



SETTING UP A YOUTH CLUB

MANUAL WITH A FOCUS ON

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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Introduction

This manual came out of a five-day training conducted by Africa Alliance of YMCAs (AAYMCA) for youth beneficiaries at Ngong Road Children’s Association collaboration (NRCA). The five day training was a training of trainers (ToT). The ToT was designed to be a capacity building process where AAYMCA builds the capacity of NRCA youth to set up a Youth Club and specifically use that as a space to discuss SRHR issues. Africa Alliance of YMCAs is the largest pan-African youth network, bringing together YMCAs in 20 Africa countries. Its aim is to empower young people across Africa, both the most marginalised as well as the educated youth to provide opportunities for empowerment and leadership development.

Why set up a youth club?

Many young people in Kenya today lack empowerment to take informed choices, unlocking their potential and the skills and confidence needed to transform themselves. Setting up a youth club is a chance for young people to get the information and safe space they are lacking in other arenas: school, home, work, and so on. The idea of starting up a youth club is to provide the youth with a safe, accessible place for young people who choose to meet and socialize in an informal setting. In the club, the youth will develop skills, knowledge and confidence. Furthermore, the youth will ideally develop a sense of community and participation.

This manual provides Non-Governmental Organizations (NGOs) that works towards youth empowerment/youth activities or YMCA branches with suggestions on how to run various sessions, specifically for Sexual and Reproductive Health and Rights. The first chapter, named “Setting up a youth club”, provides insight in the organization of a youth club, as well as finding out what to focus on in the club. Furthermore, chapter 2, “Getting the right content” provides advice on how to get the right content, when to ask for assistance from other organizations and so on. Chapter 3 gives advice on how to mobilize young people to join the club, and chapter 4 emphasizes the importance of the club being a “safe space”, and how to ensure that it is. Chapter 5, “SRHR” is a recipe for how to run the different SRHR sessions, with facts and suggestions for activities. Chapter 6, “Life Skills” is a set of suggestions for separate sessions or general discussions that the clubs can have in relation to the various topics within SRHR. Chapter 7 is a list of games and ice-breakers. Chapter 8 gives an introduction to Monitoring and Evaluation (M&E), and how simply facilitate an evaluation. Chapter 9 gives a short introduction to budgeting.

It is advisable to use this manual in addition to the “Training of Trainers Manual – Programme Development with a focus on Sexual and Reproductive Health and Rights). For the various YMCA branches, this manual can be used in addition to the “Kenya YMCA Hi-Y Clubs Manual”.

1. Setting up a youth club

How to find out what to focus on

Firstly, before beginning activities in the youth club, we need to find out which topics to focus on in the club. The topics should be both something of interest for the young people in the community, as well as something that the young people need to learn more about. This provides the basis of what the club should tackle in their sessions. It could be health, politics, and entrepreneur skills and so on. For this youth club, we want to focus on SRHR.

To assess the situation of young people in the area, an idea is to gather the youths for a meeting to discuss what they think is lacking in their communities, and how, in their opinion, the situation can be better. Some of the questions to discuss during this meeting is:

- What are the biggest concerns for them in their daily lives?
- What are the biggest challenges for young people in their community?
- How can a youth club help to tackle these issues?

A good idea is to share examples, so that the young people can start thinking about topics. Topics that have come up among young people in Nairobi previously are:

- Drugs
- STIs/HIV/AIDS
- Lack of opportunities
- Unemployment
- Sponsors
- Abortions
- Poor relationships
- Sexual and Gender Based Violence
- Poverty
- Fear

Organization of the club

Depending on the size of the club, the number of facilitators and the number of youth to accommodate in the club, the youth club needs some sort of structure. President, Vice President, Treasurer, Members, Secretary (find out the meaning and tasks of these people).

How often the club should run is up to each and every club, but we suggest that the club will meet each week, for example every Saturday.

The facilitators need to find a suitable space for the club. Think about accessibility for the youth, as well as size and privacy. The most important thing is that the space is big enough to fit all participants and for playing ice-breakers and team building activities (unless there is an outdoor space available), and that the space is private. Remember that the club will be a safe space for the youth, and some sensitive issues might come up. It is therefore important that the space is free from external disturbances.

Leadership

In terms of leadership at the club, the facilitators need to organize themselves and decide who will facilitate which week, and so on. We suggest that two or three people facilitate the club each week, and that this will rotate. That way, the facilitators will be committed to facilitating the club every five weeks or so.

2. Getting the right content

An important aspect of running a club that provides information about Sexual and Reproductive Health and Rights (SRHR) is that the content of the sessions are based on facts. Giving out the wrong information, based on myths and rumours can not only be confusing for the participants in the club, but also risky. However, because we cannot be experts in everything, we need to rely on other arenas to help us with accurate and trustworthy sources.

Before asking anyone for help, it is important to do some research on the topic to get some general knowledge about the field. Although the trainers of the club already went through a Training of Trainers (ToT) that provided general information on SRHR, the trainers should be confident in what they have learned with regards to SRHR. Internet is a great way of getting more knowledge on different topics, as well as finding the right organizations or people that you might want to work

with during the club. However, even though researching information online is a good way to find information, we need to be critical towards what we read online. Only use information that comes from reliable sources. These resources can come from well-known organizations that have been internationally recognized for their work on the topic, the encyclopaedia, research sites, papers published at university websites, statistical pages, governmental pages, and so on.

Sometimes, when it comes to sessions that are technical in terms of information, it can be a good idea to work with other organizations. This can be a good idea both to get the right content for the programmes and when it comes to requiring facilitators that are good and knowledgeable on the topic of the programme. Organizations can be contacted through e-mail or phone call. Many times, it might be good to write an e-mail or a WhatsApp message, so that you are able to give a full description of the session and your vision for what the organization/person can contribute with. This will give them a possibility of getting to know your organization, your vision for the club, and time to think about how they can be able to help, before you contact them by the phone.

Some issues are technical and demand information from experts, such as contraceptive methods, the differences between them and how to get them, and when not to use them and so on. One organization/clinic that can do visits and sessions is Family Health Options Kenya. One of their coordinators is called Josephine Kimani and can be contacted on: jossykim76@gmail.com / 0714448125

3. Mobilization

Social Media

Youth today are very active on social media, which makes social media a good arena to mobilize for the program. Using WhatsApp is a very good to inform people about what is going on. Another way to mobilize is through Facebook by making a group or a Facebook-event.

Posters

Another way of mobilizing is to print posters to hang up around in the community. Make sure that the poster states time and place, has an intriguing design, as well as benefits for joining the club. However, please note that printing posters needs to be a part of the overall budget. Posters can cost around 100 Khs per poster to print.

Word of mouth

One of the best way to mobilize youth is to go out and meet them where they are, talking to them directly and explaining the club and the benefits of joining. By going out to schools, churches, sports clubs, football fields, youth events, youth centres, community centres, you will be able to find young people to mobilize.

4. Creating a safe space

When it comes to discussing issues related to Sexual and Reproductive Health and Rights, the idea of “safe spaces” is absolutely crucial. The point of the club is to share, spread awareness and knowledge about issues related to SRHR and young people. The club therefore has to be a safe space where youth can talk freely about issues concerning them and the society at large. Everyone coming to the club – facilitators and youth, should commit to not judging each other, and keep confidentiality within the group. Sensitive information stays within the group. Some ground rules to incorporate in the club can be

- No question is bad, stupid or wrong to ask
- Everyone should be able to say what they think without judgement from others.

- SRHR issues like HIV/AIDS, family planning, abortion and LGBT, are issues should also be dealt with in a respectful manner. Without respect and openness for these issues, there is no point of opening an SRHR club

Lastly, though we set a standard for safe space and that everyone should respect what is being said in the club, no matter how controversial, this does not mean that everyone needs to share something. It is perfectly ok to remain silent, and also leave the room during a session. A safe space is a space where anyone can relax and fully express themselves without fear of feeling uncomfortable, unwelcome or unsafe. It is important that the facilitator(s) takes charge to uphold these values in the group.

5. Sexual and Reproductive Health and Rights (SRHR)

Introduction to SRHR:

It is important that the participants understand what SRHR is, and why it is important for them to know. Therefore, you should include an introductory session on SRHR. Go through the definitions of the four components of SRHR: Sexual Health, Reproductive Health, Sexual Rights and Reproductive Rights. Ask the group how SRHR is important in their communities, and which aspects of SRHR is most relevant for them in their communities.

Definition of Sexual and Reproductive Health and Rights (SRHR):

- Sexual health:

Physical, mental and social wellbeing in relation to sexuality. This means free from STIs,

- Sexual rights:

All people can control and decide freely on matters related to their sexuality, and are free from violence, coercion or intimidation in their sexual lives, have access to sexual and reproductive health care information, education and services and are protected from discrimination based on the exercise of their sexuality.

- Reproductive health:

Complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive process, functions and systems at all stages of life.

- Reproductive rights:

Rights of individuals to decide whether to reproduce and have reproductive health. This may include an individual right to plan a family, terminate a pregnancy, use contraceptives, learn about sex education in public schools, and gain access to reproductive health services.

After going through these definitions with the youth, you can ask them what kind of issues are related to Sexual Health, Sexual Rights, Reproductive Health and Reproductive Rights (examples of issues related to SRHR can be: sexuality education, restrictions on safe abortions, early and forced marriages, FGM, SGBV, gender identities/sexual orientation, HIV/AIDS, maternal morbidity and mortality, rights of sex workers

- The Human Library

A nice game/activity to play when it comes to overall SRHR issues is the Human Library. This should be done after all participants have an understanding of what SRHR is. At a Human Library the “books” are people and “reading” is a conversation. The “books” can be divided into two different categories; “biography” and “academic literature”. “Biography” is a personal story related to SRHR topics, and “academic literature” is to look at the topic from a more professional point of view. Start with introducing the concept of Human Library, and the importance of respecting the “Human Books” as they are participating of their free will, exposing themselves on issues which for many are personal and difficult to talk about.

A Human Library follows the same principle as in an ordinary library: to pick up a book and read it. In a human library, people are the “books”, and the visitors are the “readers”. The reading is a conversation between the book and the reader: the book being the experienced expert in the specific book. The main point is that the books have a story to tell, something that makes them unique. The original idea of human library was to challenge discrimination towards all individuals and all groups. Previous Human Library sessions, arranged by various organizers across the world, have had human books such as “Gay”, “Transgender”, “HIV-positive”, “Teenage mothers”, “Unemployed”, “Downs Syndrome”, “Dyslexic” “Ex-substance misuser”. These books are people with a story to tell about living within any of these categories. The human library provides a safe environment for people to engage in conversation within a framework of respect, and with the permission to respectfully ask questions and share experiences. The dialogue has potential to challenge stigma, discrimination and exclusion. For the purpose of SRHR-training and implementing SRHR programs, the advantages of Human Library are several.

Firstly, it promotes inclusion, challenges prejudice, and raises awareness (breaks myths). Many issues related to SRHR are subject to myths (ex: myths around sexual violence, the LGBT community, STDs and HIV, pregnancy and relationships); and arena where books can give out information, and people are safe to ask questions play an important part in challenging these myths. The human library also takes positive action to address issues that can lead to bullying, hate crime and abuse. Conversations through human library thus encourages a more tolerant and accepting community.

Secondly, the human library gives readers the opportunity to visit several human books in one session, and therefore increase one’s knowledge in multiple thematic areas. Besides hearing the books’ stories within the thematic area, the purpose is to pass on information regarding for instance HIV prevention, STIs prevention and treatment, contraceptives, youth friendly services, Sexual and Gender Based Violence (SGBV), Female Genital Mutilation and so on.

Place each “Human Book” on a seat with some distance from each other and place approximately five chairs around each “book”. Each book should get a “book-cover”, explaining their title. The participants/youth are then allowed to move freely around and talk to the different books. Each book should give an introduction about themselves and their experiences in relation to their SRHR topic, and after that, the youth can ask any question they may have on the topic of the “book” they are “reading”.

While planning for this activity, it is important to think through which people you need to be human books. You need at least one book for every group of five people, and the books should be different. To get the books you want, it is a good idea to contact a variety of people/organisation. If you have a network of friends, relatives or acquaintances that you know will be open and comfortable to be a book on one of the topics, you can ask these to help you out.

After having the different books settled, you should make a list of all the books and the topics, and thus make sure that the number of enough and that a variety of SRHR topics are covered.

- Case studies with discussion

A good way to start discussing various issues related to SRHR is to read and discuss case studies. This way, the participants can get practical examples of issues concerning SRHR, and thus relate themselves to these issues. Each case study represents an issue that is related to Sexual Health, Sexual Rights, Reproductive Health or Reproductive Rights.

Overview: participants examine and discuss true stories of violations of sexual and reproductive health and rights. The objective is for participants to be able to describe how intimate relationships and sexuality are affected by our ability to exercise our human rights. The participants should be able to critically think about issues affecting them and their access to SRHR, and reasons behind this.

Instructions:

The case studies are divided into two parts. Ask one of the participants to read the first part of the story. After part 1, ask the group to write down responses to the following questions:

1. How does this case make you feel?
2. What sexual or reproductive rights relate to this case?
3. Do you think this represents a human rights violation? Why?
4. Who is responsible? List everyone who bears some responsibility for what happened

For each questions, ask one or two volunteers to read their answers and then ask for their comments. Then read part 2, and discuss the following questions with the group:

1. How you feel about the outcome?
2. How might the case have been different if the victim had been wealthy? Or male, or heterosexual?
3. What attitudes must be changed to protect his sexual rights?

Repeat the steps for each case study

Case Studies:

1. Alicja's story

Part One: When Alicja, a Polish woman with vision problems since childhood, became pregnant, she was advised by numerous doctors that her pregnancy and delivery posed the risk of irreversible eye damage. By law, Poland allows women to have abortions when their health is in danger. However, the doctors refused to issue Alicja a certificate authorizing an abortion, so she was left with no choice but to carry her pregnancy to term.

Part Two: What happened to Alicja? The birth resulted in further deterioration of Alicja's eyesight. She became unable to work, dependent on assistance for day-to-day assistance for day-to-day activities and childcare, and wholly reliant on public assistance. Alicja's case was taken to the European Court of Human Rights, which found that governments have a duty to establish effective mechanisms for ensuring that women have access to abortion where it is legal. The court awarded her significant financial damages in recognition of her anguish and suffering.

2. Amina's story

Part One: Amina was a divorced Nigerian mother of three. After she had been dating Mohammed for 11 months, he asked her to have sex with him, promising to marry her. She agreed and became pregnant. Mohammed, however, did not marry her, and she gave birth to a baby daughter out of wedlock. She was charged with adultery under religious law. Mohammed swore that he was not the father and was allowed to go free, but Amina was convicted of adultery and sentenced to death by stoning. She appealed but the verdict was upheld. Her execution was deferred for two years so that she could nurse her baby.

Part Two: What happened to Amina? Following another appeal, Amina was acquitted and the verdict of death by stoning was revoked. The judges agreed that she had not had sufficient opportunity to defend her case. The government denies that she had been condemned to be stoned to death. She has since remarried.

3. Fatima's story

Part One: Fatima, an 11 year old West-African girl, overheard her parents discussing her circumcision. She was frightened because she remembered how her elder sister had returned from the ceremony – in pain and miserable. She thought also about her best friend, who had been in and out of the local clinic with severe infections caused by her circumcision. She did not want to experience what she saw the other young girls around her go through, and she begged her parents not to force her to be circumcised. They were reluctant to listen to their daughter because they believed she would be unmarriageable if she were not circumcised, and they did not thin the choice should be made by someone so young and inexperienced. Fatima's sister, however, had heard of an organization in town that worked to educate local families about the dangers and health risks of female genital mutilation (FGM). She asked a staff member from the organization to her family's hut to speak with her parent's about Fatima's situation.

Part Two: What happened to Fatima: The aid worked convinced Fatima's parents that circumcision was dangerous to their young daughter's health and that there were other ways to mark the important rite of her passage into womanhood. Today Fatima is happily married and grateful that her parents were so open-minded. She works for the same organization that helped her avoid FGM, educating girl in school about how to talk to their parents about circumcision.

4. Matthew's story

Part One: Matthew's Story: Matthew was a homosexual university student in the United States. One night, two young men pretended to be gay and offered him a ride home from a bar. Matthew went with them and they took him to a remoted area, robbed him, tied him to a fence, beat him brutally with a gun, and tortured him. They left him there to die. Matthew was found 18 hours later, still tied to the fence, by a cyclist, who first thought that he was a scarecrow. Matthew was still alive, but in a coma.

Part Two: What happened to Matthew? Matthew's skull was shattered and his brain was severely damaged. His injuries were too severe for doctors to repair. He never regained consciousness and died five days later. The murderers were arrested, and each eventually received two consecutive life sentences. Matthew's story drew national attention to hate crimes. A law passed in Matthew's name that extends hate-crimes against gays and lesbians, women, and people with disabilities. Matthews mother established the Matthew Shepard Foundation, which seeks to "replace hate with understanding, compassion, and acceptance through education, outreach, and advocacy.

5. Lakshmi

Part One: Lakshmi, a young girl from Nepal, was forced into marriage at the age of 12 and was exploited at her husband's house. Unable to bear her situation, she escaped and returned to her parent's home, but her parent's forced her to go back to her marital home. "On the way, I managed to escape, and a kind lady helped me," Lakhmi said. "She said her sister was working for a factory in another part of Nepal and I could join and all that needed to be done was to sell the clothes from the factory". On the way, Lakshmi was drugged and taken to India. Lakshmi said, "It was then I learned that I was sold for 15 000 Indian rupees. I was beaten when I refused to be a sex worker. For one year I was trapped in the brothel. Later the police raided the brothel and I was rescued and sent back to Nepal. By then I was 14 years old".

Part Two: What happened to Lakshmi? Upon Lakshmis return her parents refused to accept her. She later married but had tested positive for HIV. Whether she contracted the virus when she was forced into sex work or after marrying is not clear.

STIs

The aim of the session on STIs is for participants to attain basic knowledge on different types of Sexually Transmitted Infections, how it is transmitted, and where to get treatment/help. Start the session with an introductory lecture about STIs. At the end of the session, the participants should know:

- The definition of an STI

STIs are infections that are usually spread from person to person through sexual contact or genital contact.

- How a person can get an STI

Anyone who has ever had sexual contact is at risk for STIs, especially those who have many sexual partners and those who have had unprotected sex.

- Symptoms of STIs. Many STIs don't show symptoms

It is common to have an STI with no symptoms at all, it is extremely important for anyone who is sexually active to get tested at least once a year, or immediately if you have noticed. Many STIs are easily cured with prompt treatment. Since untreated STIs can lead to more severe health problems. It is important to seek treatment as soon as possible. Symptoms might include:

- *Burning or pain when you have pee or have sex*
- *Sores, bumps, or blisters in genital area or anus*
- *For women, unusual discharge from genitals. For men; any discharge at all.*
- *Pain in lower stomach.*
- *Or; no symptoms at all!*

- Different types of STIs; Bacterial STIs, Parasitic STIs and Viral STIs. Show pictures and videos of the different STIs for better impact

Bacterial:

- *Chlamydia*
- *Gonorrhea*
- *Syphilis*

Viral:

- *HIV/AIDS*
- *Herpes*
- *HPV*
- *Hepatitis B*
- *Hepatitis C*

Parasites:

- *Trichomoniasis*
- *Pubic Lice*
- *Scabies*

For more information regarding each STIs, please see fact sheet on STIs from Choice. If not there are many fact sheets on STIs on the internet, for example

<http://www.who.int/mediacentre/factsheets/fs110/en/> from World Health Organization.

- Where can someone go for STI testing?

Any youth friendly clinic within your community. Family Health Options provides free testing for youth under 24 years old.

After going through these points, there are several games one can play. These games are described in "Training of Trainers Manual – Programme Development with a focus Sexual and Reproductive Health and Rights". In addition, you can run a quiz to test the youth's knowledge on STIs. Divide the group into teams of five, and present each question on a PowerPoint, or read them out. Give each team a few minutes to write down their answers. When you have ran through the questions once, repeat the questions another time to make sure that the teams have heard all of them. Make the

teams switch the papers with answers with each other. Each right answer is given one point. Read the questions out again, and tell them what the answer is. Once the teams have calculated the scores, collect the papers, and see who has the highest score. Announce the winner.

Quiz:

1. Condoms are 100% effective – true or false?

False (correct answer)

True

2. What is the best lubricant to use with latex condoms?
 - Water based (correct answer)
 - Oil based
 - Vaseline
3. What are the two STIs that do not have a cure?
 - Chlamydia and gonorrhoea
 - Chlamydia and HPV
 - Herpes and HIV (correct)
 - HPV and Herpes
 - Syphilis and HPV
4. Which two STIs can be cured with antibiotics
 - Chlamydia and gonorrhoea (correct)
 - Herpes and gonorrhoea
 - HPV and herpes
 - Syphilis and HIV
 - Chlamydia and HPV
5. What are the four fluids that can transmit HIV?
 - Blood, semen, urine, saliva
 - Blood, semen, vaginal fluid, breast milk (correct)
 - Blood, semen, vaginal fluid, saliva
 - Blood, semen, vaginal fluid, urine
 - Blood, semen, saliva, sweat
6. Which of the following STIs do not usually cause symptoms?
 - Chlamydia and HPV
 - HPV and herpes
 - Chlamydia and gonorrhoea (correct answer)
 - Syphilis and gonorrhoea
7. What are the symptoms of genital herpes?
 - Itching
 - Rashes
 - Sores
 - Painful urination
 - All of the above (correct answer)
8. A person can have an STI without knowing it.
 - Yes (correct answer)
 - No
9. STIs that are not treated can cause infertility
 - Yes (correct answer)

- No
- 10. Which of the following contraceptive method is the most effective to prevent STIs?
 - The pull-out method
 - The pill
 - The implant
 - Male or female condoms (correct answer)
- 11. When is the earliest you can get an accurate answer of an HIV test after exposure?
 - Right after exposure
 - 3 days after exposure
 - 3 weeks after exposure (correct answer)
- 12. Chances of contracting and STI from kissing is very high
 - True
 - False (correct answer)

Sexual and Gender Based Violence (SGBV)

The topic SGBV is an important topic in the Kenyan context, and a topic that regularly comes up as something that Kenyan youth are struggling with. It is therefore important to have a session on SGBV regularly with the youth. For the first session, you need to do an introduction to SGBV. The objective of this introductory discussion/session is to:

1. Equip youth with knowledge on sexual violence
2. To outline and challenge myths on sexual violence
3. To understand management of sexual violence

- What is Sexual Violence (and Gender Based Violence)

The World Health Organisation says that “sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work”. This could be for instance be while drunk, drugged, asleep or mentally incapable of understanding the situation. It can happen to anyone, it is not the fault of the survivor that he/she was violated.

- Rape (is the unlawful and purposely use of a private parts to penetrate another person’s private parts without consent.
- Defilement (is having sexual intercourse with a child even if the child agrees to have sex or gives consent)
- Incest (is any sexual intercourse with a relative)
- Sexual Assault (is unlawful and purposely use of an object or any other part of his body (except private parts) or part of an animal to penetrate the private parts of another without permission or consent.
- Gang rape (is where 2 or more people rape or defile someone)
- Myths around SGBV - what is true and what is not true about SGBV:
 - Perpetrators of SGBV are often strangers
 - Men cannot be sexually abused
 - When a women says no to sex, she eventually gives in
 - Men cannot control themselves when sexually provoked an are excited
 - Husbands cannot rape their wives
 - The victim must have “asked for it” by being seductive, careless, drunk, high
 - Rape is caused by the perpetrator’s uncontrollable sexual urge
 - Individuals who commit rape are mentally ill or psychotic and cannot help themselves

- If the victim did not physically struggle with or fight the assailant, it wasn't really rape
 - Serial rapists are uncommon
 - If a man ejaculated when he is assaulted, then it is not really sexual assault (this can also go for anyone who has an orgasm when s/he is sexually assaulted)
 - The reason that men get raped is because homosexual men are raping them, and lesbian, gay, bisexual or transgender individuals rape more or are more likely to be sex offenders than heterosexuals.
 - Lesbian, gay, bisexual, transgender, sex workers, women who get drunk deserve to be raped because of their lifestyle
 - Sexual assault is often the result of miscommunication or a mistake
 - The perpetrator was drunk/on drugs/depressed/under stress/wasn't himself/frustrated
 - Children make up stories about SGBV
 - Children can easily disclose SGBV to parents/guardians
 - Acquaintance/friends/family rapes are not as serious as stranger rapes
 - Women cry rape when they regret having sex or want revenge
- Management of victims of sexual violence:
 - Don't be angry on the survivor! Don't condemn them. Remember that they are survivors and should not be blamed.
 - Treat them with empathy and respect: put yourself in place of the survivor
 - Receive them in a calm place without other spectators. Respect confidentiality
 - Listen very attentively to the survivor and talk calmly to him/her.
 - Be patient with the survivor, don't stress her/him
 - Permit the survivor to freely express her/his emotions
 - Don't touch the survivor
 - Break the silence of the survivor, but stay discrete and respect the confidentiality
 - Advise the survivor discretely to seek urgent medical and psychological help. Assist him or her to the nearest health centre.
 - At the health centre, the survivor can get.....
 - Prevention of pregnancy for women and girls who can get pregnant after rape
 - Prevention of HIV infection
 - Prevention and treatment of STDs and physical injuries
 - Receiving psychological therapy or counselling
 - It is also important that the child's parent/guardian gets support and counselling to help the child survivor in healing process
 - Other interventions available include legal/justice, shelter and protection

Communicate to the youth they need to note down this number: 0711-400-506 in case of rape/sexual assault. You can also refer them to: Tumaini Services at MSF Clinic, Makadara Health Centre and at Mama Lucy Kibaki Hospital.

As an activity, you can show videos and have a discussion around them, or set up a skit / role play about any issue related to SGBV.

- The movie/role play should give good grounds for discussions afterwards in relation to GBV and SA
- The movie/role play should be appropriate for the age group of the participants
- The movie/role play should not be too long – you still need to have time for discussions afterwards

- Role play: the participants should be divided into two or more groups that will practice on different skits. These can be based on manuscripts, or on story lines given to them by the facilitator. Each participant should be given a role in the role play. The first part of the session should be used to create and practice the role plays. Then, the groups will perform the role plays for each other.

Examples of topics for Sexual and Gender Based Violence:

Society's view of SGBV, abusive relationships, violence against women, discipline of women, religion and its effects on SGBV, disrespect leading to SGBV, SGBV to show love, women's role in the household, emotional violence leading to physical violence, culture promoting SGBV punishment for SGBV and gender differences in punishment, report on SGBV, women as disrespectful to men, women beating their husbands, reporting of SGBV to the police, police/judicial handling of SGBV, low conviction rates on SGBV, My Dress My Choice, revealing clothes means that "she wants it", Violence against the LGBT community, bringing another wife into the marriage, high rates of SGBV compared to the rest of the world, and so on....

After showing the role play/movie, you should discuss with the participants. The facilitator should lead the discussion, getting the different views of the participants across. The facilitator should have good knowledge on the topic, and some knowledge related to the laws related to SGBV in the country. Discuss:

- What can be done in your community to decrease SGBV?

Video clips to watch and discuss:

<https://www.youtube.com/watch?v=pZwvrXVavnQ> – Tea and consent: A clip about sexual consent

<https://www.youtube.com/watch?v=9VXOknUbzBM> – Ending rape: Ted Talk about the roots of rape

<https://www.youtube.com/watch?v=87IUoaGhUbU> and

<https://www.youtube.com/watch?v=ilglSpeqpx8> – Sexual violence

+ many more on www.youtube.com

Family Planning

A session on Family Planning is necessary in order for the young people to take the right choices when it comes to contraceptives (if it is a "must" to have sex). The information given on Family Planning is somewhat technical, so the best thing to do is to invite an organization to come and facilitate the session. Family Health Options has long experience in facilitating sessions. They bring demonstration materials and condoms for the youth. During the session, the following should be covered:

- Definition of Family Planning

The practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization.

- What is a Youth Friendly Clinic?

A clinic that provides Youth Friendly Services: young people, especially those who are sexually active, needs access to a variety of reproductive health and STI/HIV services. Often, youth seek services only when there is an active illness or problem, such as symptomatic sexually transmitted infection or pregnancy.

- Different types of contraceptives;
 - Long-Acting Reversible Contraceptives (LARCs)
 - LARCs are for women who want to become pregnant in the future but also desire long-term, highly effective pregnancy protection. They are reversible

- and any time a person wants to become pregnant, they can have the implant taken out. They need to be inserted and removed by a health care provider.*
- *Examples: copper IUD, hormonal IUD (device that is inserted in uterus to prevent pregnancy), hormonal contraceptive implant.*
 - *These types of contraceptives only prevent pregnancy, and DO NOT PROTECT AGAINST STIs.*
- Short term
 - *Short Term Contraceptives can last for only a few months. Some of them only last during or just after sex.*
 - *Examples:*
 - *The pill (oral pill that provides on-going protection against pregnancy when taken daily. Comes in a pack that lasts for a month)*
 - *The mini-pill (oral pill that provides on-going protection against pregnancy when taken daily AT THE SAME TIME EACH DAY. Comes in a pack that lasts for one month.)*
 - *Diaphragm (soft thin rubber that fits inside vagina and covers the cervix. It only needs to be used when having sex)*
 - *Emergency contraception (Pill that prevents a pregnancy when taken up to 72 hours after sex)*
 - *Male condom (thin rubber or plastic sheath that covers the penis. It can only be used during sex, and only once)*
 - *Female condom (A thin plastic sheath that the women places into and around the entrance of the vagina. It is used during sex but can be used several times – with the same partner).*
 - Permanent method
 - *Essure*
 - *Tubal ligation*
 - *Vasectomy*
 - Natural methods
 - *Natural methods of family planning relies on observations about the woman's body and menstrual cycle.*
 - *Examples*
 - *Lactation amenorrhea method: a simple way to describe this is breastfeeding: A woman is usually not fertile while breastfeeding, and can therefore be used as a good way of avoiding pregnancy IF the women is fully breastfeeding (the baby is not having any other solid food). The baby should be under six months old, and the women should not have gotten her periods back.*
 - *Calendar method: helps to predict your fertile days by tracking the length of your menstrual cycles over several months*
 - *Symptom based methods: tracking one or more of the three primary fertility signs: basal body temperature, cervical mucus and cervical position.*
 - *Withdrawal: also called the "pull-out method": requires self-control, experience and trust. It is therefore pretty unreliable. It CAN work by taking the penis out of the vagina before ejaculation, limiting the chances of sperm reaching the egg.*
- *Why use contraceptives? Contraceptives can also be used for other reasons than family planning, such as; they can be used for other reasons than family planning such as; they can*

be great help for young girls struggling with menstrual pains, acne and such, and for the postponement of the menstrual cycle.

- The best family planning option for one person might not be the same as for others, so it is important to make an informed choice – weather it is choosing a family planning method or simply decide that one doesn't need family planning. This decision should be taken in consultation with a health care professional from a youth friendly clinic.

- Effects of lack of family planning options

Ex:

- *Lack of people's rights to determine number and spacing of children*
- *Need for abortion, especially unsafe abortions*
- *Adolescent pregnancies*
- *Lack of empowerment*
- *Risk of STIs and HIV/AIDS*
- *Population growth*
- Questions and answers from the youth

Furthermore, an idea is to bring youth to visit a youth friendly clinic. After everyone has gone through a session on what Family Planning is, and what the options are, the youth should be able to get to know their local Youth Friendly Clinic. By exposing young people to their local youth friendly clinic, we are hoping to make visiting a clinic less intimidating for them the next time they need to go for a visit.

Visit:

- Walk/bus ride to the nearest youth friendly clinic (Family Health Options Kenya)
- Get a tour from one of the doctors/nurses at the clinic, explaining the family planning methods, VCT services
- Give an introduction to the costs of the methods and other services offered.
- The doctor/nurse to answer any questions that the youth might have.

The first thing you need to do is localize the nearest youth friendly clinic to where you are. After localizing the clinic you wish you use, you will need to contact them to see if they are willing to partner with you in the programme. The best approach to reach the local clinic is probably to go and visit them, telling them about your plan, and ask if they are willing to help you out. If not, you can give them a call.

6. Life Skills

Stress

Many youth struggle with stress, and fear of the future. The aim of a session/discussion is to help youth realize that

- They are not alone in experiencing stress, and
- There are several ways to deal effectively with stress

Discuss:

- How many of you have friends who experience stress?
- How many of you have experiences stress?
- What is causing the stress
- How have some people you know dealt with stress ineffectively?
- Have any of you discovered ways to deal with stress that you would be willing be share? (take several responses and talk about them. Have any of you discovered ways to deal with stress that you would be willing to share?)

- Go into pairs. Keeping in mind what has been shared so far, talk about how you would like to change the way you deal with things that cause stress in your life
- Discussion between the whole group: is there anything friends could do to help each other deal with stress in their lives?

Violence

The purpose of this session/discussion is to encourage youth to consider how they might become part of the solution to dealing with the growing violence in our society.

Start the discussion by asking: What do you do when you hear occurrences of youth violence?

Then:

- How has the increase of violence in our community affected you and your friends? (take several responses and discuss in turn, and do this for all of the questions)
- From your perspective, what do you think is causing this increase in violence among young people your age?
- (for this question, go into small groups and discuss). What would you like to do about violence in your community? What are the things you can do about it?
- If we don't do something about the violence individually and ask groups about youth violence, what do we risk losing or giving up?

Taking dangerous risks

The purpose of this discussion is to discuss possible reasons why youth take dangerous risks

To begin with, ask around: When I see people my age taking dangerous personal risks, I....?

Then discuss:

- What types of dangerous risks do you see people your age taking?
- Before they begin the risky behaviour, do you think these people go through some logical process or thinking exercise to determine the pros and cons of choosing the risky behaviour?
- Why do youth take dangerous risks?
- What is it about the risks that make youth think these risks are worth taking?
- Smoking and drinking are some good examples of taking dangerous risks. Do you think youth do not know the risks associated with smoking? Why do people start smoking (or drinking etc)?
- One of the main reasons young people take dangerous risks is that they feel that they are invincible and cannot be hurt. How do youth come to feel this way?

Tough choices

The purpose of the discussion is to encourage youth to discuss how they make tough choices

To begin with, ask around: One tough choice that I am very proud of, involved.....

Then discuss:

What are some of the toughest choices people your age have to make today?

What do you think makes these choices so tough?

How many of you have made choices that you have later regretted?

From your experience in making those tough choices, what have you learned?

How do you determine what is right and what is wrong?

How do you decide what to do in these tough choice situations? What process do you use?
Whom do you turn to for help in making these choices?

7. Games and Ice-breakers

Below are few games that can be used as ice-breakers, team building activities and get-to-know each other games.

“Know your neighbours”

Create a list of general questions on a flipchart i.e:

- Who supports Manchester United/Chelsea?
- Who loves/hates singing, dancing, acting
- Who is vegetarian
- Who is studying IT, Community Development or Theology

Also include intentional questions in regards to SRHR:

- Who has been tested for HIV/AIDS?
- Who knows how to use a condom?
- Who is married/engaged?
- Who has ever met a lesbian, gay

S2C – Puppets Demo

The aim of this game is to make participants experience control, no freedom or choices. They will feel dictated. Facilitator must be very serious and threaten with various punishments e.g push-ups in case someone makes a mistake or does not do as she/he is told. Make sure to explain to the participants that they can leave the game at any time if they feel uncomfortable.

Arrangement:

- Everyone stands
- Facilitator/puppeteer sets the conditions which the participants/puppets must follow. You threaten with punishments if one fails to perform what he/she commands
- Just like puppeteering, facilitator now controls, arms, legs, body, movements
- You can also add other “harsh” activities e.g pinch your neighbour, tell me “small” persons to carry the “big” persons, do frog jumps etc.

The purpose of the game is for the participants to understand how it is too feel like a subject, and the difference it is to be a citizen. After this, discuss how to move from being a subject to a citizen. Base the discussion on what the puppets feel when they are controlled. Key words are lack of freedom, slavery, manipulated, no rights

Serviettes

The aim of this game is to challenge participant’s creativity and problem solving skills. Divide group into 2 or 3 groups – at least 5 people should be in the group with gender balance. Give each team a serviette and let them write down the different uses of a serviette. Award the most create group with unique ideas.

Flip the paper

The aim of this game is to promote collaboration/partnerships. All participants will be winners in this game.

- Divide the group into 2
- Place two flipcharts near each other, 2 metres away (if they move it, let them)
- All members of each team should place one leg on the paper and the other leg must be up, not touching the ground
- Each team should flip the paper up-side down using legs only, not hands
- They should talk together and think about the best solution

Solution: they should have used the papers near each other by jumping to one side as A and B standing on 1 paper then turn the other paper which was 2 metres away only. Then they can jump to the flipped paper to turn the other one, as A and B. Emphasise on the importance of collaboration rather than competition in this game.

Bring objects alphabetically

This will test their team work, roles in the group and creativity to finish tasks or solve challenges. Each team must bring items according to the alphabet, for example A=apple, B=box, c, This activity must be time specific to ensure they know how to work with deadlines. If time is short, facilitator is free to say up to which letter they need to collect items.

Award points to those who bring the most unique items according to the letters so as to emphasize on creativity and uniqueness.

The value judgement game

In the Value Judgement Game, specific areas in the room/venue are marked "Agree", "Disagree", "Not sure", "Don't know". The facilitators read up a questions/statement, and the participants place themselves according to if they agree, disagree and so on. After the participants have placed themselves, each group are given the chance to explain their choice and discuss. A prerequisite for the game is that all opinions are welcome and respected. The game is a safe space where sensitive topics can be brought to the table and participants are given the chance to voice their opinions without being judged.

Questions/statements:

"Girls wear miniskirts to attract boys"

"My body my choice"

"My partner and I are in a committed relationship, so unprotected sex is okay"

"If someone insults a man, he should defend his reputation by force if he has to"

"Men are always ready to have sex"

"A woman should not initiate sex"

"You don't talk about sex, you just do it"

"It's a woman's responsibility to avoid getting pregnant"

"A real man produces a male child"

"A woman should obey her husband"

"Men often force women in subtle ways to have sex even if they don't want to"

8. Monitoring and Evaluation

Monitoring and Evaluation is the process in which we measure and evaluate the outcome (results and performance) of a programme or project.

Monitoring

Monitoring is an ongoing process that happens as the programme is running. It seeks to find out how beneficiaries feel about the work, and whether the activities are leading to the expected outputs. We want to find out the impact on the programme for each and every person that attended the programme. As facilitators, there are several things one can do for monitoring. Monitoring can be steered by a casual dialogue about how the club is going; ask the participants what they think so far and if they think they the club has made an impact. An idea is to have a feedback session with the youths at the end of each day, and note down their feedback. Another way is to have a small evaluation on a flipchart at the end of the day where the participants tick off on different smiley faces; one happy, one with a straight face, and one with a sad face.

Evaluation

Evaluation is an assessment of an ongoing or completed programme/project. Evaluations are often in a survey or questionnaire design. The evaluation can be handed out after a certain amount of time after the club has started running regularly, perhaps every 3 months. The point is to give facilitators a good idea of the impact they have made through the club, and thus make changes of the sessions thereafter. Beneath is an example of a simple evaluation form to be handed out and gathered from beneficiaries after when it is time for an evaluation. Insert questions according to the specific sessions you have completed:

Evaluation form for youth club

We would appreciate if you could take a few minutes to share your opinions with us. This way we can organise an even better training next time.

Date:	
Venue:	
Age:	
Male/female:	
Name of the programme:	

Part A

Please respond to the following statements by using the 4-point rating scale to indicate the extent you agree or disagree with each statement. Please tick the number that applies.

1=strongly disagree 2=disagree 3=agree 4=strongly agree

	1	2	3	4
Organization				
The training/activity/programme was well organized				
The physical arrangements (the venue) were adequate				
Time allocated for the training/activity/programme was adequate				
The facilitator(s) provided adequate time for questions and discussions				
The organization of meals and refreshments was good				
Presentation and quality				
Training/activity/programme objectives were stated clearly				
The topics most relevant to our branch were highlighted				
Quality of the training/activity/programme was on high level				
The quality of tasks and assignments were on high level				
The training/activity/programme prepared me well for...				
<i>(insert desired outcomes of the programme)</i>				
<i>(insert desired outcomes of the programme)</i>				
Overall objectives of the training/activity/programme				
I am now familiar with processes and procedures for <i>(insert objective for programme)</i>				
I have developed new skills and knowledge in <i>(insert objective for programme)</i>				
I am capable of assessing the challenges <i>(insert objective for programme)</i>				
Challenges previously addressed <i>(insert objective for programme)</i>				
We have shared fruitful discussions in <i>(insert objective for programme)</i>				
We have learned from one another's ideas <i>(insert objective for programme)</i>				

Part B

1. What was the highlight of the training/activity/programme? What did you learn?
2. Suggestions for areas to improve the training/activity/programme

3. Any other comments?

Part C: Self reflection

1. Is there anything in the training you did not understand?
2. In what ways could your performance during this training have been better?
3. What would you like more training on?

9. Budgeting

Expenses are mainly categorized as programme costs and travelling costs. The reporting along budget lines still applies. For example, in a pool of funds, some money can only be used for travelling expenses and not programme costs and vice versa. Programme costs are usually the expenses required to facilitate the project activity for example materials needed and meals. To create budgets, one can use both Microsoft Word and Excel. However, creating budgets through Excel is more efficient and effective due to the ability to amend any changes instantly without starting over again.

Once events are completed, make sure that accountability reporting is done. The idea is that the income allocated should match the expenses given; any balances should be reported as well. Accountability involves some of the tasks. To begin with, all receipts concerning expenses should be kept and scanned for later reporting. In case there is a case of reimbursement (that you have "borrowed" money for the project from own pocket", it is extra important to keep receipts.