

Good Practices

- ◆ Life skills training: - Using Tuseme Model; a theatre for development technique that equips young people with skills for articulating issues that affects them and taking action to resolve them
- ◆ Multi-stakeholders engagements and networking: - Engaging schools, communities, teachers, health workers, youth groups, the youth, like minded organizations county governments and line ministries.
- ◆ Comprehensive scholarship program: - Provision of scholastic materials, mentorship, personal effects and sanitary towels for an uninterrupted stay in school
- ◆ Policy adoption and integration of ASRHR into curriculum: Adoption of the Kenya National policy for ASRH 2015 and the current curriculum review process
- ◆ Linking successful scholars to scholarship opportunities: MasterCard Foundation Undergraduate scholarship in West Africa.

Our Background

Registered in 1996 as an NGO, FAW Kenya is a Member of the FAW network working in 33 sub-Saharan African Countries, supporting girls and women acquire education for development to promoting gender equity and education and training in Africa in order to improve economic and social opportunities for women and girls.

Our Mission

Supporting Girls And Women Acquire Education For Development.

Our Vision

Society Where Gender Parity And Equality In Education And Training Prevails.

Forum for African Women Educationalists Kenya Chapter

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**Forum for African Women Educationalists
Kenya Chapter**

**Adolescent Sexual & Reproductive
Health and Rights (ASRHR) Project**

Project Profile

Project Goal:

Fulfilling African Girls' Rights to Education through delayed: sexual debut, early marriage and early child bearing



Project Strategy:

- Education and Advocacy for keeping girls in school
- Provision of age appropriate information and services that fulfill the right of adolescent to healthy sexuality and reproduction
- Linking of adolescents to health services through strong partnership with health workers

Key Interventions:

- Provision of comprehensive scholarship packages and bursaries for keeping vulnerable girls in school
- Peer education in schools on sexual and reproductive health
- Capacity building for health workers, teachers and community leaders on ASRHR
- Policy advocacy for comprehensive sexuality education and integration of ASRHR in schools
- Life skills training for adolescents
- Community sensitization for creation of supportive community based mechanisms
- Strengthening of partnership between the youths and health service providers

Project Area

Busia, Kakamega, Siaya and Kisumu Counties:

- ❖ 40 schools and One University
- ❖ Comprehensive scholarships and bursarie to more than 200 students
- ❖ Over 4000 adolescent empowered with information on ASRHR
- ❖ Community sensitization reaching to 5000 members
- ❖ Training for over 500 health workers
- ❖ Peer educators clubs formed in 40 schools
- ❖ Capacity building for 150 teachers
- Life skills training on ASRHR for 350 students

Achievements and Lesson learnt

- ❖ Promoting Girls Participation in Education: School dropout due to pregnancy and missing classes due to menstruation has reduced
- ❖ Enhanced gender equity in schools: Girls and boys given equal voice in peer educators club and girls participation in school has increased.
- ❖ Promoting the teenage mothers school re-entry policy: Head teachers and male teachers have embraced the re-entry policy - allowing pregnant girls to stay in school and return to school after child birth.
- ❖ Peer to Peer Education; Peer educators influence positive behavior change among adolescents through talking walls and compounds and theater presentation.
- ❖ Scholarship package has to be accompanied by mentorship; Teenage mothers benefitted from mentorship on ASRHR which promoted performance and completion of education.
- ❖ Talking Environments and Walls" in Schools; Positive behavior change as a result of messages put on walls and compound that constantly remind students of key ASRHR principles.



- ❖ Strengthening the linkage between health facilities, health workers, schools and the Adolescents; Health workers have provided information and services on ASRHR to the youth through enhancing of skills in youth friendly services.
- ❖ Equipping young people with life skills; Girls have acquired life skills for effective management of sexual maturation and hygiene, managing sexual advances and negotiating for safe sex.
- ❖ Schools and communities embrace ASRHR Interventions; Change of attitude and taking initiative to protect young people and provide information and services on ASRHR.
- ❖ Trained teachers earn the confidence of students; Student experiencing challenges freely discloses their issues to the teachers due to the trust and confidentiality in the counseling relationship.
- ❖ Capacity building of head teachers, teachers and health workers; Young people have benefitted by creation of supportive environments that promote ASRHR in schools , homes and health centres.
- ❖ Teamwork between male and female teachers in promoting ASRHR; Male teachers are supportive and instrumental in providing psycho social support to adolescents, including girls.
- ❖ Change of attitude on taboo subject; Menstruation management and sexuality discussed in schools and communities. Adolescents now able to obtain information needed for healthy sexuality and reproduction