

Guide for Peer-to-Peer Education in Youth Group



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Acronyms

ANC- Antenatal care

CHPs - Community Health Promoters

CPVs – Child Protection Volunteers

COGS - Cost Of Goods Sold

DCS - Directorate of Children Services

FGM – Female Genital Mutilation

GBV - Gender Based Violence

HIV/AIDS - Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

ID - Identification Card

LSD - Lysergic acid diethylamide

MDMA - Methylenedioxymethamphetamine

MoU - Memorandum of Understanding

NGCDF – National Government Constituency Development Fund

SACCO - Savings and Credit Cooperative

STDs - Sexual Transmitted Diseases

STI - Sexual Transmitted Infections

TETEA - Together Empowering society To Eliminate the Abuse of women and children

VSLA - Village Savings and Loans Association

VAC - Violence Against Children

1. INTRODUCTION TO THE PEER-TO-PEER EDUCATION IN YOUTH GROUPS

Youth can be potential perpetrators of violence against women due to deeply ingrained cultural beliefs and social norms that condone genderbased violence. Youth can also be role models in terms of gender equality and protection of women. Lack of awareness and education about respectful relationships can contribute to harmful behaviors among young individuals. Addressing this issue requires a comprehensive approach that focuses on promoting gender equality, challenging toxic masculinity, and educating youth about the importance of respect and consent.

Therefore, the objective of the youth groups' peer to peer education is to empower youths by gaining knowledge on life skills, toxic and positive masculinity, gender equality, GBV including, sexual violence, domestic violence, GBV prevention and response actions, among other topics. The approach intends to train 2 "youth ambassadors" per each youth group who are committed to conduct peer-to-peer education by using participatory methods such as edu-entertainment and sport activities to reach out to their youth group members and other youths in schools, vocational institutions, youth events, community events among other forums. The youth group members through the support of their mentors (trained CHPs/CPVs) will also be linked to services such as bursaries, enrolment in schools and vocational institutions, other youth empowerment programs such as loans for start-up businesses among others.

The approach intends to work with existing youth groups, consisting of either formal or informal youth-friendly spaces that bring youth together with a common goal. The groups are vetted/screened with the support of local administration and youth officers to understand their reputation since the aim of their engagement is to eventually become youth ambassadors.

The groups comprise both males and females aged 15-24 years, who are willing to participate in empowerment activities and cascade the learnings to their peers within the community. Each support group consists of at most 25 youth who are from within the village or sub-location of target. Participation in the project activities is voluntary. The groups are assigned to a mentor - Community Health Promoters/ Child Protection Volunteers (CHPs/CPVs) - committed to the protection of girls and women.

The CHPs/CPVs and 2 youth ambassadors per group are trained on the guide which has 16 modules addressing gender and child rights, sexual and reproductive health, and life skills. The trained youth ambassadors, then, with the support of the CHPs/CPVs facilitate bi-monthly 16 dialogue sessions with their peers in the youth groups on the 16 topics presented in this guide. Finally, the youth group members are to conduct peer-to-peer education outside their groups by using participatory methods such as edu-entertainment and sport activities to reach out to other youths in schools, vocational institutions, youth events, community events among other forums.

This document is to be used as a guideline by implementing partners training selected mentors (Community Health Promoters/ Child Protection Volunteers) on the youth groups methodology and the trained CHPs/CPVs when capacity building / sensitizing youth groups members and overseeing peer-to-peer activities in the community. It will help the mentors ensure that key information is understood and passed to the members of the youth groups in a systematic way. The guide is divided in 16 modules – topics; one or more activities per module are proposed to facilitate the transfer of concepts, allow reflection and discussion among the youths. This guide adheres to all key human rights principles and peaceful practices such as gender equality, child participation, adherence to positive norms, non-violent behavior and attitude, and stress management.

2. OBJECTIVES AND MEASUREMENT OF CHANGE

The overall objective of the peer-to-peer youth education is:

- To prevent/reduce incidences of GBV and VAC perpetrated by youth within the target communities.

The specific objectives are:

- To empower youths on life skills, gender equality and protection of women and girls;
- To support youth become GBV change agents within their communities.

To measure the success of the peer-to-peer youth education methodology the following indicators should be considered:

- Percentage of knowledge gained by youth groups' members through capacity building and dialogue/sensitization sessions.
- Number of peer-to-peer support sessions conducted in the community on prevention of GBV and VAC.
- Number of youth group members linked with services relevant to their needs.
- Success stories on behavior change.

3. THE PROCESS OF ENGAGING YOUTH GROUPS AND SUPPORTING THEIR ACTIVITIES

The following are the steps to be followed when engaging an already existing or newly established youth group and introducing the peer-to-peer education on gender equality and GBV prevention.

Engagement of the youth groups.

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1. **Visit the relevant government institutions**, such as the Department of Youth, the Deputy County Commissioner (County and Sub-County), Chief/Assistant Chief, and Ward Administrator/Community Area Administrator, to present and explain the concept of engaging youth groups in the community through the project.
2. **Sign a Memorandum of Understanding (MOU)** with the sub-county youth officer.
3. **Collaborate with the Youth officer to visit the target areas** focusing on the existing formal and informal groups (formal groups registered under the Ministry of social services and informal groups not registered but operating with a leadership). Through the help of the local administration, the groups are vetted/screened to understand their reputation since they will be considered champions of change.
4. **Conditions for selecting the youth groups** are:
 - the identified youth groups already have established structures and conduct regular meetings to carry out specific activities.
 - 50 % of the members should be residing from the project target

location and should be voluntarily willing to incorporate GBV and VAC within their plans.

- 80% of the members should be below 24 years.
- Youth groups should be selected from the following sectors: sports, arts and entertainment, religious organizations, businesses, or any other legally recognized sectors.

5. The identified youth group sign an MOU with the project, establishing mutual commitments and objectives. Ensure also that each member of the youth group signs a consent form, granting permission for their participation in project activities. Attach a proof of age (copy of ID or birth certificate).

6. Organize a project introductory meeting, during which the project staff conducts sensitization sessions about the project and its activities. Set group rules and reach an agreement on meeting places/venues/areas, the day of the week, and the time for meetings/sessions (ideally twice a month).

7. With the assistance of the youth officer and the group members, identify two peer educators from within the group. The selected peer educators should be active members of the group with a proven attendance record, excellent session facilitation skills, strong communication abilities, a team-player mindset, proficiency in reading and writing, good report writing skills, availability for training and conducting sessions, no history of child abuse, and a commitment to stay with the group for the next two years. The peer educators are to be called “youth ambassadors”.

8. Formally inaugurate the youth group during the introductory meeting, enabling them to kick-start their routine activities.

9. With support from the officer in charge of Community Health Volunteers, **select Community Health Promoters (CHPs)**, ideally 1 per support group. The selection is guided by criteria provided in *Annex A* and vetted by the project staff, MoH focal person, ward administrator/assistant chief and DCS to ensure they are not child abusers and are genuinely interested in empowering and supporting young mothers. The selected CHPs sign an Agreement (see *Annex B*) outlining their roles.

Youth activities implementation.

1. Conduct a 5-day training program for two youth ambassadors per group and 1 CHPs/CPVs per group. The training will cover 16 modules, including topics such as gender-based violence/sexual violence, sexual and reproductive health, teenage pregnancy, child marriage, life skills, and financial literacy, among others.
2. The trained youth ambassadors with the support of the trained CHP/CHVs then proceed to train their group members for a duration of 16 bi-weekly sessions using this guide.
3. The youth who have been trained as youth ambassadors will develop an action plan to reach out to their peers and disseminate information through peer-to-peer education in various youth forums, such as secondary schools, vocational institutions, and community youth forums.
4. Provide support for the development of communication materials or performances. The trained youth will be assisted in creating Social Behaviour Communication materials that effectively convey their messages during advocacy efforts. These materials may include pictures, paintings, photos,

photo voice, theatre performances, or videos.

5. Establish linkages with other service providers, such as health services/hospitals/health centres, schools (for those interested in re-enrolment), the Directorate of Children’s Services (DCS) for child protection services, etc. These linkages will ensure that adequate support is provided to both the groups and individual members, including access to government funds such as the National Government Constituency Development Fund (NGCDF) and Youth Fund.

6. Encourage the group members to actively participate in county and national events. They will be invited to take part in significant calendar events such as the Day of the African Child, International Day of the Girl Child, International Youth Day, and the 16 days of activism against gender-based violence (GBV), among others.

4. MONITORING AND EVALUATION OF THE YOUTH GROUPS

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The implementing organization will conduct a pre, and post-training text with the CHP/CHV and the youth ambassadors, to verify their knowledge change in terms of content and capacity to facilitate youth group sessions (*Annex A*).

The youth group sessions will be coordinated and supported by one CHP/CHV per group and the youth ambassadors with technical support from the implementing partner staff. Bi-weekly meeting reports are submitted to partner staff, highlighting the topics covered, discussions outcome, challenges, lessons learnt and recommendations (*Annex C and Annex D*).

The impact of the youth groups is also evaluated through a pre, and post questionnaire administered to the group members at the start, mid and end of the activities/project (*Annex B*).

5. TRAINING MODULES: GENDER AND RIGHTS TOPICS

Module 1: Climate Setting (Getting to know each other)

Time: 45 minutes | **Materials:** Notebooks and pens Flip chart papers and felt pens

Purpose

To help participants learn more about each other and set a good environment to introduce the project and the objectives it seeks to achieve.

Activity 1:

Who Are You? (45 minutes)

STEP 1

Give each participant a piece of paper and a pen and have them write out facts about themselves. Tell them to try to disguise their writing and to not put their name on the sheet of paper (this should not take more than 5 minutes).

STEP 2

Once everyone has completed, have them place their pieces of paper facing down on the table.

STEP 3

Collect the papers and assign one person to read the pieces of paper. Ask the group to guess the person being described.

STEP 4

Once all pieces of paper have been read out, share a brief about the TETEA project, rationale and approach for the youth groups.

STEP 5

Jointly develop a calendar for the capacity-building and sensitization sessions.

STEP 6

Conclude the activity by jointly agreeing on the group norms and rules (how the group and the sessions will be managed).



Module 2: Gender Awareness

Time: 90 minutes | **Materials:** Flipchart, blackboard

Purpose

This module is to help the participants to understand gender roles, the differences or similarities between young men and women, and privileges they get or are denied because of their gender, and how gender relations are in the community. Participants will need to relate how power affects gender.

Specific objectives

By the end of this topic, the pupils should be able to:

- Define Gender and describe the difference between Sex and Gender.
- Examine beliefs about being a boy or girl in their culture.
- Identify challenges that girls and boys face because of gender inequalities.
- Question common gender roles and understand they can change with time.
- Define violence and recognize the three types of violence and their impact.

Activity 1:

Being a Boy, being a Girl

(30 minutes)

STEP 1

Explain to teens that being a girl or being a boy has a big impact on how people see themselves and how others see them. Our sex influences our identity and even our self-esteem.

STEP 2

Ask teens to think about what they like about being a boy or a girl including their bodies. What are the positive benefits they get? At the same time, have them also think of what they don't like about being a girl or a boy. What are the negative aspects?

STEP 3

Have each participant complete the following statements individually:

For boys.

I'm happy that I am a boy because _____.

I wish I were a girl because _____.

For girls.

I'm happy that I am a girl because _____.

I wish I were a boy because _____.

STEP 4

Ask for volunteers to share out their answers. Write their ideas on a flipchart or blackboard.

STEP 5

Review the list and ask teens to identify which things (positive or negative) can be changed and which cannot. For example, “I wish I were a boy so I could leave the house whenever I wanted and go around with my friends” can be changed. But “I wish I were a girl so I could have a baby” cannot be changed.

STEP 6

Explain that the examples that can change refer to gender. Give the definition of gender, gender roles.

STEP 7

Explain that the examples that cannot change refer to sex, or biological differences between males and females. Give the definition of sex and sex roles.

Gender is the difference in the way society expects boys and girls to behave (dress, work, speak, and relate to others). Examples of gender roles for women are cooking, taking care of animals, caring for children etc.

Gender roles change from time to time and place to place.

Sex is the biological or physical difference between males and females, e.g., reproductive body parts, processes like menstruation, etc.

Examples of sex roles are giving birth, carrying pregnancy.

Sex roles cannot change.

STEP 8

Conclude by helping pupils see that most of the differences we think of between girls and boys are not actually based on our physical bodies.



Activity 2:

Gender box (45 minutes)

This activity can be done in small groups, to increase participation of members.

STEP 1

Tell teens that sometimes gender roles and expectations can limit a person's choices. One can feel like they are trapped inside a box without room to freely move or be her/himself. Today's activity will explore how this happens.

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STEP 2

Draw a picture of a boy on flip chart or blackboard and ask pupils to name the boy.

STEP 3

Ask teens the questions below and write their answers around the drawing:

- A. *What does your community say to this boy when telling him to "act like a man"?*
- B. *What is he expected to do?*
- C. *How is the boy encouraged to behave? (Likely answers include: be strong, be brave, protect people from danger, help provide for the family – ensure examples reflect what's true in the local community).**

STEP 4

Next draw a picture of a girl on a separate sheet of flip chart paper or blackboard and give the girl a name. Repeat the same questions.

STEP 5

Ask teens the questions below and write their answers around the drawing:

- A. *What does your community say to this girl when telling her to “be a good girl”?*
- B. *What is she expected to do?*
- C. *How is the girl encouraged to behave? (Likely answers include: be quiet, be kind, help with the cooking and cleaning, care for the children, look pretty – ensure examples reflect what’s true in the local community).*

STEP 6

Draw a box around the messages on each flip chart. Explain that this is a gender box. This is how we expect people to behave, depending on society’s idea of what is considered masculine or feminine behavior.

STEP 7

Repeat the activity, but this time ask what a child (boy or girl) should NOT do. Take their ideas of things that people say “girls don’t” or “boys don’t” and write them on flip chart paper outside of the box.

Start with the boy (likely answers include: crying, being shy, cooking, care for babies). Then do the same for the girl (likely answers include: climb trees, fight, shout, spend time being idle).

STEP 8

After completing the activity, look at the charts side by side. Ask the participants to see the differences between how boys and girls are told to behave and NOT behave. Use the questions below to lead a discussion:

- A. What happens when a boy or girl acts out in a way that is outside the gender box? How are they treated by their families, peers and the community?*
- B. What are specific jobs girls are told they cannot do? (e.g., mechanic) What are specific jobs boys are told they cannot do? (e.g., nurse)*
- C. How can these expectations influence a child's goals and dreams for the future? How can they impact performance in school?*
- D. What would help people to leave outside these boxes?*

STEP 9

Define Gender Equality and Gender Equity:

Gender Equality: means that women and men enjoy the same status and have equal conditions for realizing their full human rights and potential to contribute to national, political, economic, social and cultural development and to benefit from the result.

Gender Equity: is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate historical and social disadvantages that prevent women and men from operating on a level playing field.

STEP 10

Conclude by highlighting the following:

- What have you learnt from this activity?
- Gender roles are based on standards, created by society.
- Gender socialization begins at birth and occurs through four major agents of socialization: family, education, peer groups and mass media.
- Repeated socialization over time leads men and women into a false sense that they are acting naturally, rather than following a socially constructed role.
- The attitudes and expectations surrounding gender roles are typically based not on any inherent or natural gender differences but on stereotypes about the attitudes, traits, or behavior patterns of men and women. When girls or boys act outside of the gender box they are usually treated badly. This is unfair and can limit a person's potential.
- All boys and girls can succeed and should be treated as unique individuals. No one should be judged just because he is a boy or she is a girl.
- It's important to encourage people to live outside the boxes and support those who are already outside the boxes because they are limiting.

Module 3: Sexual Violence

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape
Notebooks



Purpose

In this module, we are going to look at definition and types of sexual violence, the causes, and consequences of sexual violence, prevention, and reporting of such cases.

By the end of this module, the participants should know what sexual violence is, its causes, the consequences, prevention, and reporting channels.

Activity 1:

Understanding sexual violence

Advance preparation

Before the session, post 5 different flip chart papers on different positions of the wall. On each paper write down one of the 5 categories below:

- Types of sexual violence
- Causes of sexual violence
- Consequences of sexual violence
- Prevention of sexual violence
- Reporting

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STEP 1

Start this module by explaining to the participants that we are going to talk about types of sexual violence, causes, consequences of sexual violence, prevention, and reporting .

STEP 2

Divide the participants into 5 groups, assign each group one of the above categories, and issues each group with a different color of felt pen. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.

STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clock wise direction and have a gallery walk to what the next group has written (repeat this action until they have

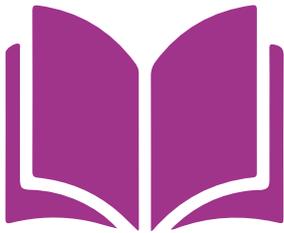
visited all stations. Each group should not spend more than 5 minutes at each station). Ask them to add any other information that might have been omitted by the other groups.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 5

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the 3 categories using Resource Sheet 1: "Sexual violence, causes, consequences, prevention and reporting".



Resource Sheet 1: "Sexual violence, causes, consequences, prevention and reporting"

Types of sexual violence

- A) Defilement** - any sexual intercourse with a child under the age of 18 years old.
- B) Sodomy** - anal sex with a child (boy or girl) by male person.
- C) Incest**- an indecent act by male or female persons which cause penetration with a male or female person who is to his/her knowledge his/

her daughter/son, granddaughter/grandson, sister/brother, mother/father, niece/nephew, aunt/uncle or grandmother/grandfather.

D) Sexual assault (defined as “any unwanted’ object insertion’ or forced sexual act committed without consent”) or threat including actual physical aggression - threats of physical aggression emotional coercion; and/or - psychological blackmailing.

E) Indecent Act/Fondling (unwanted touching of a sexual nature) -any contact between any part of the body of a person with the genital organs, breasts, or buttocks of another, but does not include an act that causes penetration.

F) Sexual Exploitation

- Exposure or display of any pornographic material to any person against his or her will
- Demanding sex in any context
- Making sex a condition for assistance
- Forcing sex, forcing someone to have sex with anyone
- Forcing a person to engage in prostitution or pornography
- Refusing to use safe sex practices
- Videotaping or photographing sexual acts and posting it without permission
- Alleging or threatening to allege that anyone already has a history of prostitution on legal papers
- Name-calling with sexual epithets
- Insisting on anything sexual, including jokes that may be uncomfortable, frightening, or hurtful
- Telling someone that they or anyone else are obliged to have sex as a condition for anything

Causes and contributing factors of sexual violence

- Abuse of power
- Social cultural belief or inequality, e.g. stepfathers not considering stepchildren as their own
- Lack of belief in equality of human rights for all, e.g.

blaming a victim for dressing in certain way

- Age factor (Children are more vulnerable)
- Drug or substance abuse
- Parental negligence
- Myths and beliefs about HIV / AIDS
- Myths about sex, e.g. sex cures back and crump pain
- Lack of reporting of such cases to deter more cases from happening
- Normalization and inaction when such cases happen

Effects / Consequences of Sexual Violence

There are many short and long-term negative consequences of violence for the child and their family, as well as for the wider community: at its worst, violence can result in death. A history of abuse in childhood and adolescence has consistently been found to be associated with increased health risks and health-risk behaviours.

Acute physical consequences	Chronic physical consequences	Reproductive consequences
<ul style="list-style-type: none"> • Injury • Shock • Disease • Infection 	<ul style="list-style-type: none"> • Disability • Somatic complaints • Chronic infection • Chronic pain • Gastrointestinal disorders • Eating disorders • Sleep disorders • Chronic fatigue 	<ul style="list-style-type: none"> • Teenage pregnancy • Unsafe abortion • STI, including HIV • Menstrual disorders • Pregnancy complications • Fistula • FGM

Psychological & Emotional consequences	Social consequences
<ul style="list-style-type: none"> • Depression • Anxiety and fearfulness • Anger • Shame, self-hate, self-blame • Self-harm • Suicidal thoughts and behaviour • Low self-esteem • Sexual disorders • Traumatic stress • Eating and sleeping disorders • Substance abuse • Antisocial behaviour 	<ul style="list-style-type: none"> • Blaming and social stigma • Rejection by family and community • School dropouts • Social isolation • Withdrawal from social and community life, including education • Reduced contribution to family and community life • Economic costs, including the costs of health, social services and of losses in earning potential

The consequences for each child and how severe they are depending on the type of violence they experienced affects their developmental level and stage, and the care and support that they receive.

Prevention of sexual violence

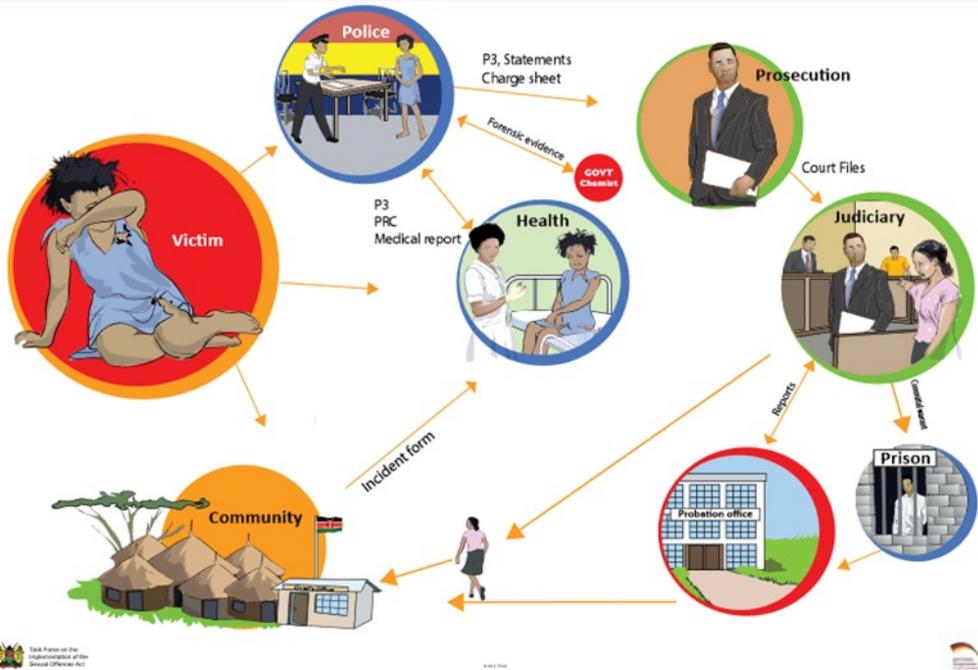
- Create awareness on human and sexual rights
- Demystify HIV cure myths, and provide correct information about sex
- Create awareness and implement the laws
- Report all cases of sexual violence immediately to authorities

Reporting

Cases of sexual violence or risk of sexual violence should be reported to trusted persons (teacher, parent, caregiver, neighbor, etc.), children's office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll-free child helpline 116, talk box in schools, National GBV helpline 1195

Even when in doubt report anyway!

Referral Pathways for Sexual Violence



Referral Pathways for Sexual Violence

Module 4: Child Marriage

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape
Notebooks

Purpose

In this module, we are going to look at definition of child marriage, causes, consequences, prevention, and reporting of such cases.

By the end of this module, the participants should know what child marriage is, its causes, the consequences, prevention, and reporting channels.

Activity 1:

Understanding Child Marriage

STEP 1

Start this module by explaining to the participants that we are going to talk about child marriage, its causes, consequences, prevention, and reporting.

STEP 2

Ask participants what they understand by the term child marriage and what causes it. After a few responses correct any misinformation using Resource Sheet 2 “Child marriage, causes, consequences, prevention, and reporting”.

STEP 3

Ask participants to mention the consequences of child marriage and how they can prevent child marriage. After a few responses give additional information using Resource Sheet 2.

STEP 4

Conclude the session by discussing reporting channels using Resource Sheet 2.



Resource Sheet 2: “Child marriage, causes, consequences, prevention and reporting”

Child marriage refers to any formal or informal union between a child under the age of 18 years with an adult or a child. Girls are more at risk than boys.

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Causes of child marriage

- Teenage pregnancy causes some girls to opt to marry the person who impregnated them, or the boy opt to marry the girl whom he impregnated.
- Due to economic hardship, boys dropping out of school and starting casual jobs and decide to marry.
- Children living with guardians may get frustrated out of mistreatment, neglect and cruelty from step-parents and run away to get married.
- Prioritizing educating boys over girls which drives the practice of child marriage since most out-of-school girls end up getting married.

Consequences of child marriage

- Teenage pregnancy
- Complications during pregnancy and birth which might result in death
- Domestic violence and abuse- particularly girls
- School dropout

- Poverty, due to limited economic opportunities and limited education, coupled with having to be taking care of the babies at a very young age
- Depression, anxiety, and other emotional problems due to the stress of marriage and the loss of childhood

Prevention of child marriage

- Report case of mistreatment, cruelty and negligence form guardians
- Report cases of children dropping out of school to authorities (girls have a right to education)
- Report cases of defilement immediately to concerned authorities, to ensure perpetrators to be punished. Medical attention will help prevent pregnancy
- Report cases of child marriage to concerned authorities

Reporting

Cases of child marriage or risk of child marriage should be reported to trusted persons (teacher, parent, caregiver, neighbor, etc.) Children's office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll-free child helpline 116, talk box in schools, National GBV helpline 1195.

Even when in doubt report anyway!

Module 5: Female Genital Mutilation

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape

Purpose

In this module, we are going to look at definition of Female Genital Mutilation, causes, consequences, prevention and reporting of such cases.

By the end of this module, the participants should know what Female Genital Mutilation is, causes, the consequences, prevention and reporting channels.

***Facilitators' note**

This is a sensitive topic, participants should be allowed to speak about what they are comfortable with.

Activity 1:

Understanding FGM (45 minutes)

Advance preparation

This module can be done in two options:

Option 1: Obtain the necessary equipment to screen a video on FGM and after the video lead a discussion on;

- Define female genital mutilation
- Causes of female genital mutilation
- Consequences of female genital mutilation
- Prevention of female genital mutilation
- Reporting

Option 2: Before the session, post 5 different of flip chart paper on different positions of the wall. On each paper write down one of the 5 categories below:

- Define female genital mutilation
- Causes of female genital mutilation
- Consequences of female genital mutilation
- Prevention of female genital mutilation
- Reporting

STEP 1

Start this module by explaining to the participants that we are going to talk about: female genital mutilation, its causes, consequences, prevention and reporting.

STEP 2

Divide the participants into 5 groups and assign each group one of the above categories. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.

STEP 3

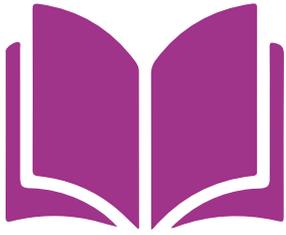
After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clockwise direction and have a gallery walk to what the next group has written (repeat this action until they have visited all stations. Each group should not spend more than 5 minutes at each station). Ask them to add any other information that might have been omitted by the other group using a different color of felt pen.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 5

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the 5 categories using Resource Sheet 3: "Female genital mutilation, causes, consequences, prevention and reporting".



Resource Sheet 3: **“Female genital mutilation, causes, consequences, prevention and reporting”**

Female genital mutilation is a practice/tradition of partially or totally removing the external genitalia of girls and young women for non-medical reasons.

Causes of female genital mutilation

- Parents practice FGM as a traditional custom inherited from their ancestors to avoid potential blame from the community.
- Belief that girls must be circumcised as a rite of passage to make them ready for marriage.

Consequences of female genital mutilation

- Excruciating pain
- Severe bleeding
- Infections and problems during delivery
- Urinary difficulties such as incontinence or urinary tract infections for girls and women

Prevention of female genital mutilation

Advocate for abandonment of the practice since it has no medical reason

Reporting

Cases of FGM or risk of FGM should be reported to trusted persons (teacher, parent, caregiver, neighbor, etc.), children’s office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll-free child helpline 116, talk box in schools, National GBV helpline 1195.



6. TRAINING MODULES: SEXUAL AND REPRODUCTIVE HEALTH TOPICS



Module 6: Teenage Pregnancy

Time: 60 minutes | **Materials:** Flip charts, markers, masking tape



Purpose

In this module we analyse the causes and consequences of adolescent pregnancy using a problem tree and identify prevention measures and reporting mechanisms.

Specific Objectives:

By the end of the module participants will be able to:

1. List causes/contributing factors and the consequences of adolescent pregnancy.
2. Identify ways of preventing adolescent pregnancies in the community.

Activity 1¹:

Adolescent pregnancy

Advance Preparation

Draw a sample Problem Tree to provide an example of how the problem tree is to be populated. Only label the Trunk as illustrated below.

STEP 1

Divide the participants into 3 groups.

STEP 2

Ask each group to draw a big tree on a flipchart, showing the roots, trunk and branches (show your sample tree).

STEP 3

Explain to the participants that in order to deal effectively with the teenage pregnancy problem, it is important to understand it in depth.

STEP 4

Ask the groups to discuss teenage pregnancy as a key challenge in the community. Ask them to consider the attitudes, behaviors and practices that fuel teenage pregnancy.

1. The content of this activity was adopted from MENKEN "Real parents" project and in particular the "Adolescent pregnancies" training manual

STEP 5

Tell them to write the causes and consequences of teenage pregnancy on the tree they have drawn. The trunk represents the problem (teenage pregnancy) while the roots represent the causes and contributing factors. The branches represent the consequences (allow 15 minutes to do this).

STEP 6

Ask one person from each group to present their tree in the plenary with brief explanation. Use Resource Sheet 6: Consequences of Teenage Pregnancy to add on to the group presentations (allow 5 minutes for each group).

STEP 7

After each group has presented its tree, explain to participants that in order to deal with the teenage pregnancy problem, we need to identify the root causes and uproot them otherwise the tree will keep on shooting (teenage pregnancies will keep recurring). Ask them to identify the main root causes from the trees as you circle or underline them on the flipcharts.

Highlight the following, if they were not mentioned:

- Lack or limited education
- Food insecurity
- Lack of information about sexual and reproductive health and rights
- Inadequate access to services tailored for young people
- Pressure to marry from family, community, and society
- Sexual violence e.g., incest, defilement, and rape
- Child, early, and forced marriage
- Poverty

STEP 8

Ask them what can be done to deal with the root causes they have identified.

STEP 9

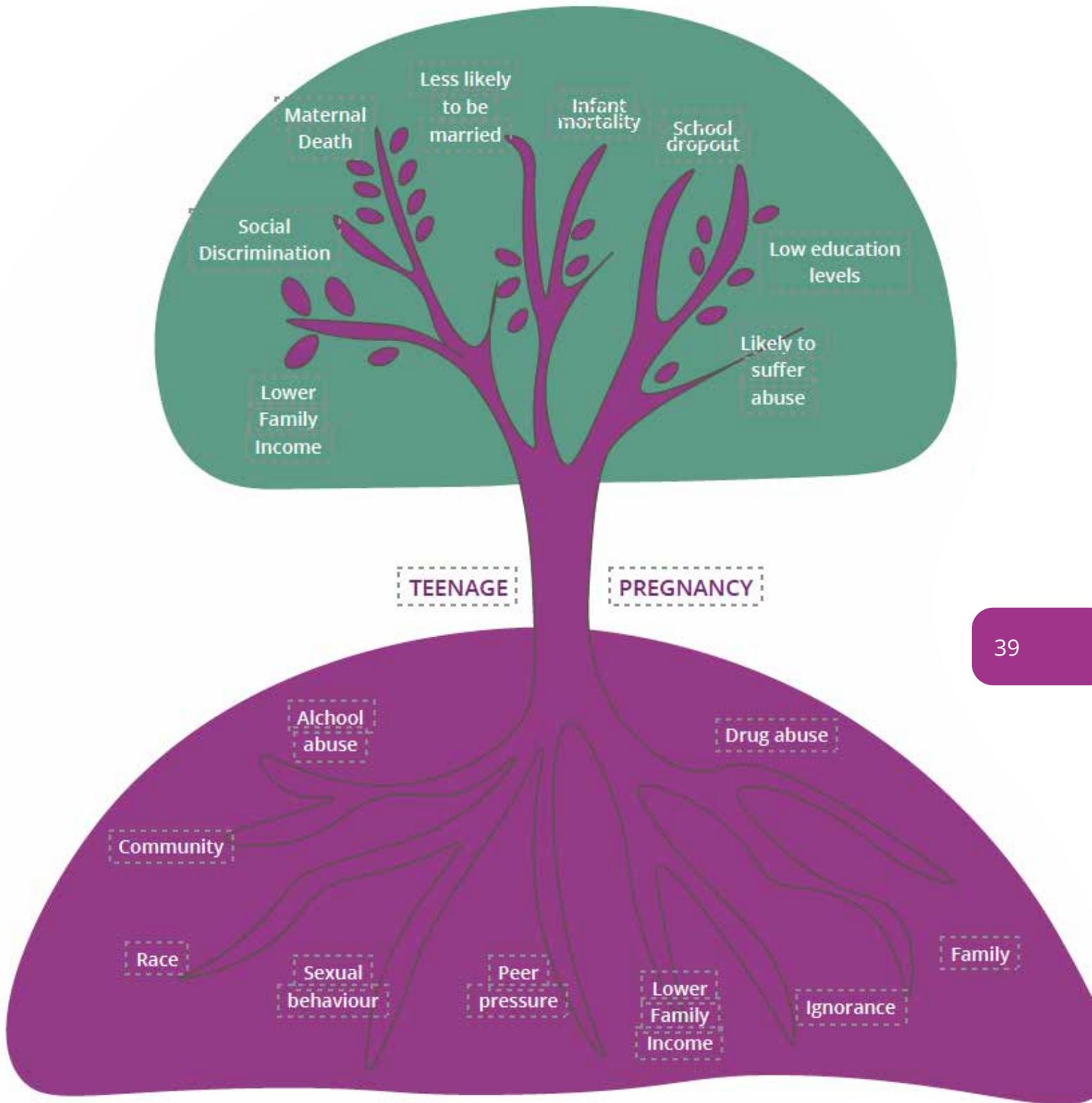
Ask participants to identify ways in which parents/guardians and the community can support teenagers who become pregnant while in and out of school as you list their suggestions on a flipchart.

STEP 10

Ask participants to identify measures they will take to prevent themselves from getting pregnant again while teenagers.

STEP 11

Conclude the session by asking them what they have learnt from the session, and what can be done to prevent the problem of teenage pregnancy in the community.



Sample Problem Tree



Resource Sheet 4:

Consequences of Teenage Pregnancy

Medical Consequences of Teenage Pregnancy

- High-risk pregnancy, which may lead to maternal death.
- Stillbirth and newborn death among 0-1-year-old is 50 %higher among 15-19 years old compared to infants of women from 20-29 years old.
- Infants of adolescent- mothers are more likely to have low birth weight.
- Poor health of the mother and her baby, which could lead to sickness, and even death.
- High probability of the couple to have another child (1-3) before the age of 20.

Economic Consequences of Teenage Pregnancy

- Higher cost of health services
- Loss of various opportunities for social advancement, including delayed or neglected educational goals.
- Less opportunity to land a good job, hence limited provision for household needs.
- Increase in economic burden to the family/country.

Psycho-social Consequences of Teenage Pregnancy

- Poor husband-wife relationship (immaturity)
- High possibility of GBV and separation

- Less opportunity to enjoy adolescence and to mingle with friends
- Poor psycho-social development of children
- Stigma and social isolation
- Maternal depression

Prevention of teenage pregnancy

- Report cases of defilement immediately when they happen. This will help the survivor get medical attention the soonest which includes prevention of pregnancy
- Report cases of defilement to concerned authorities for judicial course of action
- Provide adequate/ age-appropriate information on sex education and awareness on sexual reproductive health
- Provide the right information on contraceptives and how to access them. advocate of abstinence
- Advocate for the provision of age-appropriate sexuality education to adolescents by caregivers, parents, religious and community leaders to enable them to make healthy choices
- Promote the provision of accurate information on dangers of drug and substance abuse among adolescents through in and out of school programs
- Provide youth-friendly sexual and reproductive health information and services
- Enforce and implement policies that aim to eliminate harmful cultural practices that expose adolescents to unintended pregnancies e.g., child marriages and FGM
- Promote the attainment of basic education at least up to secondary level as a strategy to reduce early sexual debut and pregnancy

- Implement the 100% transitions at basic education policy and return to school guidelines to ensure that all children who ought to be in school are in school
- Enhance implementation of the school health policy and Program
- Enforce child protection law upholding the 'best interest of the child' mantra
- Advocate for abstinence.

Reporting

Cases of teenage pregnancy should be reported to trusted persons (teacher, parent, caregiver, neighbor etc.), children office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116, National GBV hotline 1195. Pregnant adolescents should be referred for ANC- HIV Testing, STI screening, mental health support and services.

Even when in doubt report anyway

Module 7: Family planning and contraception

Time: 60 minutes | **Materials:** Flip charts, markers

Purpose

This module is to help participants understand the benefits of family planning and contraception.

Specific Objectives:

By the end of the session participants will be able to:

1. Explain the different types of contraception and how they work.
2. Identify the health, economic and social benefits of family planning.
3. Correct any misconceptions they may have about family planning and contraception.

Activity 1:

STEP 1

Tell the participants that every person has the right to:
(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; as per the Constitution of Kenya 2010 Art.43-1

STEP 2

Tell participants that the government has provided youth-friendly services that are within the government hospitals:

- Non-judgmental and considerate health workers and staff;
- Health services available to all adolescents during times of the day that are convenient to them (this may include after-school, evening, and/or weekend hours);
- Reduced financial barriers to contraceptive services;
- Accessed reproductive health information and skills;
- Provision of health advice and counseling services aimed at promoting health and preventing health problems and behaviors;
- Referral to other health and social service providers, when necessary;
- Equipped facilities to provide adolescents with the health services they need and are also appealing and
- 'friendly' to adolescents;
- A safe and supportive environment.

STEP 3

Ask participants to define what they know about Family Planning, Contraception, and Child spacing.

STEP 4

After getting 2 or 3 responses from participants, add any aspect they might have left out using the points below:

- Family planning is a reproductive life plan that allows a person to set goals about whether to have children when to have children, and under what conditions. The plan can change.
- Contraception is the prevention of pregnancy. Broadly speaking, any behavior, technique, drug, or medical device that achieves this end can be defined as a means of contraception.
- Child spacing is the time in between pregnancies. Couples use various contraceptive methods to enable them to space their children and achieve their family planning goals.

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STEP 5

Briefly describe the following 5 events necessary for pregnancy to occur and explain that different contraceptive methods disrupt one or more of these events:

- a) Sperm must enter the vagina;
- b) Sperm must travel through the cervix and uterus and enter the fallopian tubes;
- c) An egg must be present in the fallopian tubes within 48 hours of the introduction of sperm;
- d) Sperm must fertilize the egg;
- e) The fertilized egg must implant into the lining of the uterus.

STEP 6

Ask participants to mention the contraceptive methods that they know of and review using Resource Sheet 7: "Family Planning and Contraceptives".



STEP 7

Conclude the activity by explaining that when choosing the birth control method whether natural or modern, one must consider the following:

- Their health and the health of the family;
- Opportunity cost of not using any method;
- Facts not myths;
- Individual differences;
- The opinion of knowledgeable and unprejudiced medical personnel.

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Activity 2:

Overview of Importance of Contraceptives and Family Planning and Contraceptives Benefits (30 minutes)

STEP 1

Divide participants into four groups and assign each group one of the following topics to discuss and write their answers on a flip chart (10 minutes).

- Importance of contraceptives
- Benefits of family planning for parent(s)
- Benefits of family planning for baby and siblings
- Benefits of family planning for community and Government

STEP 2

After 10 minutes, ask each group to present their answers. When all groups have presented, distribute Handout 3: “Importance of Contraceptives and Benefits of Family Planning” and highlight any important information they might have missed out.

STEP 3

Lead a discussion on problems for mother and child related to closely spaced pregnancies. Emphasize the following:

- Babies born too early;
- Babies that are too small;
- Sickly children;
- Children who are more likely to die before fifth birthdays;
- Mothers who may get ill during and after pregnancy and childbirth;
- Mothers who may be more likely to die in childbirth.

Explain that these problems can be worse if the mother has another existing health problem such as anemia, HIV, malnutrition, malaria, tuberculosis, diabetes or heart disease.

STEP 4

End the discussion by highlighting the Take-Home Message: To protect the health of both the mother and the baby, the messages for teenagers are:

- For your health and your baby’s health, wait until you are at least 18 years of age, before trying to become pregnant.
- Use a family planning method of your choice until you are 18 years old.
- Preferred age of full maturity is 23 years.

Activity 3:

Myths and Misconceptions about Contraceptives

STEP 1

Ask participants to stand in the middle of the meeting space.

STEP 2

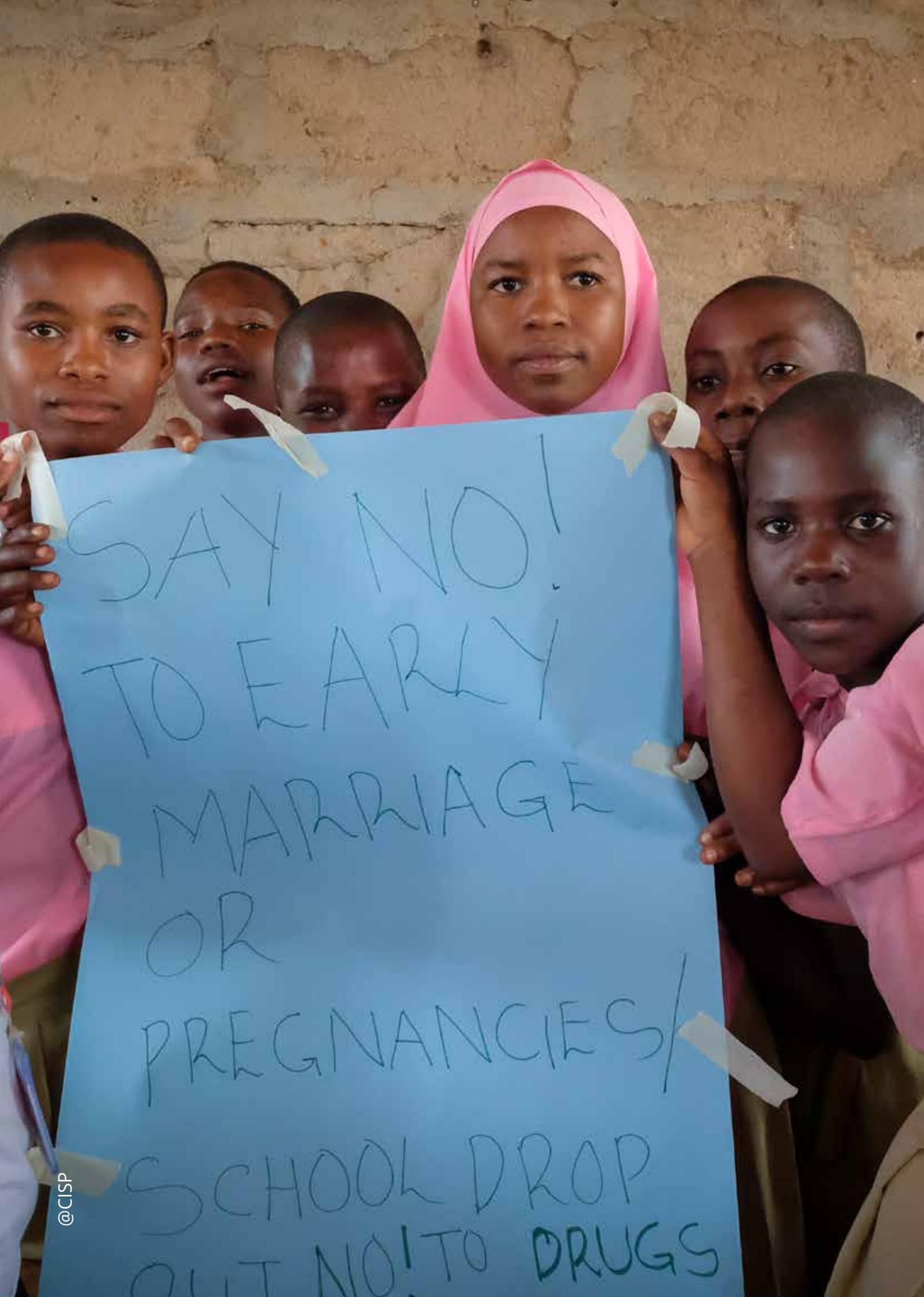
Explain that you will read a statement (use below statements); if they agree they should move to the right side (point to this side). If they disagree, they should move to the left side. Encourage everyone to move to a side (if they do not feel strongly, they can go to the side that is closest to how they feel).

- When you use contraceptives, you can't get a child in the future/which leads to bareness
- When a boy has sex with a girl only once he can't impregnate her
- After having sex, you should wash the vagina with cold water to kill sperm
- Condom burst during sex occurs as a result of struggling
- Contraceptives should not be used by teenagers. It is for adults.
- The use of contraception prevents both unplanned pregnancies and STIs
- Those who use contraceptives are promiscuous

STEP 3

Conclude the activity with the points below:

- If one cannot abstain, use condom
- Adolescents to be open in discussing their sexual and reproductive health with their parents, trusted adults, CHVs
- Attend prenatal and postnatal care in health facilities for education and information on contraceptives
- Deliver in hospitals and health care facilities rather than at home due to the risks involved
- Practice behavior change particularly on secondary abstinence
- Do not abort if contraceptives backfire. Accept the pregnancy and carry on to realize your dreams for it's not the end of life
- Get the baby's grandmother's support to take care of the baby and return to school after delivery
- Report violations of health and reproductive rights



SAY NO!
TO EARLY
MARRIAGE
OR
PREGNANCIES/
SCHOOL DROP
OUT NO! TO DRUGS



Resource Sheet 5: “Family Planning and Contraceptives”

Family planning: the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization.

Contraceptives: a device or drug serving to prevent pregnancy.

Methods of contraceptives:

1) **Fertility awareness/Natural methods** - withdrawal, cervical mucus, calendar days (fertility awareness), body temperature, and abstinence.

2) **Artificial methods** - long-acting reversible contraception - the implant or intrauterine device (IUD); hormonal contraception - the pill or the Depo Provera injection; barrier methods - condoms; emergency contraception.

3) **Permanent contraception** - vasectomy and tubal ligation.

1) Fertility awareness/ Natural methods:

This includes; withdrawal, cervical mucus, calendar days (fertility awareness), body temperature, and abstinence as discussed below:

a) Safe and unsafe days (Calendar Method)

- Understanding which days of the menstrual cycle a person is most fertile on can help people avoid pregnancy. Though menstrual cycles can vary from person to person, the average length is 28 days.

- The ovaries release an egg or ovulate, around 10–16 days before menstruation begins.
- The time around ovulation is called the fertility window because these are the most fertile days in the menstrual cycle.
- It is possible to become pregnant during the 5 days leading up to ovulation and on the same day.
- An egg can survive for up to 24 hours after release, and sperm can survive for up to 7 days after sex. Therefore, it is also possible to get pregnant in the 2 days after ovulation, but this is less likely.
- As a result, there are around 21 days in the menstrual cycle on which pregnancy is less likely. The days before and during menstruation are the least fertile days of the menstrual cycle.
- People with a menstrual cycle that is shorter than 28 days could ovulate within days of their period ending.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Safe	2	3	4 Period Starts	5	6	7
8	9	10	11 Unsafe	12	13	14
15	16	17	18	19	20	21
22	23 Safe	24	25	26	27	28
29	30	1	2 Period Starts	3	4	5

b) Tracking body temperature

Tracking temperature throughout the menstrual cycle can help predict ovulation. Body temperature typically rises around ovulation, from 96–98°F (35–36°C) to 97–99°F (36–37°C).

c) Examining their cervical mucus

Cervical mucus, or vaginal discharge, changes in color, texture, and volume throughout the menstrual cycle.

On a person’s most fertile days, the mucus will feel slippery, similar to raw egg white. On their less fertile days, it will be sticky and cloudy. On their least fertile days, there may be little or no mucus at all.

2) Artificial methods

Including female/ male condoms, diaphragm, cervical cap, pill, intrauterine system (coil) contraceptive patch, emergency contraceptive (p2) sponge, spermicides, pull out method, sterilization, contraceptive ring contraceptive implant, injection (depo), intrauterine device (Norplant)...



The pill



Intrauterine System (IUS)



Male condom



Contraceptive Patch



Female condom



Contraceptive Ring



Fertility awareness



Diaphragm



Contraceptive implant



Contraceptive Injection



Pull-out method



Sterilization



Emergency Contraceptive



Sponge



Spermicides



Cervical cap



Handout 1: “Importance of Contraceptives and Benefits of Family Planning”

The rationale for family planning is that a small family is good for the parent(s), children, community and the country as a whole.

Contraceptives are important because they:

- Enable the mother to regain her health after delivery.
- Give enough time and opportunity to love and provide attention to her child
- Give more time for her own personal advancement
- (education and financial empowerment).
- Give enough time for treatment and recovery, when suffering from an illness.
- Reduce unintended/ adolescent pregnancies
- Protect teenagers from the physical, emotional and financial burden of unplanned pregnancy.
- Prevent spread of sexually transmitted diseases (STDs)
- Remove the option of unsafe abortion.
- Minimize pregnancy complications: contraceptives help protect women from any health risks that may occur before, during, or after childbirth. These include high blood pressure, gestational diabetes, infections, miscarriage, and stillbirth.

Benefits of family planning for the parents:

- They will be healthier and less tired
- They can give more attention to the children
- They can be sure to have enough food, clothes and other basic needs
- They can spend more time with their spouse
- They have energy to work for more income
- They have time to help in community activities
- They have peace of mind about the future
- They have time for recreation



Benefits of family planning for the baby and other siblings:

- Breast feeding for a longer time
- Have more love, care, and attention from parents
- Have better food
- Be healthier
- Have brighter future opportunities and better chances to get education
- Have good opportunities for jobs
- Have more space for living and playing
- Have confidence for a peaceful life
- Possibly have a larger share of property from their parents when they grow up

Benefits of family planning to the community and Government because there is:

- Better and less crowded facilities (schools and hospitals/clinics)
- Balance between natural resources and people
- More social services
- Better use of water and soil (environmental conservation)

7. TRAINING MODULES: LIFESKILLS TOPICS

Module 8: Peer-To-Peer Support/Pressure

Time: 45 minutes | **Materials:** pen and paper

Purpose

By the end of this module, we should understand and learn how to respond to good and bad influences from our peers/agemates/classmates/schoolmates.

Activity 1²:

Silent signals (45minutes)

STEP 1

Send two pupils (helpers) out of the room on a quick task.

STEP 2

: While they are out, tell the participants that they are going to participate in an experiment about peer pressure. They will act in a particular way to test whether they will influence the helpers to copy their behavior.

STEP 3

Select a specific action, that the participants can undertake and its appropriate for your current setting (E.g., you could ask all the participants to stand, or move to a corner or place their chairs in a particular way). Tell the participants they are not to talk to the returning (helpers), even if they ask what's going on. No laughing or smiling either!

STEP 4

Tell the participants in the room to observe what the helpers will do when they return. E.g., Will they ask for an explanation? Will they ignore what other participants are doing because it makes no sense or will they do what they have found other participants are doing.

STEP 5

Now ask the helpers to come back to the room. (The observation should not take more than 2 minutes)

STEP 6

After the participants have observed the helpers, ask the helpers the following questions:

- a) Why did you do what you did?
- b) What made you follow along – or not?
- c) How was this an example of peer influence?

STEP 7

Conclude the activity with the following:

Peer pressure is the way people who are our age, like our schoolmates/workmates affect or encourage how we act or do things.

Peer pressure can happen in the following ways; when a person asks you directly to do something, or says things to you that force you toward a certain choice/decision or when nothing is actually said to you, but because you see others doing something, you feel pressure to do the same. For example, everybody doing, or wearing, or liking the same thing. Body language can also make someone feel like they are or aren't part of a group (hugging, crowding /gathering together, sitting together, eye-rolling, staring, giggling/laughing, pointing)

The following are ways your peers can affect your decision/choice:

- Threatening to leave someone out or end a friendship.
- Abusing or calling names to make someone feel bad.

- Giving reasons to do something or why it would be okay to do it.
- A group standing together talking or laughing, maybe looking at something you can't see.
- People who think they are cool give you a look that means: "We're cool and you're not".
- Popular youths buying or wearing or doing something, and because they set an example, others want to follow.
- Actions that are considered popular that one has seen on TV or social media.





Module 9: Drugs and Substance abuse

Time: 60 minutes | **Materials:** flipchart, masking tape and marker pens, notebook

Purpose

To increase awareness of the impact of drugs in our community, and their effects to individual life and relationships.

By the end of the session participants will be able to:

1. Define the term drugs.
2. List the different types of drugs and where they can be found.
3. Describe risks associated with using drugs especially related to violence and teenage pregnancy.
4. Identify factors that influence young people to use drugs.
5. Identify consequences of drug abuse in people's lives and relationships.
6. State actions that can be taken to prevent or stop abusing drugs.

Activity 1:

Menstrual Hygiene

Advanced preparation

Prior to the session, write each of the following questions on a piece of flipchart paper:

- What comes to mind when you hear the word “drug abuse”?
- Who uses the drugs?
- What are some examples of drugs and where are they available?
- What are the risks associated with using drugs, especially related to violence and teenage pregnancy?

Place one sheet in each corner of the room.

STEP 1

Ask participants what drugs are. After a few responses, divide the participants into four groups.

STEP 2

Assign each group to one of the four questions. Explain that each group has 5 minutes to discuss the question and write out their responses on the flipchart paper. For low literacy groups, read aloud the questions and ask them to discuss among themselves.

STEP 3

Tell the groups to rotate clockwise. Give them another 5 minutes to discuss the new question and write their responses.

STEP 4

Repeat steps two and three until all of the groups have had an opportunity to discuss and respond to each of the four questions.

STEP 5

Read aloud and summarize the responses provided on the flipchart papers. If the groups did not write out their responses, ask them to share with the larger group what they discussed.

STEP 6

Use the questions below to facilitate a discussion.

- Do people in your community have easy access to alcohol and cigarettes? (Are they prohibited for minors under the age of 18? Are these laws enforced?)
- Do people have easy access to other types of drugs?
(See Resource Sheet 8 - What are Drugs?)
- What are the most common reasons young people use drugs? Are these different from the most common reasons older people use drugs? In what ways?
- Are there different degrees, or levels, to which an individual can use a drug? What are these degrees? (See Resource Sheet 10 - Types of Substance Users)
- Are advertisements for cigarettes and alcohol allowed in newspapers, magazines, or television? How do these advertisements promote the use of these substances? What do you think of this?
- How do these media advertisements portray the people who use their products? Do you think these portrayals are accurate?

- How do these media advertisements influence young people's attitudes about cigarettes and alcohol?
- What effects do alcohol and other substances have on sexual decision-making and other behaviors (See Resource Sheet 9 - Effects of Different Substances)
- How can drug use affect a person's risk for violence or pregnancy?
- How does peer pressure contribute to drug use?
- How does the use of drugs affect relationship? Families?Communities?
- What actions can you take if abusing alcohol or other substances?

STEP 2

End the discussion by asking participants what they have learnt from this activity and how they are going to use the knowledge.

STEP 3

Conclude the module by summarizing with the following points:

- There are many types of drugs, some legal, some illegal, some more commonly used by women, some more commonly used by men. It is important to think about the personal and social pressures that lead young people to use drugs and to be aware of the consequences of their use on individual lives, relationships, and communities.

- It is difficult to generalize what factors lead a person to use drugs. Each person has his or her own reasons and sometimes they're not even clear to the individual. In the majority of cases, there might be a variety of reasons: curiosity, a desire to forget problems, an attempt to overcome shyness or insecurity, dissatisfaction with one's physical appearance, etc. It is important that family, friends, and peers offer support, without blame or judgment, to help the individual reflect on the harmful effects of drug use, to identify healthy alternatives, and how to seek competent professional help, if needed.



Resource Sheet 6: What are Drugs?

A drug can be defined as any substance that is capable of producing changes in the functioning of living organisms, be it physiological or behavioral. There is a special category of drugs called psychoactive or psychotropic that alters the mood, perceptions, sensations, and behaviors of the user in accordance to the type and the quantity of drug consumed, the physical and psychological characteristics of the user, the moment and context of usage, and the expectations the person has in relation to the drug. These psychoactive or psychotropic drugs can be classified in three groups, according to their effect on brain activity.

A. Depressants:

Depress brain activity, causing sluggishness and disinterest.
Examples include alcohol, sleeping medicines, and inhalants.

DEPRESSANTS	Sensations they provoke	Effects they can cause
Tranquilizers	Relieve tension and anxiety, relaxes the muscles and induces sleep	In high doses, they cause a drop in blood pressure; combined with alcohol, they can lead to a state of coma; in pregnancy, they increase the risk of foetal malformation. They generate tolerance, requiring an increase in dosage.
Solvents or inhalants (glue, varnish, benzene, liquid paper)	Euphoria, hallucinations and excitation	Nausea, drop in blood pressure, repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves.
Cough syrups and drops with codeine and zipeprol	Pain relief, feeling of well-being, sleepiness, floating sensation	Drop in blood pressure and temperature; risk of coma; convulsions, generate tolerance, requiring an increase in dosage; when withdrawn, dependent users experience cramps and insomnia.
Sedatives	Relieves tension, calm and relaxing sensation	In association with alcohol, causes a drop in blood pressure and breathing rate, which can lead to death. Generates tolerance, requiring an increase in dosage and dependence.
Opium, morphine, heroin	Sleepiness, pain relief, state of torpor, isolation from reality, sensation of wakeful dreaming, hallucinations	Cause dependence; reduce the rhythm of heartbeat and breathing and can lead to death; collective use of syringes can lead to HIV; difficult withdrawal.
Alcohol	Euphoria, frees speech, feeling of anaesthesia	Slight tremors and nausea; vomiting; sweating; headaches; dizziness and cramps; aggressiveness and suicidal tendencies.

B. Stimulants:

Increase brain activity, causing wakefulness and alertness. Examples include appetite control medicines, cocaine, and caffeine.

STIMULANTS	Sensations they provoke	Effects they can cause
Amphetamines	Resistance to sleep and tiredness; tachycardia; sensation of being "turned on;" full of energy	Tachycardia and increase in blood pressure; dilatation of the pupil; danger for drivers; high dosage can cause delirium and para-noia.
Cocaine	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness.	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest.
Crack	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness.	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest. Causes a strong physical dependency and high mortality.
Tobacco (cigarettes)	Stimulating; sensation of pleasure	Reduces appetite, can lead to chronic states of anaemia. Aggravates diseases such as bronchitis, and can perturb sexual performance. In pregnant women, increases the risk of miscarriage. Is associated with 30% of all types of cancer.
Caffeine	Resistance to sleep and tiredness	Excessive dosage can cause stomach problems and insomnia.

C. Hallucinogenic:

Modify brain activity by altering how reality, time, space, and visual and auditory stimulants are perceived. Examples include Ecstasy and LSD.

HALLUCINOGENIC	Sensations they provoke	Effects they can cause
Marijuana or Bhang (Cannabis Sativa)	Calmness, relaxation, desire to laugh	Immediate loss of memory; some persons can have hallucinations; continuous use can affect the lungs and the production (temporary) or spermatozoa; loss of
LSD	Hallucinations, perceptive distortions, fusion of feelings (sound seems to acquire forms)	Nausea, drop in blood pressure, repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves.
Ecstasy (MDMA)	Hallucinations, perceptive distortions; fusion of feelings (sound seems to acquire forms); stimulant	Anxiety and panic; delirium; convulsions; risk of dependency
Anticholinergics (plants such as the lily and some medicines)	Hallucinations	Tachycardia; dilation of the pupils; intestinal constipation and increase in temperature can lead to convulsions



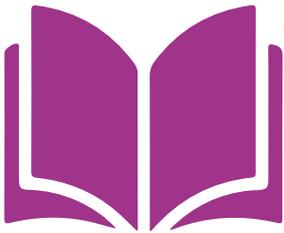
Huduma Za Kulinda Watoto Bila Malipo

Ukaguzi wa Mwanafamiliazi
 Ushauri Mwaizi wa Mwanafamiliazi
 Kazi za Kazi za Mwanafamiliazi
 Ushauri wa Mwanafamiliazi

Shauri kwa Watoto wa Mwanafamiliazi
 Mafanikio kwa Mwanafamiliazi
 Mafanikio ya Vito ya Mwanafamiliazi

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Resource Sheet 7: Effects of Different Substances

In small doses, alcohol can create a sensation of relaxation, calming, well-being, and sometimes even mild euphoria. When ingested in large quantities, it can cause sleepiness, mental confusion, slower reflexes, and a lack of motor coordination. These effects can lead an individual to engage in various high-risk behaviors, including unprotected sex, driving under the influence, and/or violence. When alcohol is consumed with high frequency, there is an increased risk for cirrhosis, memory loss and other chronic problems such as loss of appetite, and vitamin deficiencies.

In general, women tend to have a lower tolerance for alcohol than men, in part because they typically have a higher proportion of fat and a lower proportion of water in their bodies; as a result, a woman will have a higher blood alcohol content than a man who of the same weight who drinks the same amount. Additionally, women have lower levels of an enzyme that breaks down alcohol in the stomach, so they absorb a higher concentration of alcohol than a man who drinks the same quantity.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes freely through the placenta, creating a level in the fetus almost identical to that in the mother. Babies whose mothers drink frequently or heavily during pregnancy may be born with serious birth defects, including low birth weight, physical deformities, heart defects, joint and limb deformities, and mental retardation.

Prescription medicines.

The purpose of medicine is to cure disease, relieve pain or suffering, and promote wellbeing. However, if used by people who do not need it, or if used in high or inadequate doses, medicine can damage one's health.

For example, amphetamines are often misused, which can lead to heart problems, paranoia, or convulsions, among other things. Because amphetamines are stimulants, and therefore increase one's stamina and physical energy, they are sometimes used by students to pull all-nighters. Additionally, varying perceptions of beauty often lead women to endanger their health by taking amphetamines to lose weight in pursuit of the "perfect" body.

Tranquilizers, also known as "calmers," cause the brain (the central nervous system) to act more slowly. They are often used to treat anxiety and some sleep disorders. As the body becomes accustomed to tranquilizers, the initial symptoms can disappear and the user can develop a tolerance to, and dependency on, the substance. When combined with other drugs—such as alcohol—tranquilizers have more intense effects, which, in turn, can increase certain health risks, such as respiratory depression or cardiac arrest.

Marijuana

Marijuana is one of the most frequently used illegal drugs today. Its most common effects are the sensation of well-being and relaxation. Sometimes users can become very chatty, anxious, or hallucinate. While a young person experimenting with this drug may not become addicted, even innocent experimentation can have detrimental health effects, such as problems with memory, clear thought, and coordination, and an increased heart rate. It may also result in problems with the law, since it is an illegal substance.

Long-term users who smoke marijuana have an increased likelihood of respiratory illness, such as a persistent cough or lung cancer. Users may also suffer from personality disorders, such as depression or anxiety. The drug most often causes the greatest risk during the intoxication period itself, because the user can lose the capacity to carry out such activities as driving a motorcycle or car.

Cocaine

Surveys indicate that cocaine use is much less common than the use of other drugs, such as alcohol and tobacco. Cocaine use can lead to dependency and can affect both mental and physical functions. Mental effects include euphoria, hyperactivity, visual and tactile hallucinations, and the sensation of being pursued. Some physical effects are an abnormally high heart rate, convulsions, and chills. Cocaine is particularly harmful when used with alcohol. Cocaine is also an appetite suppressant, which has led some women to use it to lose or keep off weight.

Cocaine can cause damage to the body at the time of use, as well as later. Some report heightened sexual stimulation at the beginning of use. However, regular use can decrease sexual desire and cause impotence.

Cocaine can be snorted or injected. When injected, there is the additional risk for HIV/AIDS and Hepatitis B and C.

Steroids

Steroids are most often used to accelerate the building of muscle. They are typically taken in pill form or injected. Steroids are artificial versions of testosterone, a naturally produced hormone in the body. In some cases, people use steroids not intended for human use. For example, there are reports of young people ingesting steroids intended for veterinary use, to rapidly increase their muscle mass.

Steroids have a variety of physical effects. They can decrease the function of the immune system, which is the body's defense system against germs. They can also damage the liver, cause cancer, and

change normal hormonal function, i.e., interrupting menstruation in women and affecting the hypothalamus and reproductive organs. They can even cause death. Steroids can also have emotional effects, such as depression or irritability. Steroids can have sex-specific effects.

For women, these include: alteration of the menstrual cycle, deepening of the voice, decrease in the size of the breasts, excessive hair growth, and changes in disposition, including aggressiveness and anger. Common effects for men include: breast development, reduced sexual function and infertility, and testicular atrophy.

As with any injected drug, sharing needles for injecting steroids can lead to the transmission of HIV/AIDS and Hepatitis B and C. cause death. Steroids can also have emotional effects, such as depression or irritability. Steroids can have sex-specific effects.



Resource Sheet 8: Types of Substance Users

The United Nations distinguish four types of substance users:

The Experimenter – Limits him or herself to experimenting with one or several substances, for various reasons, e.g. curiosity, desire for new experiences, peer pressure, publicity, etc.

In most cases, contact with the substance does not go beyond the initial experiences.

The Occasional User – Uses one or several substances occasionally, if the environments are favorable and the substances are available. There is no dependency, or rupture in professional or social relations.

The Habitual User – Makes frequent use of substances. (Suggesting “One already observes signs that the user is breaking away from relationships.”) Still, the user can function socially, though in an unpredictable way, and runs the risk for dependence.

The Dependent or “Dysfunctional” User – Lives through substance use and for substance use, almost exclusively. As a consequence, all social ties are broken, which causes isolation and marginalization.

Substance Use and Sexual Behavior

Many people believe that certain substances can improve sexual performance. In reality, the effect of substance use varies from person to person, based on many factors, including: biological (the metabolism of the human body), frequency of use, environment and culture, and psychological aspects. Very often, the positive effects produced by substance use during sexual relations have more to do with what people believe will happen than the drug’s pharmacological properties. For example, contrary to what many people believe, alcohol can initially make people feel less intimidated, but as the playwright William Shakespeare once said: “Alcohol provokes the desires, but puts an end to the performance.” That is to say, it can hinder an erection. In the same way, marijuana reduces the production of the male hormone testosterone and can temporarily lead to reduction in the production of sperm. Cocaine reduces desire and excitement, since users are more interested in using the substance than in having sex.

Moreover, when people are using drugs, it is more difficult to establish communication and negotiation at the time of sexual relations, as each person is often more concerned about his/her own immediate sensations than with their partner’s sensations or possible risks for unintended pregnancy, STIs, or HIV/AIDS. Research has confirmed that a person under the effects of any substance is unlikely to use a condom because his or her judgment and reflexes are impaired. It is also important to remember that even the rare or occasional use of alcohol or substances can still put individuals at risk, as it takes only one incident of drinking too much alcohol and having unprotected sex for an unintended pregnancy and/or STI/HIV/AIDS infection to occur.

Module 10: Self-awareness and self-esteem

Time: 60 minutes | **Materials:** 6 envelopes, notebooks

Purpose

In this, module we are going to discuss self-awareness and self-esteem. It is very important that youths feel good about themselves. We will discuss how to improve our self-esteem, how we view ourselves, and how it affects how other people view us.

These activities are aimed to help youths understand their limitations, strengths and develop a positive concept about themselves.

Activity 1:

Self-esteem “Motivational Envelope”³ (20 minutes)

STEP 1

Give each participant an envelope, and ask them to decorate the outside of the envelope with pictures, symbols, words, or positive things that make them happy or resonate with them

STEP 2

Ask the participants to write down motivational quotes on small pieces of paper from their favorite role models who inspire them or make them feel good (E.g. “I am the best me there is, so I will make today my day”). Ask them to fold the papers and place them in the envelope.

STEP 3

Ask the participants to write down good things about themselves on small pieces of paper. Ask them to fold the papers and place them in the envelope.

STEP 4

Select a few volunteers to read what is in their envelopes. Ask them to share how they feel about themselves when they read the statements

STEP 5

Tell the participants that these statements are self-esteem boosters that they can read at the beginning of each day. This will encourage them to think of something positive and inspiring and can have a profound impact on their overall level of confidence and optimism.

STEP 4

Conclude the activity by emphasizing that research shows that low self-esteem is common among teenagers and youths, particularly teenage girls. Every youth has something unique to offer to the world. Therefore, we need to build our confidence and self-esteem daily and build those of others by using positive quotes and affirmations like the ones we have placed in the envelopes.

Activity 2:

Self-awareness (20 minutes)

Self-awareness as a skill empowers an individual to know and come into terms with their strengths, status, background, culture, needs and feelings. It is also an individual's ability to appreciate the strong and weak points of one's own character. This realization enables one to take actions, make choices and decisions which are consistent with one's abilities.



Mwangaza is a beautiful fifteen-year-old girl. She is a talented singer and dancer just like her grand-father Mwaga. Her academic performance is exemplary. However, she steals, bullies' others and is not concerned about other people. Mwangaza feels she is too big and old to be in grade seven. Her parents enrolled her in school late since there were no schools in her neighborhood when she attained school going age. She also had to look after her family's animals.



STEP 1

Ask a volunteer to read Mwangaza's story.

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STEP 2

Guide participants to answer the following questions and write their responses on a flip chart.:

- a) Identify factors which have influenced Mwangaza's life positively and negatively.
- b) Discuss possible ways of helping Mwangaza overcome negative habits.

STEP 3

Ask each participant to reflect on his or her life and write on the notebook the factors that may have influenced his or her personality and behavior.

STEP 4

Summarize this activity by explaining the role of nature versus nurture in influencing human behavior as outlined in the Resource Sheet 6..



Resource Sheet 9: “Self-awareness”

Definition of self-awareness

- Self-awareness is the perception that one has of themselves. It involves knowing and understanding one’s physical, intellectual, emotional and spiritual components as well as recognizing one’s abilities, talents, role in society, strengths and weaknesses.
- Encourage learners to share the aspects about themselves they are comfortable with.
- The mentor could also share about themselves; their likes and dislikes as well as past struggles with physical attributes. This will make it easier for the participants to freely talk about their own struggles.
- Encourage the participants to accept what they cannot change like height, complexion etc. and work towards changing what they can.
- Emphasize that each person is unique and valuable, hence the need to accept self and others.
- Self-acceptance enhances self-image.
- Individual abilities, gifts, and talents can be enhanced by being aware they exist, accepting and improving them. For instance, knowing that you have the capability to run, play ball games, sing and dance and working towards developing them enables one to become a competent and productive member of the society.
- Utilizing abilities, gifts and talents leads to personal fulfilment and enhanced self-esteem of an individual.

The skill of self-awareness aims at helping one to discover and accept self, plan for one's future and be able to accept others. It helps in the appreciation and application of all other life skills.

Benefits of self-awareness

- Helps one to understand oneself better.
- Helps one to accept oneself.
- Empowers one to be in control of one's life.
- Minimizes external influences. You are able to protect your personal space.
- Enables one to accept feedback.
- Helps to improve interpersonal relationships.

Factors that influence an individual's life

Factors that influence personality development include:

- Culture: The culture a person comes from contributes a great deal to his or her current situation (positively or negatively).
- Family values: Positive and negative family values shape individuals' attitudes and behavior.
- Religion: The beliefs a person upholds affects his or her values and hence day-to-day choices.
- Education: The schools attended and the level of education a person has attained do shape a person's life in a way.
- Peer groups: Childhood peers and current peer groups have an influence on an individual's choices.
- Genetic inheritance. Abilities and talents inherited from our parents and grandparents tend to enhance personal growth if they are developed.

Human beings are products of both genetics and the environment. Self-awareness entails asking oneself the following questions:

- Who am I and how do I relate with myself (intra-relationship)?
- Where have I come from? What is my family background and its impact on my life?
- Where do I want to go in life - what is my passion?
- What steps should I take to get to my desired destination in life?

Participants, when necessary, they can access guidance and counselling to deal with psychological challenges associated with their past.

STEP 5

Summarize the self-awareness activity with the following point.

- Recognize the weak and strong sides of your own behavior.
- Recognize the weak and strong sides of your own thoughts and abilities.
- Differentiate what one can do or can't do by themselves.
- Recognize things that which cannot be changed and accept them (e.g., hair type, height etc.)
- Whatever people say, each person is different and should value themselves.
- Recognize your unique talents

Conclude the module with the following:

- It is important to feel good about yourself.
- Try to solve problems, or to learn something new. This will help you improve your confidence and self-esteem.
- Do not bully other children or make them feel inferior/bad about themselves.



Module 11: Healthy and Unhealthy Relationships

Time: 60 minutes | **Materials:** Flipchart paper, markers, cards, tape

Purpose

In this module helps the participants to understand healthy and unhealthy relationships.

Specific objectives

By the end of this session participants should be able to:

1. Identify healthy and unhealthy behaviors that exist within relationships.
2. Explain the effects of unhealthy behaviors in a relationship.

Activity 1:

Advance Preparation

Print in large letters “Healthy”, “Unhealthy”, and “Depends” on separate pieces of flipchart paper or cards, and place these signs on the wall.

Write the following statements on small cards (one statement per card):

- The most important thing in a relationship is sex.
- You never disagree with your partner.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his/her ex-boyfriend/ex-girlfriend.
- You feel closer and closer to your partner as time goes on.
- You will do anything for your partner.
- Sex is not talked about.
- One person usually makes every decision for the couple.
- You stay in the relationship because it is better than being alone.
- One person hits the other in order to have this person obey him or her.
- The partners are members of the same religious denomination.
- The partners are from the same ethnic group.
- The partners are members of different religious denominations.
- The partners are from different ethnic groups.
- You talk about problems when they arise in the relationship.
- You argue and fight often.
- One partner is much older than the other.

Facilitator's note: If you do not have cards, you can simply read aloud each situation to the participants and ask them to determine if that situation falls in the “Healthy”, “Unhealthy”, or “Depends” category. The key purpose of this activity is to distinguish between what behaviors within relationships are healthy and unhealthy. When the participants are divided on this issue, remind them the qualities of a healthy relationship (respect, equality, responsibility, honesty, and happiness) and see if these apply to the situation.

STEP 1

Pass out the cards to the participants.

STEP 2

Tell the participants that romantic relationships can be healthy or unhealthy. In healthy relationships, both individuals are happy to be with the other person. In unhealthy relationships, one or more partners are unhappy in the relationship because of one or more problems.

STEP 3

Ask the participants to think about the relationship situation on their card and determine if they fall under the category of “Healthy,” “Unhealthy,” or “Depends.”

STEP 4

Have the participants move to the front of the room and place their cards under the sign they think is most appropriate.

STEP 5

After all the cards have been placed, review each card and discuss with the entire group whether the situations fall into the “Healthy,” “Unhealthy,” or “Depends” category. Use Resource Sheet 10 “Relationships”, to determine the placement of the cards.

STEP 6

Conclude this activity by asking the group the following questions:

- Why do you think people stay in unhealthy relationships?
- How can friends and family help people in unhealthy relationships?
- Who else can help people in unhealthy relationships?
- Can relationships get better? Can they change from unhealthy to healthy over time?
- Can relationships get worse? Can they change from healthy to unhealthy over time?
- Who is more likely to stay in an unhealthy relationship, men or women? Why?

STEP 7

Close the session by emphasizing these key points:

- **Healthy relationships** are based on effective communication and mutual respect. Decisions are made together and neither person dominates the relationship.
- **Unhealthy relationships**, on the other hand, often suffer from poor communication and unequal decision-making, which makes open talk about non-violence, sexual behavior and contraception extremely difficult, and thus puts one or both partners at greater health risk.



Resource Sheet 10: “Relationships”

Healthy Relationship	Depends	Unhealthy Relationships
<ul style="list-style-type: none">• You spend some time by yourself without your partner.• You have fun being with your partner.• You talk about problems when they arise in the relationship.• You feel closer and closer to your partner as time goes on.	<ul style="list-style-type: none">• You never disagree with your partner.• The partners are members of the same religious denomination.• The partners are from the same ethnic group.• The partners are members of different religious denominations.• The partners are from different ethnic groups.	<ul style="list-style-type: none">• The most important thing in a relationship is sex.• Your partner is still close to his or her ex-boyfriend or ex-girlfriend.• One partner is much older than the other.• You argue and fight often.• You will do anything for your partner.• Sex is not talked about.• One person usually makes every decision for the couple.• You stay in the relationship because it is better than being alone.• One person hits the other in order to have this person obey him or her.

Module 12: Decision Making

Time: 30 minutes | **Materials:** Flip charts, notebooks, felt pens

Purpose

To help the participants become aware of the 3 Cs to good decision making.



Activity 1:

Three Cs To Good Decision-Making (30 minutes)

STEP 1

Explain that making decisions and knowing the consequences are important skills young people need.

STEP 2

Ask the participants to take out a blank piece of paper and write down a serious decision that they (or someone they know) are currently facing. The decisions can be about anything - school, a job, a family situation, or a social situation. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference (this should take 3-5 minutes).

Assure them that what they write will remain confidential.

STEP 3

Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions. Write them on the flipchart paper, editing them as necessary to keep confidentiality.

STEP 4

Explain to the participants that these are the kind of challenges many young people face, especially as they become independent. Young people must make decisions and learn to live with the consequences.

STEP 5

Using flipchart paper, display the “Three Cs to Good Decision Making” showing the words, **challenges, choices, and consequences**, and distribute Handout 4. Point to the word “**challenges**” (as illustrated in Handout 4), and ask them to define what that means (something that is difficult). Ask the pupils to choose one of the challenges listed on the flipchart paper, and then write it on the first line of their handout.

STEP 6

Now point to the word “choices” on the flipchart paper. Again, ask them to define “choices” (things you can opt to do in a particular situation). Ask the group to brainstorm several choices or options that a person making this decision has. List those beside the word “choices” and add any others that you can think of. Be sure there are at least three choices.

STEP 7

Point to the word “**consequences**”, and ask what that means (something that happens as a result of doing something, either positive or negative). Ask them to think of possible negative and positive consequence for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.

STEP 8

Tell the group to look at the choices and consequences and make a choice together. If there is no consensus, take a vote to determine the outcome. Clarify that although an individual usually is capable of making a decision, people may seek other people’s opinion before making a decision.

STEP 9

Summarize what is on the newsprint and help learners to articulate the three steps in making a good decision when facing a challenge.

Discussion Points

- What do you think about the “three C’s”? How effective do you think it will be when you are back in your day-to-day life?
- What are some of the most powerful influences in our lives when we make decisions?
- How does it feel when we decide to do something that disagrees with any of those influences?
- When facing a tough challenge, and unsure of the decision to take, who could you turn to for help?

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STEP 10

Conclude the module by using the points below:

- When it comes to making decisions regardless of what a person’s values may be, there are some questions that a person should ask before making the decision. Decisions about sexual behaviors are some of the important ones that young people make.
- Making decisions about sex is related to “who you are” and “what you believe in.” This influences “how you behave.” With this in mind, it is important to recognize that all individuals have a right to make their own decisions about sex. No one can make those decisions for him or her. In the end, individuals will do what they value.
- It is illegal in Kenya for Children below 18 years of age to engage in sex



Handout 5:

“Three Cs To Decision-Making”

1. Challenge or decision you are facing:

2. Choices you have:

Choice 1:

Choice 2:

Choice 3:

3. Consequences of each choice:

Positive

1)

2)

3)

Negative

1)

2)

3)

4. Your decision is:

5. Your reason(s) is/are:



Module 13: Leadership

Time: 45 minutes | **Materials:** Sheets of A4 papers, written role plays on a blackboard or flip chart

Purpose

In this module, we will discuss leadership skills

By the end of the session, we should know what the characteristics of a good leader are.

This activity helps to find out the kind of role models the pupils have, so as to strengthen their concept of good leadership. This is because we can only learn to be a hero or heroine, a leader or active citizen through other heroes/leaders/active citizens.

Activity 1:

Leaders we admire/mentors

STEP 1

Read to the participants this sentence:

“Think of some heroes or heroines in your life, either in your family, or your community whom you would wish to be like”.

STEP 2

Answer the following questions in your note book:

- *Who is this person?*
- *Why do you consider this person important in your life?*
- *What qualities and values of your role model are similar to yours?*

STEP 3

Provide the participants with two sheets of A4 paper each. Ask the participants to draw a picture or portrait of the leader/role model (head only picture) on one sheet. Give the pupils 10 minutes to draw.

STEP 4

Ask participants to write on the other sheet why you have chosen that person, and why he/she means so much to them (if the hero is dead, this activity can help the child grieve and hold on to positive memories of the person). Give the participants 10 minutes to write.

STEP 5

Ask them to explain their drawings. If the participant offers no information, ask if you can interview them and write their responses next to the drawing. Do it in a way that respects their need for privacy, you can ask what the people in the drawing are thinking, feeling and doing. Tell the participant they don't have to answer all questions. They need only say as much as it feels comfortable.

STEP 6

Follow up the discussion with the following questions:

- What are some of the qualities you have seen in the bad leaders that you know of?
- What does it mean to be leader?
- What are the characteristics of a good and fair leader?
- If you held a leadership position, what would you do?
- What are the different ways you can lead by example?

STEP 7

Conclude the activity by highlighting the following qualities/ characteristics of a good leader:

- Honesty
- Ability to delegate: sharing duties means trusting other people to do what you would have done and trusting in their abilities
- Communication: understand how to communicate; how to be good listeners and how to be thankful on the use of body language (e.g., smile on the face, sad face, nodding etc.)

- Confidence: you need to keep up your confidence levels even when things are not going as planned, this will make other people believe in you
- Commitment: show commitment not only to what you are doing but also to your promises
- Positive attitude: always stay hopeful as this will be transferred to the people around you
- Creativity: you may from time to time be forced to change your daily routine and make a creative choice
- Intuition (the ability to quickly understand something without evidence: when you are leading your team through unfamiliar situations, there is no direction/guide, you will have to rely on your gut instincts/ intuition
- Ability to motivate others



Module 14: Communication

Time: 45 minutes | **Materials:** Flipchart, markers, masking tapes blackboard, chalk

Purpose

The goal of this module is to develop skills to communicate in an effective and assertive manner.

Specific objectives

By the end of the session participants will be able to:

1. Describe what communication is.
2. Describe advantages and disadvantages of each type of communication.
3. Identify the difference between passive, aggressive, and assertive communication.
4. Demonstrate how to communicate assertively.

Activity 1:

Advance Preparation

Before the session, write the definition of the following three types of communication on a flip chart.

- **Passive Communication**
- **Agressive Communication**
- **Assertive Communication**

Facilitator's Notes

You might be in a situation where you do not have a place to paste your flipcharts. Therefore, consider taking a flipchart stand with you OR you may need to use chalk and blackboard.

Replace the names in the examples and questions with names that are appropriate to your local context.

When we teach/facilitate people to be assertive, we need to also teach them to assess situations and to consider their personal safety. In some situations, speaking up and communicating assertively can be dangerous for example if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Individual cultural teachings regarding assertiveness will vary among participants. Some will come from families in which speaking up for oneself or refusing a request, especially from an adult or a male, is considered inappropriate.

You do not want to encourage people to behave in a way that could have unpleasant consequences for them in their culture or family circles. It is important, however, that all participants understand there are certain situations in which assertive behavior will often yield positive results. Examples include resisting pressure from romantic partners or peers to have sex, use alcohol, or other drugs, etc.

STEP 1

First, start by asking participants, “What is communication?” List their responses on a flipchart or blackboard. Then explain to them what communication is and compare with their responses (use Resource Sheet 13 – “Communication”).

STEP 2

Second, ask the group to describe “assertive communication.” After a few responses, show participants the flipchart with the definitions and explain that communication can be categorized into three principal types: passive, aggressive, and assertive. (use Resource Sheet 13 – “Communication”).

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STEP 3

Tell the group that it is very important that we assess a situation and consider our personal safety before using assertive communication. For example, if someone is on drugs, is drunk, or has a weapon, it probably is not the best time to speak up. However, in relationships, especially romantic relationships, it is important to be assertive.

STEP 4

Tell participants that one way to make communication more effective in difficult situations is to choose the appropriate kind of communication. Read the following scenario aloud or write it on a flipchart/ chalk board.

Peter and Fatuma have been dating for three months. During that time, they have never had sex. One afternoon, Peter wanted them to go out for a movie, but Fatuma suggested that they spend quality time at Peter's place. Peter thought at last Fatuma was ready to have sex, and started making sexual advances. Fatuma made it clear that she was not ready for sex, but Peter continued to pressure her.

STEP 5

Ask one participant from each group to share group responses to the questions.

STEP 6

Review Fatuma's choices for action one more time. Explain which choice of action was passive (submit to his advances and have sex), aggressive (get angry with Peter and leave) and assertive (explain that she did not want to have sex but would like to continue spending "quality time") providing the definitions using resource Sheet 13- "communication". Illustrate why assertiveness is usually the best choice in a situation like this.

STEP 7

Conclude the exercise with the following discussion points:

- Would it have been different if the roles were reversed (Peter did not want to have sex, and Fatuma was pushing Peter)?
- Why is it hard for some people to be assertive?
- Do you think there are differences in gender that affect how assertive a person is?
- How can the lack of assertive communication put people at risk for GBV, unsafe sex and sexually transmitted infections?

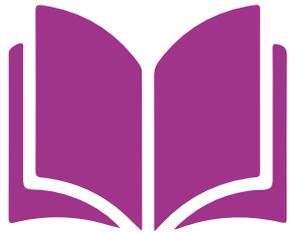
STEP 8

End the discussion by asking participants what they have learned from this activity and how they are going to use the knowledge in their own relationships.

STEP 9

Conclude the module using the following points:

- Although being assertive may not come to someone naturally, it is important to think about when it might be important for one to be assertive since it can often yield important benefits. However, one needs to determine when that behavior might be most appropriate, and to ensure that one is safe.
- In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.).
- If one feels uncomfortable being assertive, one can practice being assertive in “mock” situations with people they feel safe with, such as friends or family members.



Resource Sheet 11: “Communication”

Communication: This is a process of passing information between individuals through a common medium and expecting feedback. This can be verbal or non-verbal.

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Passive Response: Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be heard.

Aggressive Response: Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s).

Assertive Response: Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way, so that it does not infringe on another person's rights or put them down.

Module 15: Integrity and Ethics

Time: 45 minutes | **Materials:** No materials needed

Purpose

This module is to assist participants develop an understanding of the importance and impact of behaving in an ethical manner and with integrity always.

Integrity is the value that is exhibited through behavior that adheres to high moral standards. Ethics is the discipline dealing with what is good and bad with moral duty and obligation. Combined, integrity and ethics are a set of moral principles and behavior dealing with what is right and what is wrong.

This activity will challenge participants to recognize where their personal ethics/integrity currently resides.

Activity 1:

Kohlbergs dilemma's: Heinz dilemma⁴

Heinz's wife was dying from a unique strain of cancer. There was one type of drug that doctors said can save her. It was a drug recently discovered by a local pharmacist. The drug was expensive to make but the pharmacist was charging ten times what the drug cost him to produce. He had used \$200 (Ksh. 30,000) for making the drug but charged \$2000 (Ksh. 300,000) for a small dose of the drug. Heinz went to everyone he knew to borrow money for the drug, but he could only get together half of the cost which is \$1000 (Ksh. 150,000). He went to the pharmacist and told him that his (Heinz's) wife was dying and asked the pharmacist to sell it cheaper or let him pay the rest of the money later. But the pharmacist refused, "I discovered the drug and I am going to make money from it". So, Heinz got so desperate and broke into the man's store to steal the drug for his wife.

STEP 1

Have each participant read the Heinz dilemma or read out loud to the participants

STEP 2

Label one corner in the room Agree and another Disagree

4. <http://www.haverford.edu/psych/ddavis/p109/kohlberg.dilemmas.htm>

STEP 3

Read a statement below and participants will choose a corner that relates to their answer. Participants should be prepared to defend their choice for going to a particular corner.

Inform the pupils that they are free to move from one corner to the other if they change their mind as a result of the discussion.

The following sentences are the main statements. The other sentences are probing questions for discussions.

Heinz was right to steal the drug.

- Why or why not?
- Is it actually wrong for him to steal the drug?
- Does Heinz have a duty or obligation to steal the drug?
- Why or why not?

If Heinz doesn't love his wife, he should steal the drug for her anyway?

- Does it make a difference in what Heinz should do whether or not he loves his wife?
- Why or why not?

Suppose the person dying is not his wife but a stranger. Heinz should steal the drug for the stranger.

- Why or why not?

Is it important for people to do everything they can to save another's life.

- Why or why not?

It is against the law for Heinz to steal, therefore that makes it morally wrong

- Why or why not?

Let the children reflect on the following questions. They don't have to answer but just think about them:

- Would you report your friend to the teacher if you saw them cheating on exams?
- If you picked 20 shillings belonging to someone in class and nobody saw you, would you give it back?
- Would you pretend to be sick so that you don't attend class because you did not do your assignment?
- Do rules always protect us? Should rules endanger lives?

STEP4

Conclude the activity by pointing out the following six pillars of character:

- **Trustworthiness - Be honest.** Don't deceive, cheat or steal. Be reliable – do what you say you'll do. Be loyal.
- **Respect – Treat others with respect.** Be tolerant of differences. Use good manners, not bad language
- **Responsibility – Do what you are supposed to do.** Use self-control. Be self-disciplined and accountable for your choices.
- **Fairness – Play by the rules.** Take turns and share. Be open minded. Don't take advantage of others.
- **Caring – Be kind.** Be compassionate. Express gratitude. Forgive others. Help people in need.
- **Citizenship – Do your share.** Stay informed. Be a good neighbor. Obey laws and rules. Respect authority. Protect the environment.

Therefore, before you decide to do anything, always ask yourself these questions;

- What does my conscience – ‘that little voice’ inside my head – say about it?
- Could it hurt anyone – including me?
- Is it fair?
- Does it violate the golden rule (how would I feel if somebody did it to me)?
- Have I ever been told that it is wrong?
- Deep down how do I feel about it?
- How will I feel about myself later if I do it?
- What would adults I respect say about it?

If you still can't decide, talk it over with someone you trust and respect.

Your future is ahead: make good choices!

Module 15: Financial Literacy

Time: 90 minutes | **Materials:** Whiteboard/flipchart stand, flip chart papers and markers, notebook

Purpose

The objective of this module is to equip youths with basic financial management skills.

Welcome the participants to the session and explain that financial literacy session equips them with essential financial management skills. They will learn about budgeting, saving, and debt management, which help them plan their finances effectively. By the end of the session, they should be able to create a budget and saving plan that aligns with their financial goals.

Activity 1:

Understanding Income and Expenses

STEP 1

Divide the participants in 4 groups. Give each group a flip chart paper and a felt pen. Ask them to discuss the concept of income and expenses and write key points on the flip chart.

STEP 2

Tell each group representative to share their points in plenary.

STEP 3

After each group has shared, use the point below to add on what the groups has shared:

- **Income** is the money a person receives due to working or business activities, such as earning a salary, self-employment income etc.
- **Expense** is money spent to acquire something or costs incurred by the business— expenses include daily transactions everyone encounters (like buying credit for phone bundles or airtime, lunch a phone bill, buying fuel for your motorbike, paying rent for your business premises, government taxes, etc.)
- **Savings** is the money that a person has left over after they subtract their spending/ expenses from their income over a given time period.
- All this really means is that you should watch what you spend and save what you're able to.

STEP 4

Share Handout 6 –“Income and expenditure statement for small business”. Explain the structure and components of an income and expenditure statement for a small business including:

- Concept of a trading period
- Computing gross profit (loss)
- Computing net profit (loss)
- Format/structure of income and expenditure a/c
- Items debited – (cost of sales and expenses)
- Items credited – (sales and other incomes)
- Balancing of income and expenditure a/c to generate gross profit (loss) and net profit (loss) spend and save what you're able to.

STEP 5

Lead the participants to identify components and prepare income and expenditure accounts from given data.

STEP 6

Use the resource sheet “Financial Literacy” to share key information on budgeting, saving and debt management.

STEP 7

Give participants 10 minutes to ask questions related to the topics covered as you respond.

STEP 8

Encourage participants to practice and apply financial management skills learned in their daily life and seek further information or support from relevant sources such as financial institutions, youth officers from Ministry of youth affairs, or community organizations.



Resource Sheet 12: “Financial Literacy”

Budgeting: a budget is a plan that helps you manage your money. It shows you how much money you have, how much money you need to spend on different things, and how much money you can save or use for other goals. A budget can help you make smart decisions with your money and avoid problems like overspending, debt, or running out of money.

Why do they need a budget?

Money is a limited resource, and you probably aren't able to buy everything you want or need with the money you have. It's important to prioritize your expenses and choose what is most important for you and your family. A budget can help!

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Track your income and expenses.

Your income is the money you earn or receive from different sources, like your allowance, gifts, or jobs. Your expenses are the money you spend on different things, like food, clothes, bills, or entertainment. A budget can help you see how much money you have and where it goes every month.

Set and achieve your goals.

Your goals are the things you want to do or have with your money, like saving for a bike, a college fund, or a vacation. A budget can help you plan how much money you need and how long it will take to reach your goals. It can also help you adjust your spending habits to save more money for your goals.



Activity 2:

How do you use the 50/30/20 rule to build your budget?

To use the 50/30/20 rule to build your budget, you need to follow these steps:

STEP 1

Know your income.

Your income is the money you earn or receive every month. It can come from a job, an allowance, a gift, or a scholarship. Add up all your income sources and write down the total amount. If your only income is your job, write down the amount you get paid each month. This is your starting point for your budget.

STEP 2

Calculate your needs budget.

Your needs are the things you must have to live and be healthy. Examples include:

- Rent
- Utilities
- Food
- Transportation
- Airtime, Internet
- Insurance
- Basic clothing

To find out how much you can spend on your needs, multiply your income by 0.50.

For example, if your income is Ksh. 2,000 your needs budget is $\text{Kshs. } 2,000 \times 0.5 = \text{Ksh. } 1,000$. This means you should try to keep your needs expenses below Ksh.1,000 every month.

STEP 3

Calculate your wants budget.

Your wants are the things you like to have but don't really need.

Examples include:

- Hobbies
- Entertainment
- Eating out
- Shopping
- Travel

To find out how much you can spend on your wants, multiply your income by 0.30. For example, if your income is Ksh. 2,000, your wants budget is $\text{Ksh.}2,000 \times 0.3 = \text{Ksh.} 600$. This means you can spend up to Ksh. 600 on your wants every month.

STEP 4

Calculate your savings budget.

Your savings are the money you put aside for your future goals.

Examples include:

- Emergency fund
- Expand your business
- Retirement account
- College fees
- Smartphone for creating monetized digital content
- Any other big purchase you are saving for

To find out how much you should save, multiply your income by 0.20. For example, if your income is Ksh.2,000 your savings budget is $\text{Ksh.} 2,000 \times 0.2 = \text{Ksh.}400$. This means you should save about Ksh. 400 every month.

STEP 5

Write down your actual spending.

Now that we have calculated our budget, let's start sorting our actual spending. Grab your latest Mpesa or bank statement or try to remember how you spend your money in the previous month, and start sorting your actual expenses. For example, if you see that you made Ksh. 200 payments towards your business permit payment, write Ksh. 200 under the "Needs" budget. If you see a charge for betting, write that amount under "Wants" budget.

STEP 6

Compare your expenses to your budget.

Subtract your expenses from your budget. This is your budget balance. If your budget balance is zero or positive, that means you are living within your means and have some extra money. If your budget balance is negative, that means you are spending more than you should and may have a budgeting problem.

STEP 7

Adjust your budget.

If your budget balance is negative in any of the three categories, don't panic! Look at the other categories and see if there is money left in them, and use that extra money to balance or offset the negative balance.

If there is no extra money, you need to find ways to reduce your expenses or increase your income.

If your budget balance is positive, you can decide how to use your extra money. You can spend it on your wants, save it for your goals, or donate it to a cause.

STEP 8

Saving

Saving is the practice of putting aside part of your current earnings for future use, this could be in form of cash, livestock, or food in store. Savings are used in times of scarcity or when an emergency strikes. It is not done once but over a period of time. You may have to sacrifice current luxuries to save for a better future. Choose where you want to save.

Many times, we make excuses to avoid saving, claiming that we don't have enough money, or we don't know how and where to save. Here are some options you can choose from:

- Saving in a savings account with your bank or Money apps such as Mswari
- Saving through a group e.g., Savings and Credit Cooperative (SACCO), Village Savings and Loans Association (VSLA).

When you want to keep your savings in a SACCO, it is wise to ask other members what their experience has been before you start. When you save with a Village Savings and Loans Association, make sure you can trust the other group members and ask for regular accountability to reduce the risk that someone walks away with your money. Also, check that the group's money is kept in a safe place where it cannot easily.

How to Start Saving

- a) Review your lifestyle
- b) Make a realistic budget
- c) Close all the leaking taps of expenses
- d) Open a savings account or app
- e) Join a saving scheme/Investment Group
- f) Start a saving scheme/Investment Club

STEP 9

Debt Management.

Have you ever wanted to buy something that you couldn't afford with the money you have right now? Maybe you need a new smart phone to create content, laptop for school, a motorbike to start business, or a trip to visit your relatives. Or maybe you have an unexpected expense, like a motorbike repair, a medical bill, or a home improvement. How can you pay for these things without waiting for months or years to save up the money?

One option is to borrow money from someone else, such as a family member, a friend, or a financial institution, or from the money mobile apps available or Mpesa Fuliza. This is called taking out a loan or using credit. When you borrow money, you agree to pay it back later, usually with some extra money added on top. This extra money is called interest and fees, and it is the cost of using someone else's money.

Why use credit?

People use credit for different reasons, depending on what they need and want. Below are just some of the reasons someone might use a line of credit.

Purchase a motorbike.

A motorbike can cost a lot of money, but it can also help you get around or earn income from it. Many people get a motorbike loan from a bank, microfinance institutions, or a motorbike seller to pay for a motorbike over time, instead of paying all the money at once.

Get an education.

School can help you learn new things and get ready for a job. But it can also be very expensive, especially for college or university. Many people get student loans from the government (HELB) or private lenders to pay for school or training, books, and living costs while they study.

Emergencies.

Sometimes, bad things happen that we can't control or avoid, like a house demolition by the government, a sickness, a legal problem, or a family problem. These things can make us spend money that we don't have. In these cases, some people use mobile apps to borrow money, personal loans, or payday loans to get some fast money to deal with the problem.

How to choose the best place to borrow money?

There is no one answer to this question, as different places may work better for different people and situations. But some tips to help you make a smart and careful decision are:

- Know what you need and want: Why do you need to borrow money? How much do you need? How long do you need it for? How will you use it? How will you pay it back? These are some of the questions you should ask yourself before you get a loan or credit. This will help you choose the most fitting and cheap place for your reason.
- Know how much you have and can afford: How much money do you make? How much money do you spend? How much money do you save? How much money do you owe? These are some of the questions you should ask yourself before you take a loan or credit. This will help you know how much you can borrow and repay, without hurting your money health and happiness. You should always borrow what you can afford and avoid getting more debt than you can handle.

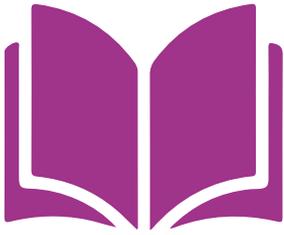
- **Know your choices and other ways:** What are the different places that lend money to you? What are their good and bad things? How do they compare in terms of interest rates, fees, payment plans, ease, and help? These are some of the questions you should ask yourself before you choose a loan or credit. This will help you see the benefits and drawbacks of each place, and find the best deal and value for your money. You should also think about other ways to pay for your needs and wants, like saving, earning, or selling, before you borrow.

Summary

Loans and credit are ways of using money that is not yours. You have to pay it back later, and you also have to pay some extra money. People use credit for different reasons, like buying a motorbike, a house, school fees, or emergencies.

Interest is the money that you pay to the place that lends you money, and it changes the price of borrowing money over time. The places that lend money are banks, merchants, peer-to-peer, payday loans, and title loans, and they have different rules, interest rates, payment plans, fees, and problems.

To choose the best place to lend money, you should know what you need and want, how much you have and can afford, and your choices. You should also use credit smartly and carefully, and avoid getting into debt trouble.



Handout 6: “Income and expenditure statement for small business”

Income

Money earned from the sale of goods or services.

- Selling products to customers
- Providing a service to clients
- Renting property to other people
- Putting money into a bank account where it earns interest

Expenses

Fixed expenses: costs that you have to pay every month, no matter how many products or services you provide.

- Rent you pay for your shop
- Interest you have to pay on your loan
- Telephone account
- Water and electricity account
- Wages to employees

Variable expenses: costs that relate to the amount of goods and services you provide-they include payments you have to make for:

- Raw materials
- Wages
- Completed products
- Services such as transport

Profit (P)

The amount gained by selling a product for more than its cost price.

Loss (L)

The amount the seller incurs after selling the product less than its cost price is mentioned as a loss.

Cost Price (CP)

The amount paid for a product or commodity to purchase is called a cost price. Also, denoted as CP. This cost price is further classified into two different categories:

- Fixed Cost: The fixed cost is constant, it doesn't vary under any circumstances
- Variable Cost: It could vary depending on the number of units and other factors

Selling Price (SP)

The amount for which the product is sold is called the Selling Price. It is usually denoted as SP. Also, sometimes called a sale price.

Calculate profit, loss and break-even point. Copy the following table and complete these calculations to show if the companies made a profit, ran at a loss or broke even.

Use the formula: $\text{Income} - \text{Expenses} = \text{Profit or Loss}$

Income	Cost	Profit/Loss
5000	3500	
6500	7000	
2450	2135	
7500	7600	
8100	6450	
3950	4150	
2000	2000	

What Is Gross Profit?

Also referred to as gross income or sales profit, gross profit is the total sales of a company minus the total cost of goods (COGS) sold. Gross profit reports are an important indicator of a company's profitability

How to Calculate Gross Profit

While you can typically find gross profit on an income statement, it's possible to solve for the difference between the cost of goods sold and total sales (aka revenue).

Let's break down the components of the gross profit formula:

1. Find the Total Sales

Total sales (e.g., revenue) can be found by adding up all of the goods sold within a specific period of time, such as annually or quarterly.

2. Find the Cost of Goods Sold (COGS)

When calculating COGS, only variable costs (ie. expenses that change depending on the quantity of product being produced) are included. For example, in a bread factory, variable costs may include:

- Raw materials such as wheat, water, and packaging
- Electricity bills and utilities for the factory
- labor wages

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What Is Net Profit?

Net profit is the amount of money that a company has after all its expenses are paid. You can think of net profit like your paycheck: It's the money left after all taxes and benefits are subtracted.

What is the Income Statement?

The Income Statement is one of a business core financial statements that shows their profit and loss over a period of time. The profit or loss is determined by taking all revenues and subtracting all expenses from both operating and non-operating activities.

The statement displays the business's revenue, costs, gross profit, selling and administrative expenses, other expenses and income, taxes paid, and net profit in a coherent and logical manner.



...wongamize mila na tomobun

irikiane kudumisha na kutinda haki za



8. ANNEXES

Annex A:

Selection criteria for Community Health Promotors

The Community Health Promotors should have the following characteristics:

- Good literacy skills
- Secondary education completed will be an added value
- Coming from the locations where the groups will be established
- Be charismatic
- Be open-minded and ready to talk about sexual violence, teenage pregnancy, child marriage and FGM that occur in the community
- Be committed to group members well-being and development
- Be respected and trusted.
- Be a person who influences the opinions, attitudes, beliefs, motivations and behaviors of others. We want her to become a champion for change by using her influence to build awareness about child protection, reproductive health and contraceptives, GBV/sexual violence among others and take action to prevent GBV/VAC and model positive behaviors towards children.
- Should be a female
- Committed to be take charge of the group for the entire project period
- Reside in the locality where the young mothers' group will be established.
- Recognized by the MOH and seconded by her/ his supervisor-
CHEW
- Have no history of child abuse or GBV

Annex B:

Agreement with CHP

Position: Community Health Promoters (CHP)

Incentive/token/airtime: Kshs/Month

Duration:

Location:

Starting date:

Activities

- Together with two volunteers “youth ambassadors” follow a 5 days training on the peer-to-peer education guide so as to acquire skills and capacity to facilitate the groups sessions
- Together with youth ambassadors, facilitate youth group bimonthly sessions and meet with project staffs on a monthly basis to report and prepare for the next session.

Youth groups’ sessions will consist of:

- Talking about sexual violence, teenage pregnancy, child marriage, reproductive health, child protection, and relationships among other topics.
- Have dialogue among group members about protecting themselves from abuse and others from sexual violence, teenage pregnancy, child marriage, and FGM in their community
- Mentor the youth ambassadors as they conduct peer-to-peer sessions within the community.
- Link group members with other service providers, such as health services/hospitals/health centres, schools (for those

interested in re-enrolment), the Directorate of Children’s Services (DCS) for child protection services, etc. These linkages will ensure that adequate support is provided to both the groups and individual members, including access to government funds such as the National Government Constituency Development Fund (NGCDF) and Youth Fund.

- Support in preparation when invited to participate in county and national key events calendar events such as the Day of the African Child, International Girls Day, 16 days of activism against GBV among others
- Support youth ambassadors in developing action plans to promote protection of children and women from sexual violence, teenage pregnancy, child marriage and FGM
- Promote public discussions and generate commitment among others in the community to prevent sexual violence, teenage pregnancy, child marriage and FGM.

Profile:

- Be a recognised CHP by the MoH
- Good literacy skills
- Secondary education completed will be a plus
- Be part of the community that the young mothers’ groups will be conducted
- Be charismatic
- Be open-minded and ready to talk about child abuses that occur in the community including talking about sexual violence, teenage pregnancy, child marriage and FGM



- Be committed to their community well-being and development
- Be respected and trusted.
- Be an opinion leader who influences the opinions, attitudes, beliefs, motivations and behaviours of others. We want her to become champion for change by using their influence to build awareness about teenage pregnancy, sexual violence, child marriage and FGM and encourage others about the need to take action to prevent child abuse and model positive behaviours towards children.

I certify that I have read and understood the responsibility assigned to this position.

Name: _____

Designation: _____

Date: _____

Location: _____



9. MONITORING TOOLS

Tool 1:

Evaluation Tool for CHP/Peer educator, Youth ambassador's Training

(Pre to be administered before the start of the training and post after the last day of the training)

Please remember that this is a pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find you cannot answer many of the questions. Just do your best.

Name of CHP/Peer educator/youth ambassador:

Date:

1. Gender is ... (tick the correct statement) (1mk)
 - a) What is appropriate for men and women
 - b) Washing clothes, cooking, taking care of animals
 - c) The difference in the way society expects boys and girls to behave
 - d) The biological or physical difference between boy and girl or man and woman

2. The statement below defines gender roles for both boys and girls which one does not (tick the correct statement) (1mk)
 - a) Doing house chores
 - b) Assisting in construction work
 - c) Increase in body and height

3. Sex is.... (tick the correct statement) (1 mk)

- a) The biological or physical difference between male and female
- b) The way people expect you to behave as a boy or a girl

4. The following are types of child abuse. Give an example of each. (2 mks)

- a) Physical abuse:
- b) Emotional/ Psychological abuse:
- c) Sexual Abuse:

5. Provide any 3 reasons why contraceptives are important. (2mks)

- 1
- 2
- 3

6. Which statement is TRUE about contraception (tick correct statements) (1 mk)

- Prevention of pregnancy
- Any behavior, technique, drug or medical device that prevents conception
- Abortion
- Promiscuity

7. List the five events for pregnancy to occur (2mks)

8. What is a drug (tick the correct statement) (1mk)
- Any substance that can be taken through the mouth
 - Any substance that can affect our well-being that is both psychological and emotional being
 - Any substance that is capable of producing change in the functioning of a living organism be it psychological or behavioral
9. We have three groups of psychotic drugs, please select the correct one (tick the correct one) (1mk)
- Depressant, stimulants, hallucinogenic
 - Sentation, stimulant, depression
 - Solvents, inhalants, tranquilizers
 - Sedative, stimulant, hilarious
10. What should one NOT do in case of sexual abuse? Tick one answer (1mk)
- Seek medical treatment before 72 hours
 - Wash your body (shower)
 - Report immediately to a trusted adult/ authority
11. Tick all the statements that are TRUE about Menstruation (1mk) Girls are ready to have babies when they start periods/ menstruation
- Menstruation is like sickness
 - Female genital Mutilation (FGM) creates painful cramps during menstruation.
 - It's a normal virginal bleeding of a girl at the start puberty that occurs every month
 - Menstruation pain can be cured by having sex

12. Tick the correct sentence that describes a person with values (1mk)

- Working hard to live a good life
- Having numerous sex partners
- Sleeping at a friend's place without permission

13. When being asked by a trusted person you know to have sex with him/her, which is the best way to respond (tick one answer) (1mk)

- Passively
- Assertively
- Aggressively

14. List three characteristics of a healthy relationship (2mks)

-
-
-

15. Mention two qualities of a good leader (2mks)

-
-

16. Give two ways in which the abuse of drugs and substances can contribute to sexual abuse (2mks)

-
-

17. Which of the following statements is true about Family planning/contraceptives? (tick the correct statement) (1 mk)

- Family planning/contraceptives make one not get a child in future
- Those who use family planning/contraceptives are promiscuous
- Contraceptive prevents unplanned pregnancies and STIs

18. Define the following terms (2mks)

- Income:
- Expense:
- Saving:

19. What are the 3 steps to decision making are (Tick the correct statement) (1mk)

- Choice, Challenge, Consequences
- Consequences, time, similarity
- Challenges, solution, choice

20. List 5 consequences of FGM (5mks)

-
-
-
-
-

Tool 2: **Evaluation Tool for Youth Group members** (Pre to be administered before the start of the sessions and post, after the 16 modules are completed)

Please remember that this is a pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find you cannot answer many of the questions. Just do your best.

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1. Gender is ... (tick the correct statement) (1mk)
 - a) What is appropriate for men and women
 - b) Washing clothes, cooking, taking care of animals
 - c) The difference in the way society expects boys and girls to behave
 - d) The biological or physical difference between boy and girl or man and woman

2. The statement below defines gender roles for both boys and girls which one does not (tick one) (1mk)
 - a) Doing house chores
 - b) Assisting in construction work
 - c) Increase in body and height



3. Sex is.... (tick the correct statement) (1mk)
 - a) The biological or physical difference between male and female
 - b) The way people expect you to behave as a boy or a girl

4. The following are types of child abuse. Give an example of each (2mks)
 - a) Physical abuse:
 - b) Emotional/ Psychological abuse:
 - c) Sexual Abuse:

5. Provide three reasons why contraceptives are important (2mks)
 -
 -
 -

6. Which statement is TRUE about contraception (Tick correct statements - 1mk):
 - Prevention of pregnancy
 - Any behavior, technique, drug or medical device that prevent conception
 - Abortion
 - Promiscuity

7. List the five events for pregnancy to occur (3mks)

8. What is a drug (tick the correct statement) (1mk)
- a) Any substance that can be taken through the mouth
 - b) Any substance that can affect our well-being that is both psychological and emotional being
 - c) Any substance that is capable of producing change in the functioning of a living organism be it psychological or behavioral.
9. We have three groups of psychotic drugs (tick the correct one)
(1mk)
- a) Depressant, stimulants, hallucinogenic
 - b) Sentation, stimulant, depression
 - c) Solvents, inhalants, tranquillizers
 - d) Sedative, stimulant, hilarious
10. What should one NOT do in case of sexual abuse? Tick one answer (1mk)
- a) Seek medical treatment before 72 hours
 - b) Wash your body (shower)
 - c) Report immediately to a trusted adult/ authority
11. Which statements are TRUE about Menstruation (Tick the correct answer/s - 1mk)
- Girls are ready to have babies when they start periods/ menstruation
 - Menstruation is like sickness
 - Female genital Mutilation (FGM) creates painful cramps during menstruation
 - It's a normal virginal bleeding of a girl at the start puberty that occurs every month
 - Menstruation pain can be cured by having sex

12. Tick the correct sentence that describes a person with values (1mk)

- a) Working hard to live a good life
- b) Having numerous sex partners
- c) Sleeping at a friend's place without permission

13. When being asked by a trusted person you know to have sex with him/her, which is the best way to respond (tick one answer) (1mk)

- a) Passively
- b) Assertively
- c) Aggressively

14. List three characteristics of a healthy relationship (2mks)

-
-
-

15. Mention two qualities of a good leader (2mks)

-
-

16. Give two ways in which the abuse of drugs and substances can contribute to sexual abuse (2mks)

-
-

17. Which of the following statements is true about Family planning/contraceptives? (tick the correct statement - 1mk)

- a) Family planning/contraceptives make one not get a child in future
- b) Those who use family planning/contraceptives are promiscuous
- c) Contraceptive prevents unplanned pregnancies and STIs

18. Define the following terms (2mks)

- Income:
- Expense:
- Saving:

19) List 5 consequences of FGM (5mks)

-
-
-
-
-

Tool 3:

Monitoring Tool –CHP and youth ambassadors Workplan

Group name:

Month:

Date of Activity	Type of Activity Week 1	Youth ambassador responsible
	Week 2	

Date of Activity	Type of Activity Week 3	Youth ambassador responsible
	Week 4	



Tool 4:

Youth Groups Monitoring Tool for CHPs/Youth Ambassadors

After facilitating each group session, please answer to the following questions.

Name of group:

Date:

No of youths attending the session:

A. What was the topic discussed during the session?

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B. How willing were the youths to start and carry out the activity?[on a scale of 1-5, with 1 being very unwilling and 5 being very willing]

C. How was the youth's attitude during the session? (Choose any attitude as observed: calm, happy, closed, sad, stressed, aggressive, participatory or not, judgmental, laughing at others, interacting with others or not; any other observation from the patrons):

D. What did youths like and not like about the activity?

E. What would you improve for the next session?

F. Attach photo of the activity



Tool 5:

Attendance Sheet

No.	Name	Gender		Class
		F	M	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Number of youths in attendance:

Number of Adults in Attendance:

Women:

Men:

Total:

Name of CHPs supervising:

Signature.....





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