

Empowering Youth through Social and Financial Life Skills and Healthy Behaviors: Lessons from a Ugandan Pilot

WHAT IS FISTULA?

A genital fistula is an abnormal opening in the upper or lower female genital tract that causes uncontrollable, constant leakage of urine and/or feces. Obstetric fistula is usually caused by several days of obstructed labor without timely medical intervention. Iatrogenic fistula is caused by surgical error, most often during cesarean section. Traumatic fistula is caused by injury—for instance, through sexual violence, female genital mutilation, or accidents.

www.fistulacare.org

BACKGROUND

EngenderHealth's *Fistula Care Plus* (FC+) project, funded by USAID, works to strengthen communities for female genital fistula prevention, detection, treatment, and reintegration in priority countries in Sub-Saharan Africa and South Asia. In Uganda, FC+ has prioritized adolescents and youth in its community engagement efforts.

Uganda has one of the world's youngest populations, with 50% estimated to be less than 15 years old (UBOS and ICF 2018). The median age at first intercourse is 17 among women and 18 among men; this is two and five years earlier for women and men, respectively, than the median age of first marriage, indicating that both women and men engage in sex before marriage (UBOS and ICF 2018). A quarter of adolescents, ages 15–19 years, have begun childbearing; nearly one in five of these adolescent women have delivered a live birth (2016 Uganda DHS). Additionally, there are high levels of early marriage, school dropouts, unemployment, and underemployment among adolescents in Uganda.

FC+'s strategy for youth engagement in Uganda uses capacity building approaches to empower young people to engage in behaviors that increase their ability to make responsible financial, social, and health decisions. Underpinning this strategy is the principle that, when young people are able to manage their reproductive lives, they are more likely to stay in school, develop skills, and establish strong social connections.

The FC+ project introduced reproductive health and life skills education for in- and out-of-school male and female youth using a participatory approach that integrates exploration of critical life concepts, such as planning for the future, with financial and leadership skills.

FC+ piloted this strategy in Jinja and Kamuli districts in the East-Central region. These are two of the poorest and most populous districts in Uganda, with low literacy rates and high rates of school dropout.

AFLATEEN PLUS CURRICULUM

To develop a program to teach these concepts, EngenderHealth partnered with two global non-governmental organizations—Aflatoun International and the Private Education and Development Network (PEDN)—to adapt their evidence-based Aflateen curriculum. This curriculum targets young people ages 14–19 and emphasizes social and financial education. The Aflateen curriculum uses a learner-centered, activity-based approach that encourages adolescents to question



their identity and the world around them. The participatory activities enables young people to evaluate themselves and their surroundings through personal and social exploration and motivates youth to apply the skills and information gained to influence what happens in their own lives, as well as to become actively involved in shaping the program.

EngenderHealth developed a supplemental module addressing voluntary family planning, reproductive health, and fistula prevention for integration with the existing Aflateen curriculum. This module includes nine sessions on topics such as sexual activity, gender, relationships, puberty, pregnancy, sexually transmitted infections (STIs), and voluntary family planning. The resulting Aflateen PLUS curriculum served as a core element of the FC+ youth engagement strategy in Uganda. The Aflateen PLUS curriculum aims to build young people's capacities to analyze risk, make healthy choices, and become actively engaged in shaping their own future. Aflateen PLUS helps adolescents to become effective communicators; be knowledgeable about their reproductive health; take responsibility for their behaviors; learn about and understand their parents' values; make decisions that are consistent with their personal values; interact with peers respectfully and appropriately; express love and intimacy in developmentally appropriate ways (including postponing sexual activity); and be able to evaluate their readiness for mature sexual relationships. The modules in this curriculum are described below.

IMPLEMENTING THE YOUTH ENGAGEMENT STRATEGY

In partnership with PEDN and in coordination with District Education Office and Community Development District Officers, FC+ conducted a mapping and needs assessment of schools and out-of-school youth groups in Jinja and Kamuli in February 2017. This assessment helped identify the categories of people with whom young people were most comfortable communicating.

FC+ completed training and implementation between July 2017 and July 2018. FC+ used a training-of-trainers approach to strengthen the capacity of teachers and peer educators to apply participatory, learner-centered methodologies and to discuss life skills and reproductive health issues in a sensitive manner. Certified Aflateen Master Trainers from PEDN and EngenderHealth conducted these four-day trainings. FC+ also trained school nurses and care providers based at health centers on adolescent and youth-friendly voluntary family

planning and reproductive health to be able to respond to an increase in demand by youth participating in the Aflateen PLUS clubs. FC+ continued to provide supervision support to these trained facilitators and health providers, as well as support for community health education outreach events facilitated jointly by health workers, peer educators, and youth

Modules in the Aflateen PLUS curriculum include:

- **Understanding and Exploration:** Enables self-reflection and increased self-awareness through exploration of participants' own skills, talents, interests, and life goals. It will also create an opportunity for youth to explore how reproductive health choices link with goals and plans.
- **Social Enterprise/Social Campaign:** Allows participants to balance personal and social awareness with practical planning and social entrepreneurship. It is an opportunity to consider social campaigns in the context of family planning and reproductive health. It is also an opportunity to engage youth as advocates and agents of change.
- **Saving and Spending:** Discusses the value and appropriate use of limited resources. The focus is on differentiating between needs and wants; learning about saving money, time, and resources; and creating an opportunity to participate in a savings system.
- **Planning and Budgeting:** Teaches youth to budget to ensure that resources last and discusses how to set personal and financial goals and how to make concrete plans to realize these goals.
- **Livelihoods and Financial Enterprise:** Discusses how to identify needs, budget resources, and plan businesses to address needs.
- **Family Planning and Reproductive Health:** Provides critical information related to reproductive health, pregnancy, modern contraception and availability of voluntary family planning. It provides correct and comprehensive information on STI/HIV transmission, prevention, and treatment and serves as opportunity to correct misconceptions related to STIs including HIV and AIDS. It also discusses the prevention of fistula and other maternal health complications. This promotes an understanding about the physical, socioeconomic, and emotional vulnerabilities associated with early childbearing and enables youth to explore how they can use family planning and reproductive health information to make choices to support their life goals and plans.



group members. Across Jinja and Kamuli, FC+ supported the training of 19 teachers, 29 peer educators, nine school nurses, and 10 healthcare providers.

Trained teachers and peer educators worked with in- and out-of-school male and female adolescents and youth through 10 youth clubs in the Jinja and Kamuli districts, implementing the Aflateen PLUS curriculum. The in-school component targeted adolescents ages 13–18, while out-of-school activities included youth up to age 24. In-school implementation followed government guidelines for life skills and reproductive health information dissemination for those under 18 years of age. Out-of-school club members were all over 18 years of age, and therefore did not require age segmentation. Trained teachers facilitated in-school clubs in partnership with elected student leaders; peer educators

facilitated out-of-school clubs in partnership with the leaders of existing youth groups. These clubs sought to create youth-friendly environments, where young people have genuine opportunities to engage in dialogues and build self-efficacy. FC+ held meetings for parents and guardians in the target communities to inform them about the modules of the curriculum in order to create an enabling for youth at home to support their participation in club activities.

Over the course of implementation, the youth club members reached a total of 8,812 people. Of these, 2,128 (19%) were referred to a health service center for voluntary family planning, maternal care, and STI services. For illustrative outputs from one quarter of implementation, see Table 1. In this quarter, 626 in-school participants (58% female) accessed health information, 274 (57% female) received referrals to

Table 1: Aflateen PLUS Pilot Outputs: January–March 2018

In-school indicators	Total	Male	Female
No. trained teachers implementing Aflateen PLUS activities	27	15	12
No. adolescents attending club meetings	659	267	392
No. club members who missed a day of school	211	106	105
No. club members oriented by trained teachers	468	203	265
No. club members obtaining access to voluntary family planning/reproductive health information	626	264	362
No. club members participating in social enterprise activities	328	150	178
No. financial enterprises implemented by club members	22	–	–
No. in-school youths referred to school nurse by trained teacher	274	118	156
No. people reached by club members	853	370	483
Out-of-school indicators	Total	Male	Female
No. trained peer educators implementing Aflateen PLUS activities	29	17	12
No. out-of-school youth attending club meetings	742	309	433
No. club members oriented by trained peer educators	201	85	116
No. club members obtaining access to voluntary family planning/reproductive health information	230	97	133
No. club members participating in social enterprise activities	621	238	383
No. club members participating in club financial enterprise activities	281	139	142
No. club members who receive services from a health facility	222	317	539
No. people referred to health facilities by out-of-school club members	1,716	526	1,190
No. people reached by club members	2,107	3,254	5,361



school nurses by teachers, and 328 (54% female) participated in social enterprise activities to develop solutions to local challenges (e.g., community water sources). Similarly, 230 out-of-school participants (58% female) accessed health information and 628 (62% female) participated in activities. Out-of-school participants referred 1,716 individuals (69% female) to health facilities.

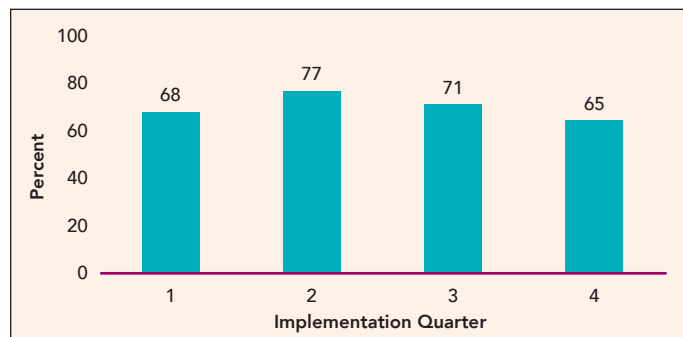


Figure 1: Percent of Out-of-School Youth Club Members Participating in Savings Activities

During the implementation period, a high proportion of club members participated in savings schemes, as illustrated in Figure 1.

Facilitators received routine supervisory visits during implementation; during these visits, their self-reported confidence to teach and discuss key curriculum topics was

assessed (see Table 2). Of the teachers trained, 15 (79%) reported their confidence level on core elements of the Aflateen PLUS curriculum and key facilitation skills. For most skills, two-thirds or more of the teachers felt confident or very confident. However, fewer than half of the teachers were confident or very confident in using the Aflateen values question protocol approach to respond to student questions, or in demonstrating sensitivity and respect for diverse background and cultures by putting personal assumptions aside.

FACILITATOR PERSPECTIVES ON THE AFLATEEN PLUS IMPLEMENTATION EXPERIENCE

FC+ conducted a process documentation to understand facilitators’ perspectives on lessons learned from implementing the Aflateen PLUS youth engagement strategy. FC+ interviewed 15 teachers, providers, and health workers to assess the fidelity of program implementation, barriers and facilitators, recommendations for improvement, and perceptions of changes in participants’ knowledge, attitudes, and practices. FC+ conducted interviews with facilitators in English or Lusoga one year after the launch of the strategy using a semi-structured interview guide. FC+ then analyzed transcribed interviews in Atlas.ti v7 using inductive and deductive codes.

Table 2: Teacher-Facilitators’ Confidence in Aflateen PLUS Concepts and Skills

Statement	Very confident	Confident	Somewhat confident	Not confident
Identify some of your own assumptions regarding young people	5 (33%)	8 (53%)	1 (7%)	1 (7%)
Demonstrate sensitivity and respect for diverse backgrounds and cultures by putting your assumptions aside	2 (13%)	5 (33%)	8 (53%)	0
Explain male sexual anatomy	4 (27%)	7 (47%)	3 (20%)	1 (7%)
Understand the basic milestones of adolescents development and use of it to better understand and help the young people you work with	6 (40%)	5 (33%)	3 (20%)	1 (7%)
Discuss puberty changes	4 (27%)	5 (33%)	5 (33%)	1 (7%)
Demonstrate knowledge of adolescent pregnancy and HIV/STI prevention	8 (53%)	4 (27%)	3 (20%)	0
Explain the basics of STI transmission and prevention to the young people	8 (53%)	4 (27%)	3 (20%)	0
Recognize and appropriately respond to the five types of questions often asked by young people	2 (13%)	10 (67%)	2 (13%)	1 (7%)
Use the values question protocol to assess the 5 types of questions often asked by young people	4 (27%)	6 (40%)	5 (33%)	0
Use the values question protocol to appropriately respond to values questions	3 (20%)	3 (20%)	6 (40%)	3 (20%)





Out-of-school youth club meeting ©Hassan Kanakulya/EngenderHealth

Implementation Process and Challenges

Facilitators described their roles in the Aflateen PLUS intervention similarly to how these roles were envisioned during program design. Teachers described guiding and counseling youth, serving as “patrons” of youth clubs, and helping participants with savings activities. Teachers also reported that they engaged school leadership to build support for and enable their implementation of the expected roles. Peer educators described sharing information and skills from the Aflateen PLUS curriculum with youth and their parents, with one characterizing herself as a “change agent.” Peer educators also reported supplying condoms to youth and referring them to health facilities. Health workers and school nurses discussed providing information to adolescent girls on menstrual hygiene management and helping dispel youths’ misconceptions about sex. Facilitators’ understanding and description of the Aflateen PLUS curriculum, training process, and youth clubs was also consistent with the FC+ intervention plan.

“It’s my role to facilitate youth to get to know how to live a healthy life, whereby they are informed and are in position to accommodate their body changes in the different stages of their life...” (peer educator)

Most facilitators expressed very positive feelings about the training they received. Teachers particularly enjoyed the financial education component of the training and described it as more practical than the similar concepts covered more theoretically in formal classroom education. Peer educators appreciated their increased capacity to make referrals to healthcare providers and the usefulness of the training manual as a reference tool. Health workers valued learning how to approach and handle adolescents’ health issues. Facilitators highlighted the learner-centered and empowerment aspects of the training approach:

“We were given time to discuss and...time to come up with our own understandings. Other training people are trained and not given the chance to bring in their views, but in Aflateen, we were given chance to bring our own views.” (peer educator)

“[We have learned] how to handle the youth, what a youth-corner looks like, how to interact with them, how to address their problems...answering their questions, their misconceptions, dealing with them. Because before the training...our attitudes towards the youth wasn’t well, and we didn’t know like what the youth like, how to handle them, the time you give them...” (health worker)



Aflateen Plus Ledger Card					20 th Date 07/2017		27 th Date 07/2017		31 st Date 08/2017	
No	Club Member's Name	Age	Sex	Deposit	Balance	Deposit	Balance	Deposit	Balance	
1.	KATONTO JOATH	27	F	2000	2000	2000	4000	1000	5000	
2.	JOHNSON JULIAMAN	23	M	2000	2000	2000	4000	1000	5000	
3.	MUGAYA JALAH	24	M	2000	2000	2000	4000	1000	5000	
4.	MATIGORI SHALUNGA	24	M	2000	2000	2000	4000	1000	5000	
5.	BYARCHAITGA HALAM	26	M	2000	2000	2000	4000	1000	5000	
6.	WAMBI RAMAHHM	23	M	2000	2000	2000	4000	1000	5000	
7.	KWAGOLA COMBET	20	F	2000	2000	2000	4000	1000	5000	
8.	HAKA RUTH GRACE	23	F	2000	2000	2000	4000	1000	5000	
9.	KYATIGA JOY	23	F	2000	2000	2000	4000	1000	5000	
10.	MULUWI HOLAHHM	26	M	2000	2000	2000	4000	1000	5000	
11.	ISABIRYE DETHA	24	M	2000	2000	2000	4000	1000	5000	
12.	ISABIRYE PHILL	27	M	2000	2000	2000	4000	1000	5000	
13.	ELAMUNUSA MURIM	20	F	2000	2000	2000	4000	1000	5000	
14.	MURAHU RAMAHHM	25	M	2000	2000	2000	4000	1000	5000	
		20	M	2000	2000	2000	4000	1000	5000	

Youth club savings ledger ©Hassan Kanakulya/EngenderHealth

Many teachers felt that their training period was too short, due to the wide range of topics covered. The limited time sometimes resulted in confusion about program concepts or a limited confidence in certain skills (as demonstrated in Table 2, above). A lack of resources often meant that not all planned activities could be implemented. For instance, teachers and peer educators mentioned a lack of materials and funds for transportation as a challenge to participants' ability to implement planned social enterprises. Peer educators also reported that they sometimes lacked funds to travel with referred youth to health facilities. Health workers noted that they did not always have the supplies or resources to stock youth corners at their facilities. Peer educators discussed the irregular attendance of out-of-school youth club members and the difficulty of scheduling regular meetings.

Perceived Changes in Adolescents' and Youth's Knowledge, Attitudes, and Behaviors

Facilitators reported that the youth clubs contributed to participants' enhanced health knowledge, particularly related to good hygiene, STIs, and family planning. Peer educators described out-of-school youth sharing health information with others in the community, being less

fearful or shy in discussing reproductive health issues with their partners and peers, and having greater self-esteem.

"Now the youth are also able to pass on the information... because they are informed. At times, you find them talking to their peers about family planning...and reproductive health."
(peer educator)

"Nowadays, they built up their self-esteem. That's the strongest difference I've noticed so far."
(peer educator)

Teachers and peer educators both perceived there to be less coupling among club members after participation in the Aflateen PLUS program. A peer educator attributed this the termination of unhealthy relationships after discussing the characteristics of healthy relationships. A teacher perceived there to be a decline in pregnancy-related school dropouts.

Peer educators felt that youth were more apt to request condoms, distribute them to peers, and seek reproductive health information and family planning services. Peer educators perceived an increase in health seeking behavior and supporting others to seek care:

“They are discussing about STIs and counseling their peers to open up in case they have any disease. Sometimes the [health facility] in-charge calls me to let me know how one of my group members managed to take a colleague to access treatment from the health center, so I see that as tremendous change among the youth.” (peer educator)

Teachers described the development of a savings culture among in-school participants, who used funds to pay school fees or to address challenges, such as transportation costs. Peer educators also described an increase in savings and youth-led financial enterprises among club members.

“We used to have a big number of dropouts and fee challenges. Those are now less noticeable, especially among the club members, especially those who save. The saving culture has greatly helped them, because there are those who save school fees.” (teacher)

“We have come up with a saving club within our group, whereby we started with only 20,000 shillings. Today we have raised 350,000 shillings... We are just looking for how to multiply that money... we have also been successful with the knowledge we have from Aflateen as far as financial enterprise strategy is concerned, and we have come up with a financial enterprise of tents and chairs. And, indeed it's working for the community, and it's working for us, because it's bringing money to the group.” (peer educator)

Recommendations for Improvement

In considering their experience implementing the Aflateen Plus youth strategy, facilitators identified recommendations for improving the program in the future, including:

- **Training**
 - Conduct follow-up trainings and/or extend the length of training for facilitators
 - Ensure adequate time for facilitator skills-building and practical exercises
 - Provide out-of-school facilitators with certificates of completion to establish their credibility in the community
 - Train elected leaders of student Aflateen clubs, so that they may be stronger facilitators and engage with student leaders from other schools
 - Provide additional copies of the training manual to facilitators, so they can share copies with other teachers and peer leaders and place copies in school libraries for reference

- **Youth clubs**

- Provide information, education, and communication materials such as handouts, posters, and booklets for Aflateen PLUS club members
- Ensure effective communication within the group so that all members are informed of club activities
- Schedule club meetings consistently to promote regular attendance
- Engage school leadership to obtain support for youth clubs before the school term and prior to scheduling
- Engage parents, especially for the student savings efforts
- Capitalize on sports events to spread information to adolescents and youth, especially those who are out of school
- Encourage and support members to develop individual skills for financial enterprises (e.g., soap making)
- Provide facilitators and club members with identification (such as t-shirts) to encourage group coherence
- Use mass media to disseminate the Aflateen PLUS curriculum and concepts more broadly

“At the end of the training we had some role plays. As you know, the more you speak before a congregation, you gain more confidence. So, I am requesting that we are given more chances to role play.”

PEER EDUCATOR

“Our target group needs to be engaged in sports activities, because games attract youth. Even from other areas, they come with a motive of sports, and the end of the day, they end up being engaged in Aflateen activities, like HIV testing. Because at such events, we publicize our activities over the loud speakers, so they get to know. As they are coming for the games, reproductive [health] services will also be offered at the event. So, we need to be arranging such events in every sub-county.” (peer educator)

PROGRAM IMPLICATIONS

This was a small program learning exercise that was not intended to capture data on outcomes among the target population. The small number of interviews also limits FC+'s ability to generalize from these findings. However, the implementation experience and facilitators' perspectives suggest strengths of the Aflateen PLUS approach and lessons for those implementing similar youth engagement strategies in the future.



- Integrating the family planning and reproductive health module into the existing Aflateen curriculum for social and financial education provided teachers and peer educators with a comprehensive tool to address the multitude of challenges that adolescents and youth face. The integrated curriculum also enabled efficiencies that may be especially valuable in low-resource settings.
- The curriculum's learner-centered approach enabled and motivated youth to critically think about and plan their future. In addition to meaningfully engaging project participants, facilitators who were more accustomed to didactic or theoretical education methods appreciated this approach.
- The Aflateen PLUS approach helped generated a culture of savings while increasing demand for youth-friendly family planning and reproductive health services. To ensure there is adequate supply to meet this demand, school nurses and healthcare workers must not only be trained, but also equipped with the supplies required to offer appropriate services.
- The participation of key stakeholders—such as local government bodies, the healthcare sector, politicians, school leaders, and grassroots community structures—in

needs assessments, program planning, and implementation increases ownership, duplicability, and sustainability.

FC+’s Aflateen PLUS youth engagement strategy paired an integrated curriculum with dual strategies for in- and out-of-school youth. This approach could be replicated in Uganda and other low-resource settings to support youth in developing life skills and planning a healthy future.

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The USAID-funded *Fistula Care Plus* project at EngenderHealth works to prevent fistula from occurring, treats and cares for women with fistula, and assists in their rehabilitation and reintegration. *Fistula Care Plus* partners with ministries of health, nongovernmental organizations, United Nations agencies, faith- and community-based organizations, and other stakeholders, including hospitals providing surgical and non-surgical fistula repair in Sub-Saharan Africa and South Asia. For more information about fistula and the *Fistula Care Plus* project, visit www.fistulacare.org.

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