analysis of the needs of the target group and the program materials directly establish and tackle the risks the youth face. For example, even though the program advocates abstinence, it recognizes that some adolescents are sexually active, and they show their respect for this decision through the distribution of contraceptives.
6	Has training and continuous support of teachers and other service providers.	✓	Training, refresher training, and workshops are offered for all staff and members of the community who wish to be involved in the program. A support network exists so that all members of staff have someone they can refer to.

	Benchmark	Attainment	Comments
7	Uses multiple and participatory learning activities and strategies.	✓	A wide variety of activities and strategies is used to convey the program's messages, making it more likely for messages to be listened to and understood. Participatory and innovative activities include drama, sports, educational picnics, and puppet shows.
8	Involves the wider community.	✓	The program realizes that confronting HIV/AIDS requires the involvement, education, and collaboration of the entire community. It has achieved this through advocacy and collaboration between different sections and institutions within the society.
9	Ensures sequence, progression, and continuity of messages.	Partially fulfilled	The program follows a curriculum on SRH. However, because the same curriculum is covered each year, it may be hard to tackle any issues in depth or to build on existing knowledge and messages. Because the materials are not age specific, there is doubt as to whether the messages do increase in complexity as the youth grow.
10	Is placed in an appropriate context in the school curriculum.	Not applicable	The school curriculum at present does not educate youth on issues related to HIV/AIDS. Therefore, KARHP is the only medium through which they receive HIV/AIDS education.
11	Lasts a sufficient time to meet program goals and objectives.	Partially fulfilled	There is some concern that because the same curriculum is used for all age groups, some children may not attend the clubs regularly and forget the skills and knowledge they have been taught. The evaluation shows that there have been noticeable changes in the sexual behavior among those youth who have been reached by the program. The program activities have been integrated in the government offices, and thus the programs have continuity, even though the NGOs have phased out their assistance.

	Benchmark	Attainment	Comments
12	Is coordinated with a wider school health promotion program.	Not applicable	There is no school health program for the KARHP to coordinate with at present.
13	Contains factually correct and consistent messages.	✓	Young persons, with the assistance of resource persons from PPAZ, FLMZ, and RFSU, designed and developed IEC brochures for the KARHP. Five brochures on different topics addressing young peoples' concerns and problems were produced and pretested. All the materials developed by KARHP (the brochures) have gone to the IEC Committee/Zambia Information Services for approval. The other materials used by KARHP can be said to be factually correct and accurate because the main sources of information have been based on the materials developed by Ministry of Health, CBoH, UNFPA, Society for Family Health, PPAZ, FLMZ, and RFSU. Some new materials have recently been developed in response to the needs of the target groups.
14	Has established political support through intense advocacy to overcome barriers and go to scale.	✓	Advocacy has been an important element of this program. Government and the community have been involved throughout the course of development, enabling it to evolve and expand.
15	Portrays human sexuality as a healthy and normal part of life, and is not derogatory against gender, race, ethnicity, or sexual orientation.	✓	Sexuality has been portrayed as a normal part of human life that starts from a very tender age and goes on throughout one's life. The program targets youth irrespective of their gender and ethnic background. The curriculum of the training and FLE Clubs deals with and discusses issues of different sexual orientations, such as homosexuality.
16	Includes monitoring and evaluation.	✓	An effective program needs to monitor the changing needs and risks of its target group and alter the program accordingly. The program achieved this by holding meetings to discuss problems and come up with solutions. KARHP lacked continuous evaluation. It was only evaluated once by exernal evaluators, and there was no evaluation at the end of the project.

PART D: ADDITIONAL INFORMATION

Organizations and Contacts

Kafue Adolescent Reproductive Health Project (KARHP)

Francis Joseph Phiri, project coordinator
P.O. Box 360254,
Kafue, Zambia
Cell phone: +260 97 78 36 13
E-mail: kafyth@zamnet.zm

Family Life Movement of Zambia (FLMZ)

FLMZ is a voluntary NGO without religious or political affiliations that was founded in 1981. It has four provincial officers that operate in Choma, Copperbelt, Monze, and Lusaka. FLMZ also has affiliate offices in all provinces of the country.

The main objective of FLMZ is to promote a healthy and happy family life through the services offered to the communities.

Mr. Raymond Muchindo, acting executive director
P.O. Box 37644,
Lusaka, Zambia
Telephone: +260 1 221898
Fax: +260 1 221898
E-mail: flmz@zamnet.zm

Planned Parenthood Association of Zambia (PPAZ)

PPAZ is a voluntary, nonprofit, nondiscriminatory, nonpolitical NGO that is a pioneer family planning organization in Zambia, formed and registered in 1972. It receives most of its funding for program activities from the International Planned Parenthood Federation (IPPF). PPAZ operates in all nine provinces of Zambia, and it is the largest NGO providing family planning and SRH services in both the urban and rural areas of the country.

PPAZ implements projects to address SRH concerns in Zambia, including the Family Health Promotion Project, women's empowerment, the FLE Project, the Community-Based Distribution Project, the Family Planning Centers/Family Health Project, male involvement in family planning, the Integrated Project, and KARHP.

Mr. Godfrey Musonda, executive director
P.O. Box 32221
Lusaka, Zambia
Telephone: +260 1 228178; +260 1 228198
Fax: +260 1 228165
E-mail: ppaz@zamnet.zm
Website: www.ppaz.zm

Contributors to the Report

This report was prepared by Anne Salmi, M.A., Education and International Development: Health Promotion. Anne is an independent consultant living and working in Zambia (e-mail: annesalmi@yahoo.com).

It was guided by Michael J. Kelly, M.A., Ph.D., Educational Psychology. Michael has worked extensively on HIV/AIDS prevention in Zambia and is currently based at the University of Zambia (e-mail: mjkelly@zamnet.zm).

Edited by Katie Tripp and Helen Baños Smith.

We appreciate the help of the following members of Kafue district in providing much of the information in this report:

Godfrey Musonda — executive director, PPAZ
R. D. Muchindu — acting executive director, FLMZ
Francis Phiri — project coordinator
Nine peer educators and counselors from Naboye Secondary School, Kafue
Twelve matrons and patrons of the FLE Clubs from several schools in Kafue (Nakatete Basic School [2], Mutendere Basic School [3], Nangongwe Basic School [1], Kasenje Basic School [3], Soloboni School [2], and Kafue Day Secondary School [1])
Paul K. Chinyama — parent and elder educator and trainer (for organizing the focus group discussions and the visit to the Kafue Day Secondary School)
Kafue Day Secondary School headmaster, matron, peer educators and counselors, and other students

Available Materials

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

"What's Up Kafue? An Assessment of the Livelihood, Sexual Health and Needs of Young People in Kafue District"
(order number: KARHP01)

Family Life Education: A Manual for Parent Educators
(order number: KARHP02)

Family Life Education: A Curriculum for Teachers and Trainers
(order number: KARHP03)

"In School Training for Peer Education Programme (PEP) 2002"
(order number: KARHP04)

"Training of Trainers Workshop 1999"
(order number: KARHP05)

Facilitator's Guide to Participatory Practice in HIV/AIDS Work: Gender and Sexuality in Young Men's Lives
(order number: KARHP06)

"National Workshop: Youth Empowerment"
(order number: KARHP07)

"Documentation and Evaluation of the Kafue Adolescent Reproductive Health Project, August 2000"
(order number: KARHP08)

Annual Report 2000
(order number: KARHP09)

"Report on the Training of Teachers in Family Life Education and Sexual Reproductive Health"
(order number: KARHP10)

"Report on the Parliamentarians' Advocacy Workshop, November 1999"
(order number: KARHP11)

"Report on the Sensitisation Workshops of Health Providers, September 2000"
(order number: KARHP12)

Brochures:
Sexually Transmitted Infections
What's Up on Drugs and Alcohol?
Early Marriage: Know the Facts
Avoiding Many Sexual Partners: What You Should Know
Facts About Growing Up
(order number: KARHP13)

APPENDIX 1. STAFF ROLES

Main Program Staff Roles

Executive Directors of PPAZ and FLMZ

The directors are in charge of the project, the allocation of funds, and approval of changes to project activities

The Core Group

The core group at central level is composed of representatives from the two local NGOs (PPAZ, FLMZ) and from the CBoH. The functions of the core group are development of annual plans, implementation, coordination, reporting, training, monitoring accounts, providing technical support to the project coordinator, and evaluation.

The local core group consists of representatives from local institutions, namely the PPAZ local branch, FLMZ local branch, Department of Social Welfare, Department of Community Development, DEO, Kafue District Council, DHMT, peer educators, and local community leaders. It provides support to project activities and aims to strengthen local collaboration. It also focuses on facilitating the integration of FLE/SRH activities into the district public health, community and social, and educational systems.

KARHP Project Coordinator

The coordinator has had previous experience in SRH and FLE and is responsible for overseeing the selection and training of staff, coordinating meetings between various program staff, and organizing community and FLE Club events.

KARHP Program Assistants

The assistants have had previous experience in SRH and FLE. They assist the project coordinator in the day-to-day running of the project.

Master Trainers

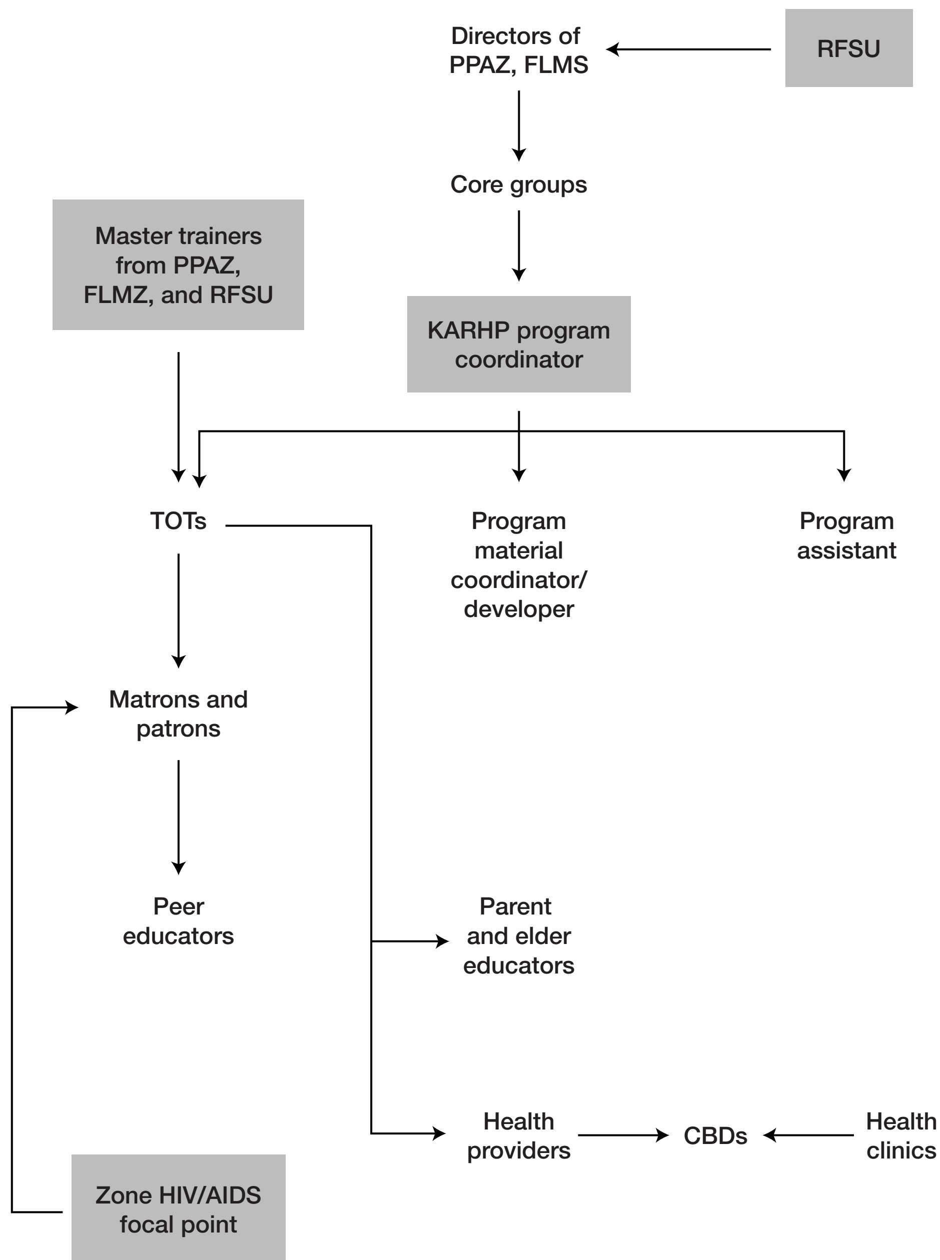
Master trainers are actively involved at the beginning of the program, and are responsible for training all staff and the TOTs.

TOTs

The TOTs are teachers, police officers, members of local government, parent and elder educators, and peer educators who have been trained to train members of staff. They are responsible for organizing all staff training, workshops, and refresher courses, and organizing outside trainers to aid training workshops.

Peer Educators and Counselors

They are the main point of contact with the youth and are responsible for the day-to-day running of the FLE Clubs and other activities.



Note: All staff in boxes are collaborators but are not part of the main staff structure.

Figure A1. Staff Structure.

Matrons and Patrons
These are teachers who are trained as matrons and patrons and who are responsible for helping with the organization of the FLE Clubs and providing guidance to the peer educators.

Parent and Elder Educators
They are responsible for working among the community and mobilizing community support for the program.

Youth-Friendly Health Providers
These providers work in the clinics and provide advice to young people seeking advice about contraceptives, HIV/AIDS and STDs, pregnancy, and other issues related to SRH.

CBDs
CBDs are young people trained in the delivery of SRH messages, including other family planning and contraceptive methods (such as condoms) to youth in the communities. They help to bridge the gap between the clinic and the youth.

APPENDIX 2. STAFF DATA

	Number of staff	Position/title	Gender
Full-time and paid	1	Program coordinator	Male
	2	Program assistants	1 male, 1 female
Volunteer staff, other than peer educators (not receiving allowances/ incentives)	80 (estimated)	Matrons and patrons	Male and female
	200 (estimated)	Parent elder educators	Male and female
	13	Community-based distributors	Male and female
	20	Master trainers	Male and female
	50 (estimated)	Trainers of trainers	Male and female
	28 (300 sensitized)	Youth-friendly health providers	Male and female
Volunteer peer educators (not receiving allowances/ incentives)	500 (some 50 are counselors)	Peer educators and counselors	Male and female