



# HEALTH SPARK IMPACT REPORT 2025.

#SEXUALREPRODUCTIVEHEALTHISRIGHT

# INTRODUCTION

The Health Spark Project, led by the Women and Youth Movement (WOYOMO), is a dynamic, youth-centered initiative focused on advancing Sexual and Reproductive Health and Rights (SRHR) and gender equality education among young people in Tanzania. The project specifically targeted youth in formal education settings, including secondary schools, colleges, and universities, aiming to fill the gap in SRHR knowledge, break harmful taboos, and empower students to make informed, healthy life choices.

Implemented in Dar es Salaam's Kinondoni and Ilala municipalities, the project responded to critical challenges such as lack of menstrual health awareness, gender-based violence, and the stigma surrounding puberty and sexuality through a combination of grassroots engagement, institutional partnerships, and media advocacy.

## Key Activities of the Project.

- Trained 15 Peer Educators to lead SRHR discussions and support their peers in schools.
- Reached 5 secondary schools (Makumbusho, Kigogo, Turiani, and two others) with interactive workshops on puberty, menstrual health, and gender rights.
- Conducted media outreach via radio and TV to spread awareness beyond schools.
- Distributed sanitary pads and school supplies to support girls and reduce absenteeism.

The project empowered students with accurate information, built confidence among girls, promoted youth leadership, and encouraged open, stigma-free discussions around health and gender.



# IMPACT SUMMARY FROM THE PROJECT

“When young people grow up without information, they grow up in confusion. But when we inspire and inform them, they gain the power to make wise decisions—and unlock the full potential of who they’re meant to become”.

Monica Patrick- Executive Director  
WOYOMO

1200

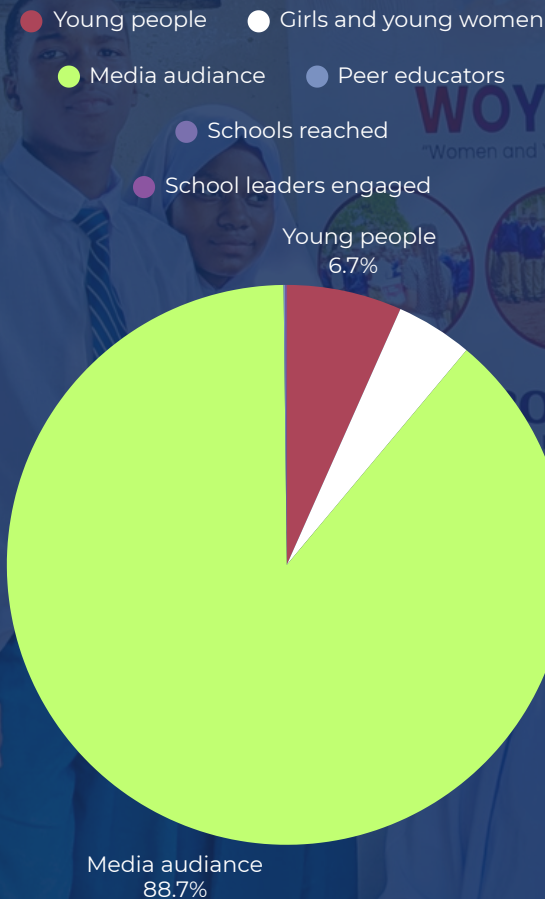
students empowered with essential SRHR knowledge—menstruation, puberty, body rights, and gender equality.

800

Girls gained confidence discussing menstruation; boys showed greater empathy and awareness of gender equality.

15

peer educators trained to sustain SRHR education and advocacy within their schools.



- Community Reach via Media: We reached over 16000 people through the radio, social media and TV outreach extended project messages to parents, guardians, and community leaders, fostering a supportive environment around young people's rights and development.
- Positive Teacher Engagement: Teachers recognized the value of the project and voiced the need for sustained programs and integration of SRHR topics into the broader school system.

## Young people Perspectives from the Field

- Rahma (Makumbusho Secondary School)

“Gender-based violence can cause serious psychological effects.”

→ Rahma’s comment reflected an emerging understanding that violence affects more than just the body—it leaves lasting emotional scars.

- Juma

“Violence isn’t limited to one gender—it can happen to anyone.”

→ Juma emphasized the need for inclusive education that recognizes both girls and boys as vulnerable to abuse.

- Athuman

“Lack of knowledge is the root of many challenges.”

→ Athuman's insight reinforced the importance of access to information for making safe, informed decisions.

- Nasra

“Parents need to stay close and involved in their children’s lives.”

→ Nasra stressed the role of parental guidance in helping young people navigate adolescence.

- Kelvin

“Parents should make sure their children stay in school.”

→ Kelvin recognized education as a protective factor and a path to a better future.

- Asnath

“Compassion and love can lead to real change.”

→ Asnath’s comment highlighted the emotional side of support and advocacy for youth.

- Samir

“There’s a difference between gender roles and biological sex.”

→ Samir demonstrated his grasp of key gender equality concepts covered in the session.

- Neema

“This program is so important, it has just come to us in the needed stage of our life, few months ago one of our classmate had her first menstruation and were shamed by our boys in the class “

## BACKGROUND OF THE PROJECT.

In Tanzania, a significant number of adolescents navigate puberty and early adulthood without access to accurate, age-appropriate information on Sexual and Reproductive Health and Rights (SRHR). The silence surrounding these topics driven by cultural taboos, societal stigma, and lack of institutional support continues to have devastating consequences, particularly for adolescent girls.

In many communities, discussions around menstruation, sex, bodily autonomy, and gender roles are discouraged or avoided entirely. Cultural norms and religious traditions, while deeply rooted and influential, often restrict open conversations between parents, teachers, and young people. As a result, adolescents are left to piece together fragmented or inaccurate information from peers, social media, or even harmful myths leading to unsafe practices, misconceptions, and high-risk behaviors.

The impact of this silence is particularly harsh on girls, who face compounded vulnerabilities. Early and unplanned pregnancies, gender-based violence, poor menstrual hygiene management, and limited understanding of consent and bodily rights are persistent challenges. Additionally, girls often miss school during their menstrual cycle due to lack of sanitary products, privacy, or support affecting their education and confidence. Boys, on the other hand, are rarely guided on respectful relationships, consent, and emotional regulation, contributing to cycles of inequality and violence.

In response to these intersecting challenges, the Women and Youth Movement (WOYOMO) launched the Health Spark Project a comprehensive, school-based initiative aimed at filling the SRHR knowledge gap among adolescents and building a supportive ecosystem for healthy, informed youth development.

The project was implemented in Kinondoni and Ilala municipalities in Dar es Salaam, with a primary focus on public secondary schools and students aged 10 to 19 years. These areas were selected due to their dense populations, diverse socio-economic backgrounds, and evident need for youth-centered SRHR interventions.



## How We Worked

The Health Spark Project employed a youth-centered, school-based approach designed to address the knowledge gaps and social barriers surrounding Sexual and Reproductive Health and Rights (SRHR) among adolescents, particularly girls. The project was implemented in five secondary schools across Kinondoni and Ilala municipalities, using a combination of participatory workshops, peer-led education, and media advocacy. practical barriers that prevent girls from fully participating in education. This multi-layered methodology ensured that the project delivered not only knowledge, but also empowerment, leadership, and sustained community engagement.

At the core of the methodology was the training of 15 peer educators who acted as SRHR ambassadors, leading peer discussions and reinforcing learning beyond formal sessions. Interactive facilitation techniques—such as storytelling, role-play, and open dialogue—were used to create safe, stigma-free learning spaces.

To broaden impact beyond schools, the project engaged radio, television, and social media platforms, reaching thousands of parents, educators, and community members with key SRHR messages.

Additionally, the distribution of sanitary towels and school supplies addressed practical barriers that prevent girls from fully participating in education. This multi-layered methodology ensured that the project delivered not only knowledge, but also empowerment, leadership, and sustained community engagement.



## CORE ACTIONS OF THE PROJECT

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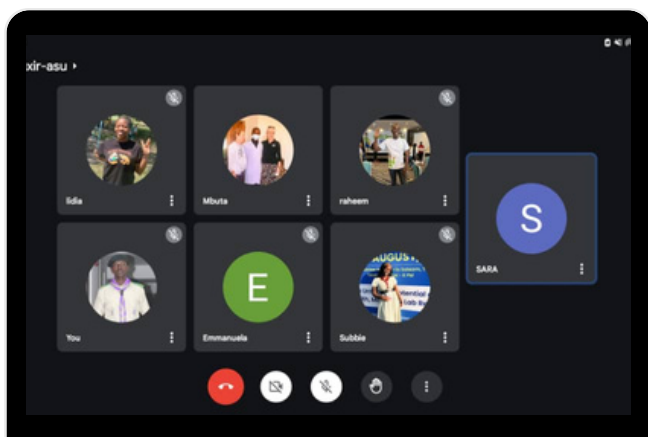
The Health Spark Project was implemented through six core actions designed to inform, engage, and empower young people, while directly addressing stigma, misinformation, and practical barriers related to sexual and reproductive health and gender equality. Each action was strategically designed to reinforce the others, creating a comprehensive, youth-centered model for change.

### A. Peer Educator Training

The foundation of the project was the training of 15 peer educators—students selected from participating schools based on leadership potential, communication skills, and interest in SRHR issues. These youth were equipped with detailed knowledge on topics including menstruation, puberty, bodily autonomy, consent, and gender-based violence.

In addition to content knowledge, they received training in facilitation, public speaking, and peer support skills. The peer educators now serve as ongoing advocates and role models, helping sustain the project's impact within their schools by continuing to lead discussions, answer questions, and promote respectful, inclusive school environments.

*Few of peer educators on one of meetings after trainings.*



*Screenshot of one of our online meeting with some of peer educators in our online sessions*

## B. School Outreach Workshops

Health Spark conducted participatory workshops in five secondary schools across Kinondoni and Ilala—Makumbusho, Kigogo, Turiani and Bestheda Girls. These sessions were tailored to the age and understanding levels of students, covering essential SRHR topics such as:

- Menstrual health and hygiene
- Puberty and body changes
- Emotional development during adolescence
- Gender identity and equality
- Sexual rights and consent
- Prevention and reporting of gender-based violence

Facilitators used interactive tools—such as Q&A sessions, anonymous question boxes, role-playing, and group reflections—to foster open dialogue and build student confidence. These workshops not only delivered information but also helped shift attitudes and reduce stigma surrounding sensitive topics.



"Gender-based violence is often seen as something that only affects girls, but during the session, I realized that it can happen to anyone—regardless of gender. As a student, this opened my eyes to the fact that boys can also experience emotional or physical abuse, and it's important that we all understand our rights and speak out when something is wrong."

## C. Interactive Storytelling

To humanize complex topics and spark emotional connection, the project integrated real-life narratives and storytelling into every school visit. Two key stories were:

- Nyasato's Story, which illustrated the consequences of misinformation and silence around reproductive health.
- The Story of Mzee Maokoto, which challenged traditional gender roles and promoted empathy and education for all.

These stories allowed students to see themselves in the scenarios, reflect on their own experiences, and share personal insights. Storytelling created safe entry points into deeper conversations and fostered solidarity among peers, especially girls who often feel isolated in their experiences.



## D. Youth-Led Discussions

A central principle of the Health Spark Project was that young people learn best from each other. During school visits, students were encouraged to take the lead in facilitating discussions, supported by peer educators and project facilitators. These sessions allowed students to:

- Speak openly about menstruation, puberty, relationships, and peer pressure
- Share experiences around gender expectations and stigma
- Use creative tools like poems, songs, skits, and drama to express themselves

This approach nurtured leadership, built communication skills, and contributed to a more inclusive and supportive learning environment where students could explore SRHR topics without fear or shame.



## E. Media Advocacy

To reach beyond school walls, the project carried out a targeted media outreach campaign. Through radio interviews, TV appearances, and social media posts, Health Spark raised awareness about SRHR and gender issues among parents, educators, and the general public. These platforms were used to:

- Share key messages on youth health and rights
- Promote open dialogue between generations
- Challenge stigma and misinformation at the community level

In total, over 16,000 people were reached through media advocacy, significantly amplifying the project's visibility and impact.



## F. Distribution of Sanitary Products and School Supplies

Understanding that menstrual poverty is a major barrier to girls' education, the project included the distribution of sanitary towels and basic school supplies to students in need. This action:

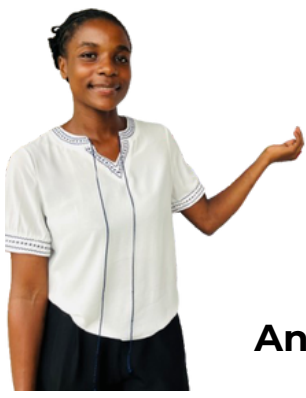
- Helped girls manage their periods safely and with dignity
- Reduced absenteeism during menstruation
- Reinforced the message that menstruation is normal and should not hinder a girl's education or confidence

Teachers noted increased classroom participation among girls who received support, highlighting the importance of addressing both social stigma and material barriers.





## IMPACT STORIES



### “Empowered to Empower”

#### Anna Pamba- Peer educator

“I used to think making change required waiting for the right moment or title—but this project taught me that impact starts when you're trusted with a voice and a role.”

As a peer educator in the Health Spark Project under WOYOMO, she stepped into a space that didn't just teach her about Sexual and Reproductive Health and Rights (SRHR)—it equipped her to lead, influence, and advocate. Through intensive training and real-world engagement, she deepened her understanding of SRHR challenges facing her peers, from unintended pregnancies to STIs to gender-based violence, while also sharpening her communication, facilitation, and leadership skills.

More than just gaining knowledge, she experienced what it means to be part of the solution. She collaborated with fellow youth, engaged with NGOs, health professionals, and school leaders, and discovered the power of building networks rooted in purpose and shared experience.

“What made this project truly impactful was that young people weren't just invited to participate—we were included from the ground up,” she explains. “We helped shape the content and delivery of the sessions. That made everything more real, more relevant. Youth know their issues better than anyone else.”

Her story highlights the importance of co-creation and trust in youth-led solutions. It's not enough to target young people in interventions—they must be active architects in the process. Their insight brings authenticity. Their presence brings credibility. And their leadership brings sustainability.

She now calls for stronger partnerships between governments and NGOs—to develop supportive laws, expand youth-friendly SRHR services, provide comprehensive sexuality education, and eliminate stigma. But above all, she emphasizes: “Include us. Because when young people are empowered, they don't just change—they create change for others.”



# CHALLENGES AND LESSON LEARNED

While the Health Spark Project achieved meaningful impact across the target schools, several challenges emerged during implementation. These challenges revealed deeper structural and resource-related issues that must be addressed to sustain and scale up the project effectively.

## Initial Resistance to Sensitive Topics

One of the key challenges faced during the project was the initial resistance to discussing sensitive SRHR topics such as menstruation, sexuality, bodily autonomy, and gender-based violence. Many students—particularly girls—were hesitant to participate openly due to deep-rooted cultural taboos and social stigma. This silence was most evident during the early sessions, where discomfort limited dialogue and engagement.

## Limited Access to School Counselors and Psychosocial Support

Another key challenge was the absence of professional counselors in all participating schools, which left a critical gap in support for students who disclosed personal trauma or emotional distress during sessions. While teachers were present and supportive, most lacked the training and capacity to provide psychological follow-up or emotional care, limiting the project's ability to fully address the deeper, more personal issues raised by students. This highlighted the urgent need to integrate psychosocial support into school systems as part of any SRHR or youth development initiative.

## Limited Resources to Expand Project Reach

While the project successfully reached five secondary schools, there was significant demand from additional schools and communities that could not be accommodated due to budget and resource constraints. Teachers and school administrators from non-participating institutions expressed strong interest in having similar SRHR sessions conducted in their schools. However, the project's limited funding and logistical capacity made it impossible to scale further during the implementation period, underscoring the need for increased investment and strategic partnerships to expand the program's reach in future phases.



## LESSON LEARNED

The implementation of the Health Spark Project revealed critical insights into how adolescents in Tanzania engage with, understand, and respond to sexual and reproductive health education particularly around menstruation, gender norms, and violence prevention. These lessons are not just reflections, but valuable guideposts for strengthening future interventions and ensuring long-term impact.

### **Menstruation Is Still Shrouded in Shame and Silence**

One of the clearest lessons learned is that menstruation is still widely viewed as a private, shameful, and female-only issue. Many girls felt uncomfortable speaking about their menstrual challenges openly, while boys often viewed it as irrelevant or inappropriate for discussion. This deep-seated stigma contributes to misinformation, isolation, and silence making it harder for girls to access support or build confidence.

There is an urgent need to normalize menstruation as a health topic, not a taboo, and to include boys in these conversations to promote empathy, understanding, and collective responsibility.

### **Gender-Based Violence Is Misunderstood and More Pervasive Than Assumed**

Many students and even some teachers were surprised to learn that gender-based violence (GBV) affects both girls and boys, and that it takes many forms beyond physical abuse, including emotional, sexual, and financial violence. Students had very limited knowledge of the signs of abuse, their rights, or what to do if they or someone else is a victim.

This highlighted a major knowledge gap and a need for systematic, ongoing education about GBV in schools ensuring that all students, regardless of gender, understand how to identify, prevent, and report abuse.

### **Girls Are Still Perceived as Weaker and Less Capable of Leadership**

During several sessions, it became evident that gender bias is deeply internalized, with some students (and even adults) expressing the belief that girls are less capable of leading or making decisions. This perception limits girls' confidence and participation in school leadership and decision-making spaces.

The project needs to intentionally nurture leadership skills in girls, while also challenging boys to rethink outdated gender roles. Gender equality education must go beyond awareness; it must promote real, practical power-sharing in school environments.

### **The Role of Teachers Is Crucial for Sustainability**

While we were able to reach and engage students directly, teachers emerged as a powerful yet underutilized force for sustainability. In each school, teachers showed strong interest, offered support during sessions, and even suggested taking part in future training themselves.

By equipping teachers with the same tools and knowledge as peer educators, they can serve as ongoing SRHR champions, reinforcing the learning after the project ends. This is especially important given the logistical challenge of reaching every student during one-off interventions.



## RECOMMENDATIONS

Based on the outcomes, challenges, and lessons learned from the implementation of the Health Spark Project, the following recommendations are proposed to strengthen future programming, improve sustainability, and expand impact across Tanzania:

### 1. Develop and Adopt a Standardized SRHR School Curriculum

- Create a structured, age-appropriate SRHR guide or curriculum to ensure consistent delivery of key topics (menstruation, puberty, gender equality, GBV, consent, hygiene, etc.) across all schools and facilitators.
- The curriculum should be adaptable, culturally sensitive, and officially approved for integration into the Tanzanian education system.

### 2. Integrate Psychosocial Support into School Programs

- Advocate for the placement of trained counselors or psychosocial support staff in schools to help students dealing with trauma, emotional distress, or violence.
- In the absence of full-time counselors, train select teachers on basic psychosocial first aid to provide initial support and appropriate referrals.

### 3. Advocate for Policy Reform to Make Sanitary Pads Free and Accessible

- Menstrual hygiene is a basic health and human rights issue, yet many girls in Tanzania still miss school or face embarrassment due to lack of access to sanitary products. While the Health Spark Project provided sanitary towels to some students, this form of support is not sustainable without systemic change.

### We recommend that:

- The Tanzanian government remove the tax on sanitary pads to make them more affordable and accessible to all girls, especially those from low-income backgrounds.
- The government take inspiration from successful models in countries like Ghana, where sanitary pads have been made free and distributed through public education systems.
- Ministries of Health and Education should collaborate to integrate menstrual products into school health programs, ensuring every girl has what she needs to manage her period with dignity.



## CONCLUSION

The Health Spark Project brought real change to how young people in Tanzania perceive and engage with their sexual and reproductive health. By creating safe, inclusive learning environments, the project empowered adolescents—especially girls—to speak openly about menstruation, puberty, consent, and gender-based violence. Through school workshops, peer education, storytelling, and media outreach, it not only provided accurate information but also challenged stigma, broke gender stereotypes, and encouraged both boys and girls to take control of their health and choices.

Training peer educators ensured that SRHR education and advocacy would continue within schools beyond the project's timeline, helping to build a lasting culture of openness and peer support. The use of radio, TV, and digital platforms extended this impact beyond classrooms, reaching parents, teachers, and community members with key SRHR messages.

Although the project was limited to five schools, the overwhelming demand from other institutions highlighted the urgent need for scale-up. With continued investment, stronger partnerships, and government support, the Health Spark model can be expanded nationally—reaching more youth, promoting gender equality, and transforming the health and futures of Tanzania's next generation.

In short, Health Spark showed that when young people are informed, supported, and given space to lead, they become powerful agents of change in their communities.





womenandyouthmovement@gmail.com



www.woyomo.or.tz



Kinondoni, Dar Es Salaam-  
Tanzania



0710825802