



# Improving SRHR education by using the Train the Trainers approach

## in Sub-Saharan Africa

### *Reducing STIs and HIV transmission by promoting SRHR for young people*

*In 2011 STOP AIDS NOW!, Rutgers (and with financial support of ICCO, Educaids, Oxfam Novib, Cordaid, HIVOS and Dance4Life) developed an intervention to strengthen and support African CSOs to work towards evidence-based SRHR education and HIV prevention for young people. In twelve African countries Train the Trainer approaches have been rolled out in order to improve the quality of SRHR education and HIV prevention interventions for young people.*

### **Aim of the study**

This evaluation study assesses how the Train the Trainers approach contributes to the quality of SRHR programmes for young people.

### **Background of the study**

HIV prevention and education about sexual and reproductive health rights (SRHR) for young people in Africa are mainly implemented by civil society organisations (CSOs). Even though many programmes are strong and effective, a large number of organisations need to make improvements to address existing programme gaps. Quality of interventions can be improved when they are based on evidence, collected from earlier successful programmes and research findings. In twelve African countries organisations are supported in offering SRHR education according to the evidence based working method. This has been realized by using the Train the Trainers approach. During three years, 47 trainers have reached 142 CBOs.

### **Brief methodology**

The study has been executed after the three year period, 2012-2014, of the project. It's a qualitative evaluation targeting 22 CBOs in Ghana (5), Senegal (8) and Uganda (9). In total 40 staff members were interviewed. Thirteen action plans and eleven monitoring visits were part of the analysis.

### **Received Training and Support**

Staff members of the selected organizations received training from local trainers according to a detailed, standardized training guide. Only three organizations in Uganda followed an adjusted programme because they received training with other members of a consortium. Content of training was about criteria that lead to more effective programmes: involvement of stakeholders, using an evidence based approach, promoting access to SRHR services, communicating about sensitive SRHR issues, addressing stigma and gender inequality, evaluating outcomes and smoothening implementations of changes.



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## Findings

### Involving young people and other stakeholders

Staff members of all three countries showed increased knowledge and a more positive attitude towards involvement of stakeholders. Participants could mention benefits like, increasing local ownership, creating a supportive environment and learning from expertise of others. Almost all organisations had initiated or improved strategies to involve young people and other stakeholders in their programmes.

### Using an evidence-based approach

In general staff members increased their knowledge on using an evidence-based approach, which was fairly new to some of them. They were able to relate behaviour of young people to various determinants, like social influence. The attitude towards evidence-based working is positive. Nineteen staff members made one or more changes to their programmes in 6 monitoring reports changes were described.

*“One of the things I have learned from this training is that young people have rights To make sure the programme will be effective we need to involve the young people to see what they need, want and aspire to.”*

Tadala (Teachers Union Malawi)

### Promoting access to SRHR services

Knowledge about specific rights increased and was valued as very important. Examples of rights that were unknown to some staff members are the right to choose your partner or the right to privacy. Organisations integrated the promotion of these rights in their training sessions for young people. At least two organisations used to explicitly promote abstinence only. After training staff members changed their messages. Practical access barriers, like lack of equipment and condoms, were mentioned in the action plans of 6 organisations. Unfriendly staff and negative norms in the community are hindering the uptake of services as well. Three organisations have started to provide youth friendly services, to adjust opening hours and to create spaces for youth.

### Communicating about sensitive SRHR issues

Several staff members from Ghana and Uganda have improved skills and self-efficacy to talk about sensitive issues related to sexuality. They feel no longer hampered by religious and cultural norms to talk about sexuality in public. This enables them to start dialogues with young people and other stakeholders, like parents, teachers and providers. They learn more about the problems youth is facing.

### Addressing stigma

Mostly staff from Ghana and Senegal increased knowledge about the importance of addressing stigma and discrimination. They acknowledge these can be barriers to access services. One third of organisations describes the need to strengthen anti-stigma/discrimination approaches, like implementation of a policy within their own organisation, specific trainings for stakeholders and involving young people living with HIV in programme design.

### Addressing gender inequality

After training staff from Ghana and Senegal showed the greatest impact on knowledge about gender inequality. In some instances this led to personal changes like doing more household activities. Five organisations reported to have integrated gender within their programmes and three organisations are intending to do this. Four organisations expressed the need to address specific themes like gender based violence and transactional sex. Actually four organisations have hired more women.

### Evaluating outcomes

Improving outcome evaluations doesn't seem necessary according to participating organisations. Baseline studies have been conducted by two Ugandan organisations.

### Smoothing implementations of changes

Most participants value changes that are reflected in their action plans and they feel supported by colleagues and management. However implementation of changes is hampered by lack of funding and time.

## Conclusion

Quality of interventions has been increased because of improved positive attitudes towards offering SRHR services to young people. More study is necessary to establish in what way all other changes have contributed to an increased quality.

### For more information

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