PARADIGM FOR SOCIAL JUSTICE & DEVELOPMENT

Adolescent SRHR Access Pathways



Case Study

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With support from

AMPLIFY CHANGE

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Foreword

Adolescents do not experience sexual and reproductive health and rights as a set of programmes, indicators or service statistics. They experience it through questions they may be afraid to ask, information they may not know how to verify, conversations they may struggle to have with parents or teachers, and encounters with health workers that can either build or undermine their confidence.

For PSD, documenting these experiences has been an important part of understanding what change looks like from the perspective of adolescents themselves.

This booklet presents selected Most Significant Change stories from adolescents engaged through the project in Wakiso District. The stories capture moments when something shifted: an adolescent who gained the confidence to seek care, a young person who began making informed decisions, a boy who changed how he treated girls experiencing menstruation, a father who found time to talk with his son, and an adolescent who overcame distrust of health workers and chose to try again.

These changes may appear small when viewed individually. Yet they matter because they show what can happen when

adolescents have access to accurate information, supportive adults, safe spaces for questions and health services where they are treated with dignity and respect.

The stories also remind us that access is not simply about whether a health facility exists. An adolescent may live close to a facility and still avoid it because of fear, stigma, misinformation or a previous negative experience. Similarly, providing information does not automatically mean that an adolescent will act on it. Confidence, relationships and supportive environments matter.

Most Significant Change gave us an opportunity to listen to adolescents in their own words and to understand the pathways through which they experienced change. These stories are not intended to represent every adolescent in Wakiso District, nor are they presented as statistical evidence of project impact. They are qualitative accounts of individual experiences. Their value lies in what they help us see, question and learn.

We are grateful to the adolescents who were willing to share their experiences, as well as to the parents, caregivers, teachers, community actors, health workers and partners who contributed to creating spaces where adolescents could learn, ask questions and seek support.

We hope these stories encourage continued investment in adolescent-centred approaches to sexual and reproductive health and rights approaches that listen to young people, strengthen their agency and ensure that the services available to them are worthy of their trust.

Zurah Asanda

Executive Director

About this Booklet

These case studies document selected adolescents' pathways to accessing sexual and reproductive health (SRH) information and services during Paradigm for Social Justice and Development (PSD)'s AmplifyChange-funded project in Wakiso District, Uganda, implemented from September 2023 to September 2026. They highlight the barriers adolescents experienced, the changes they observed in their access to information and services, and the factors that contributed to those changes.

The case studies were developed using the Most Significant Change (MSC) approach, through in-depth interviews that invited participants to reflect on their experiences and identify the changes they considered most significant. Their accounts provide qualitative insights into how the project may have influenced adolescents' knowledge, confidence, service access, and engagement with SRH information and services.

To protect participants' privacy and safety, all case studies have been anonymised. Case codes are used instead of names, and identifying information has been removed or generalised. Only limited contextual information, such as age range, sex, school status, and sub-county, is presented where necessary to understand the case. No information that could reasonably enable identification of an individual participant has been intentionally included.

About the Project

AREAS	DETAILS
Project	Adolescent Sexual and Reproductive Health and Rights Project
Implementing Organisation	Paradigm for Social Justice and Development (PSD)
Funder	AmplifyChange
Project Period	September 2023 – September 2026
Geographic focus	Wakiso District, Uganda
Primary Focus	Adolescent sexual and reproductive health and rights
Target Groups	Adolescents, with engagement of parents and caregivers, schools and teachers, community actors, and health-service providers
Key Implementation Approaches	Community and school-based awareness and information-sharing; engagement of Community Resource Persons (CORPs); school health structures; parent and caregiver engagement; and linkages to health information and services.

The Challenge

Adolescents need accurate information and accessible, respectful services to make informed decisions about their health and wellbeing. Yet the pathway from having a question to receiving appropriate support is rarely straightforward.

An adolescent may:

- have a question but not know whom to ask;
- receive inaccurate information from peers;
- fear judgement from adults;
- worry about confidentiality;
- lack an opportunity to speak privately with a parent or caregiver;
- have experienced an unwelcoming health service;
- live near a health facility but still feel unable to use it; or
- know what they should do but lack the confidence or support to act.

These barriers can influence whether and when adolescents seek reliable information or health services. They can also shape how adolescents understand their bodies, respond to health concerns and support or influence their peers.

The project sought to address these and related barriers by creating opportunities for adolescents to access accurate information, engage with trusted sources of support,

strengthen their confidence to seek information and services, and connect with relevant community and health-system actors.

The Most Significant Change (MSC) stories provide an opportunity to see how some adolescents experienced these pathways in practice. Rather than presenting the stories as representative of all adolescents in Wakiso District, the booklet uses them to illuminate individual experiences of change and the factors that helped or sometimes hindered adolescents in moving from questions and uncertainty towards greater confidence, informed decision-making and health-seeking.

The stories therefore help us look beyond activities and outputs to ask a more important question:

What changed in adolescents' lives, and what helped make that change possible?

Why most significant change?

Most Significant Change was selected because conventional monitoring does not always capture the full meaning of change in an adolescent's life.

A monitoring indicator might tell us that an adolescent:

- attended an awareness session;
- received information;
- visited a health facility; or
- participated in a school activity.

MSC asks what happened because that experience mattered to the adolescent. For example, one adolescent did not simply receive information about health services. She moved from avoiding health workers to being willing to return to a health facility after a previous negative experience. Another did not simply attend an awareness session. He moved from bullying girls over menstrual stains to encouraging other boys to stop the behaviour.

Another gained an opportunity to have a conversation with his father about puberty and hygiene something that had previously been repeatedly postponed. These are the kinds of changes that MSC helps bring into view.

How the stories were developed

The stories in this booklet were developed using the Most Significant Change (MSC) approach to document adolescents' experiences of change during the project period. The approach focused not only on what activities were implemented, but also on how adolescents experienced change and what they considered most meaningful in their own lives.

Selected adolescents were invited to reflect on their experiences and describe changes they considered significant. The conversations explored the situation before the change, the challenges or barriers they experienced, what happened, the people or project activities that contributed to the change, and what the change meant to them.

The stories were developed from individual conversations with adolescents, allowing participants to describe their experiences in their own words. The resulting accounts were reviewed to identify clear pathways of change from the situation before the change, through the relevant project or support experience, to the change experienced and its wider significance.

In selecting stories for this booklet, attention was given to the clarity and significance of the change, the pathway through which change occurred, the participant's own perspective, and the learning the experience offered for adolescent SRHR programming. The selected stories reflect different experiences of information access, health-seeking, trusted relationships, family communication, peer influence, attitudes and confidence.

The stories have been edited for clarity and readability while seeking to preserve the meaning and voice of the participants. Quotations included in the booklet are used only where they have been verified against the available interview records.

Because the stories concern adolescents and sensitive issues relating to sexual and reproductive health and rights, confidentiality and safeguarding were prioritised throughout the documentation process. Participants' identities have been protected, and identifying details have been removed or generalised where necessary. Participation was voluntary, and the required consent and assent procedures were followed in accordance with the project's ethical and safeguarding requirements.

The stories should therefore be read as individual accounts of significant change, rather than as statistically representative findings. Their value lies in showing how change can be experienced in everyday life and in highlighting the conditions, relationships and opportunities that can enable adolescents to move from uncertainty or hesitation towards greater confidence, informed decision-making and access to appropriate information and services.

A note on the MSC approach

Most Significant Change is particularly useful for capturing changes that may not be fully visible through conventional project indicators. An indicator may show that an adolescent attended an awareness session or accessed a service; an MSC story can help us understand what happened afterwards, whether the adolescent felt more confident to ask questions, sought care, challenged misinformation, spoke to a parent,

supported a peer or changed how they understood and responded to others.

This booklet therefore uses the stories not simply to demonstrate project activities, but to listen to adolescents' experiences and draw learning about what appears to make meaningful change possible.

Ethics, safeguarding and confidentiality

The stories in this booklet concern adolescents and include sensitive issues relating to sexual and reproductive health and rights. Protecting the privacy, dignity and wellbeing of participants was therefore an important consideration throughout the documentation of the stories.

PSD followed the ethical, safeguarding and confidentiality procedures governing the project and the Most Significant Change process. Participation in the documentation of stories was voluntary, and participants were given the opportunity to decide what they were comfortable sharing.

Particular attention was given to:

- voluntary participation and the right to participate without pressure;
- informed consent and/or assent, in accordance with

the requirements applicable to adolescent participants;

- confidentiality and privacy during the collection and handling of participants' experiences;
- protection of identifying information;
- anonymisation or generalisation of personal details where necessary to reduce the risk of identification;
- sensitive and respectful handling of disclosures relating to health, family circumstances or other personal experiences; and
- the participant's right not to answer a question or to withhold information they did not wish to share.

Names and other potentially identifying details have been omitted or generalised where necessary. Some contextual details have also been presented in a way that protects participants while retaining the meaning and learning of their experiences.

The stories have been edited for clarity and readability without intentionally changing the meaning of participants' accounts. Direct quotations are used only where they have been verified against the original interview material.

The safeguarding of adolescents remains a shared responsibility. The experiences documented in this booklet reinforce the importance of creating spaces where young people can speak about their health and wellbeing safely, be listened to without judgement, and access appropriate information and services with dignity and respect.

How to read the stories

Each story follows an individual adolescent's pathway and highlights a change that the participant considered meaningful. The stories should not be read as evidence that every adolescent experienced the same change, nor as statistically representative findings for all adolescents in Wakiso District. Each story reflects one participant's experience, shaped by their circumstances, relationships and the opportunities available to them.

Taken together, however, the stories help us identify recurring themes and understand how different elements can interact along an adolescent's pathway to change:

Information → Confidence → Relationships → Action → Experience → Further Change

Across the stories, adolescents:

- changed how they sought and used health information;
- became more confident speaking with parents or other trusted adults;
- made decisions to seek information, testing or health services;
- changed how they understood or responded to health and SRHR issues;
- challenged misinformation or harmful attitudes among peers;

- supported or encouraged other adolescents; and
- began to view health facilities as places where they could seek information and support, not only treatment when they were sick.

The stories also show that change does not always follow a straight line. Adolescents may move between uncertainty, fear, support, action and renewed confidence. A previous negative experience may create hesitation, while a trusted person or positive encounter may create an opportunity to try again.

The value of the stories is therefore not only in the changes described, but also in the pathways through which those changes became possible. They help us see how information, trusted relationships, supportive environments and responsive services can interact to influence adolescents' confidence and choices.

As you read each story, consider three questions:

- What changed?
- What contributed to that change?
- What can we learn from it for future adolescent SRHR programming?

Case Study MSC-01: Choosing to speak up

Sex	Female
Age	15 years
School status	In-school, private secondary school
Disability status	None

For several weeks, a 15-year-old secondary school student in Wakiso quietly struggled with symptoms she understood to be a urinary tract infection (UTI). She experienced itching and a smelly discharge but hesitated to seek medical attention.

Her hesitation was shaped largely by what her peers had told her about these symptoms.

"My friends at school told me that if a girl's private parts were itching and has a smelly discharge, it meant that she was sexually active. They told me that I have an infection which was a result of having sexual intercourse."

Their comments left her worried about what people would think of her. She feared that if her parents found out, they would assume she had been sexually active and would criticise or punish her. She became increasingly withdrawn and began avoiding both her friends and her parents.

"I started avoiding being in public and avoiding my parents for fear of criticism."

Her experience illustrates how peer misinformation and stigma surrounding adolescent sexuality can discourage young people from disclosing health concerns and seeking care. Although she needed medical attention, the assumptions attached to her symptoms made her afraid to speak.

Breaking the silence

The turning point came through someone she already trusted: her older sister. The sister had participated in an awareness session conducted by a Community Resource Person (CORP) through the project. The session had provided information about adolescent health and the importance of seeking appropriate care rather than relying on assumptions or stigma.

When the younger girl eventually confided in her, her sister responded without judgement. Recognising that she needed medical attention, the sister spoke to their parents and asked them to support her to access care.

This was significant because the adolescent had expected disclosure to result in criticism. Instead, her sister and parents helped her access a health facility. For her, the experience challenged an assumption she had been carrying: that speaking about a sensitive health concern would necessarily lead to judgement.

The health facility

At the health facility, she registered and waited to be seen. The health worker listened to her concerns, addressed her respectfully as "daughter," and provided treatment and reassurance.

For an adolescent who had arrived feeling embarrassed and afraid of being judged, this respectful interaction was important. Rather than experiencing the health facility as a place of shame, she experienced it as a place where she could speak about her health concerns and receive support. She described the change in her confidence simply:

"I got confidence to seek health attention immediately."

A change in how she lives and seeks help. The change went beyond addressing her immediate health concern. Before seeking care, she had avoided her friends and public spaces because she feared being judged. After receiving support from her sister, parents and the health worker, she regained her confidence. She now describes herself as:

"free to move around with my friends."

More importantly, she says she is now more confident about seeking medical attention when she experiences a health

concern rather than remaining silent because of fear or embarrassment. The change also influenced how she relates to her peers. She shared her experience with her friends. Later, when one of them became unwell, the friend felt comfortable confiding in her and asked her to accompany her to a health facility. The adolescent had moved from being someone who was afraid to disclose a health concern to someone another young person could turn to for support.

Her pathway of change

Peer misinformation → fear of judgement → silence and avoidance → delayed care

became:

Trusted disclosure family support access to care respectful treatment increased confidence peer support

Her Message to Other Adolescents and PSD

To other adolescents: seek medical attention when you notice something is wrong rather than relying on assumptions or information from peers. Talk to a parent, sibling or another trusted person early instead of keeping health concerns to yourself because of fear or embarrassment.

To PSD: continue sensitising parents and caregivers so that adolescents can disclose sensitive health concerns without fear of harsh judgement. When young people feel safe to speak, they are more likely to seek help early.

What this case shows

This case demonstrates how misinformation and fear of being labelled sexually active can become barriers to adolescent health-seeking. The challenge was not simply whether a health service existed; it was whether the adolescent felt safe enough to disclose her concern and seek care.

Three forms of support helped interrupt the pathway to delayed care:

- A trusted family member: Her older sister provided a safe first point of disclosure and helped her communicate the concern to their parents.
- Supportive parents: Her parents responded by helping her access care rather than reacting in the way she had feared.
- Respectful health-facility care: The health worker's non-judgemental approach helped her associate seeking health care with safety and support rather than shame.

The case also demonstrates a ripple effect. After receiving

support herself, the adolescent became a source of support for another young person.

For adolescent SRH access, this is an important programme lesson: improving access is not only about the availability of services. It also requires an enabling environment in which adolescents can recognise when they need help, access reliable information, disclose concerns safely, receive respectful care and feel confident encouraging others to seek help.

In this case, the most significant change was therefore not simply that the adolescent accessed treatment. She moved from silence and fear to confidence in seeking care—and from being a recipient of support to becoming a source of support for another adolescent.

VISUAL SUMMARY — MSC-01

From avoiding public spaces to "free to move around with my friends"

"I got confidence to seek health attention immediately."

Case Study MSC-02: An errand that became her own decision

Sex	Female
Age	16 years
School status	In-school, vocational institute

For some time, a 16-year-old girl had wanted to know her HIV status. She had questions about her health and understood that knowing her status was an important part of taking care of herself. But although she had the intention to test, she had not yet acted on it.

The turning point came during the school holidays, when she attended a community outreach session led by a Village Health Team member who also served as a Community Resource Person (CORP). The CORP brought young people together and shared information about a range of health concerns, including urinary tract infections (UTIs), sexually transmitted infections (STIs) and HIV.

The session helped her see HIV testing differently. She realised that testing was not simply something for people who were sexually active; knowing her status could also be part of taking responsibility for her health. The session therefore gave her more than information. It strengthened her intention to test. But one barrier remained.

When information was not enough

Although she wanted to test, she worried about how her

parents would interpret her decision. She feared that if she told them, "I want to go for an HIV test," they would assume she had been sexually exposed and begin questioning her about her sexual activity.

For her, the barrier was therefore not simply a lack of information or the absence of a service. She knew where HIV testing was available and wanted to use it. What she lacked was the confidence to discuss the decision openly with her parents. Her experience highlights an important dimension of adolescent access to SRH services: knowledge does not always translate into service uptake when fear of stigma or anticipated judgement remains.

An ordinary family errand created an unexpected opportunity

The opportunity came unexpectedly.

One day, her mother asked her to take a younger sibling to a community health facility for treatment. She had not planned to test that day. But once at the facility, she recognised an opportunity to act on the intention she had formed during the CORP's outreach session. While accompanying her sibling, she asked to take an HIV test herself.

The family errand had become an opportunity for her to make a decision about her own health. Importantly, she did not have to initiate a potentially uncomfortable conversation with her mother about why she wanted to test. Being at the facility gave her an opportunity to seek the service herself.

A Private and Respectful Testing Experience

Her account of the health-facility experience focuses strongly on the counselling and the way she was treated. After registering and waiting to be seen, she was taken to a private counselling space. The health worker explained HIV, including transmission, prevention and ways of supporting people living with HIV. She was also given information about post-exposure prophylaxis (PEP).

She recalls that the health worker did not question her about whether she was sexually active.

"The health worker didn't even ask me whether I was sexually active, just counselling and then the test."

This was significant because fear of such questioning had been one of the reasons she had hesitated to test. Instead, she experienced a process in which she could receive information, ask questions and proceed with testing without feeling judged. The respectful and private interaction helped her associate HIV testing with support rather than embarrassment or suspicion.

The Result Gave Her Confidence

Receiving her result gave her more than an answer. It strengthened her confidence in making decisions about her health and reinforced her commitment to protecting herself. She explained:

"I got confidence that I don't have HIV/AIDS and I should continue keeping myself safe."

The experience showed her that she could seek a health service because she had decided it was important for her, rather than because she first had to prove or explain her sexual behaviour to someone else.

From Service User to Peer Advocate

The confidence she gained did not remain with her.She began sharing her experience with her peers and encouraging them to test.

"I got more confidence, and I can now share my experience with my peers with evidence, encouraging them to do the same."

Her experience gave her something different from general health information: first-hand knowledge of what the testing process felt like. She could tell her peers that counselling came before testing, that the process was private and that she was treated respectfully. Her individual experience therefore became a source of encouragement for other young people.

Her message to other adolescents and PSD

Her message to other adolescents is simple: do not wait to know your HIV status. She encourages young people to use available health services and take the opportunity to test.

Her message to PSD focuses on adolescent rights and

respectful service delivery. She believes young people need to understand what they are entitled to when seeking health services, including the right to receive information, ask questions and be treated respectfully. For her, knowing what to expect helped reduce fear and gave her the confidence to use the service.

What This Case Shows

MSC-02 illustrates a pathway from community awareness to intention, opportunity, action and peer influence.

The CORP outreach session provided information that helped the adolescent see HIV testing as part of taking responsibility for her health. However, information alone did not immediately lead to testing. Fear of parental judgement remained a barrier.

An ordinary family errand then created an unexpected opportunity. Because she was already at the health facility, she was able to act on an intention she had formed earlier.

The health worker's approach was another important part of the pathway. Privacy, counselling and respectful engagement helped her feel comfortable with the testing process and strengthened her confidence in seeking care.

Her pathway of change

Community outreach → increased knowledge → intention to test → fear of parental judgement → unexpected opportunity → private and respectful counselling → HIV testing → increased confidence → peer encouragement

The case highlights four programme lessons:

1. Information can create intention before behaviour changes: The CORP's outreach did not immediately result in testing, but the information stayed with the adolescent until an opportunity to act arose.
2. Opportunities for service access matter: The adolescent's decision was her own, but the opportunity emerged through an ordinary family visit to a health facility.
3. Adolescent-friendly care can reinforce confidence: Her experience of privacy, counselling and respectful treatment helped reduce the fear associated with HIV testing.
4. Individual experiences can influence peers: After using the service herself, she became more willing to encourage other adolescents to test, creating a potential ripple effect beyond the original outreach session.

The Deeper Significance

This case captures a gradual process of adolescent empowerment:

- The CORP provided information.
- The adolescent developed the intention to test.
- The family errand created an opportunity.
- The health worker provided a respectful environment.

- The testing experience strengthened her confidence.
- That confidence became peer encouragement.

The most significant change was therefore not simply that she tested for HIV. She moved from wanting to take action to confidently making a health decision for herself and then using her experience to encourage others.

The case demonstrates that adolescent SRH access is strengthened when young people have both accurate information in their communities and health services where they can act on that knowledge in a private, respectful and supportive environment.

VISUAL SUMMARY — MSC-02

One clinic visit, two outcomes: a sibling's treatment and her own HIV test

"I got more confidence, and I can now share my experience with my peers with evidence, encouraging them to do the same."

Case Study MSC-03: Questions no one would answer

Sex	Male
Age	13 years
School status	In-school, boarding

At his boarding school, a 13-year-old boy began noticing changes in his body as he went through puberty. The growth of pubic hair particularly concerned him. He was unsure whether what he was experiencing was normal and wanted an adult to explain it. His first choice was his mother. But when he tried to raise the subject, she became uncomfortable and avoided the conversation. Instead of receiving the explanation he was looking for, he was sent away.

He tried again at school, approaching the Senior Woman Teacher, who was one of the adults available to pupils with questions or concerns. Again, his question was not addressed. There was no Senior Man Teacher at the school whom he could approach instead.

The experience was disappointing. He had tried to seek information from the two sources he knew his family and his school but neither had given him the answers he needed. At the time, he also did not know that a health centre could be a place to seek information about puberty and adolescent health.

When a Knowledge Gap Affected How He Treated Others

His lack of information did not remain a private concern about his own body. Before the project's awareness activities reached his school, he says he used to bully girls who stained their school skirts during menstruation. He mocked them over visible menstrual stains without understanding the physical and emotional realities associated with menstruation. Looking back, this reveals two challenges existing alongside each other: he had unanswered questions about his own development while also participating in behaviour that shamed girls for a normal part of adolescent development.

The project awareness session provided an opportunity to address both the knowledge gap and the behaviour.

The awareness session changed how he understood puberty

When the project's awareness session reached his school, he learned that physical changes during puberty, including the growth of pubic hair, are a normal part of growing and developing. The session also changed how he understood menstruation. He began to recognise that menstruation is a normal biological process and not something girls should be mocked or bullied for. The session therefore went beyond answering his personal question about puberty. It also gave him a different way of understanding what his female classmates were experiencing.

He began sharing what he had learned with his friends. He said some of them changed their behaviour, although not all did. This is an important part of his account: the change was not immediate or universal, but he gained the knowledge and confidence to begin influencing the behaviour around him.

Discovering that the health centre was also an option

Another important change was his understanding of where adolescents could obtain health information. Before the project, he did not know that he could go to a health centre simply to ask questions about puberty and adolescent health. After learning this, he took the initiative to visit a health facility to seek more information. This expanded his understanding of the options available to him. Previously, he had looked to home and school for answers. He now understood that a health facility could also be a source of information and support.

His experience illustrates an important aspect of adolescent access: knowing that a service exists and knowing that it is appropriate to use it can itself be an important step towards seeking care.

The school health club created another space for learning

The change was reinforced through the School Health Club established at his boarding school.

The club provided a structured space where adolescent health issues could be discussed and young people could learn from one another. It also created an opportunity for continued engagement beyond the initial awareness session. Through the club, he became part of a wider group of young people discussing health, puberty, sexuality education and respectful relationships.

The T-shirt that started a conversation at home

One of the most unexpected moments in his story came through an IEC T-shirt he received from the project. It carried the message:

"Support adolescents access accurate sexual and reproductive health information and services."

When he wore the T-shirt at home, his parents noticed the message and asked him where he had got it and what it meant.This gave him an opportunity to explain that the T-shirt came from the project and that he was a member of the newly established School Health Club. He shared some of the issues they were learning about and explained why adolescents need access to accurate information and appropriate health services.

According to his account, the conversation helped his parents better understand that his questions about puberty and sexuality were part of growing up and learning about his health. He says that since then, they have become more open

with him and have given him more time and attention. The T-shirt therefore became more than an information, education and communication material. It became an unexpected entry point for dialogue between the adolescent and his parents.

From being part of the problem to challenging it

Perhaps the most significant change in his story is how he now views and responds to girls' experiences of menstruation. Before the awareness session, he had bullied girls over menstrual stains. After learning about puberty and menstruation, he began sharing what he had learned with his peers and encouraging them to stop the behaviour. Reflecting on his own past behaviour, his message is direct:

"Boys should stop bullying girls."

This represents a meaningful shift: from participating in behaviour that shamed girls to recognising that boys have a role to play in creating a more supportive environment for girls during menstruation. His story also suggests that when adolescents receive information about their own development, it can create opportunities to reconsider how they understand and respond to the experiences of others.

What this case shows

MSC-03 illustrates how access to accurate puberty and sexuality information can contribute to changes in both individual knowledge and gender-related behaviour.

The adolescent began with unanswered questions about his own body. He had sought information from adults at home and school but did not receive the answers he needed. He also did not know that the health facility could be another source of information.

The project's awareness session provided information about puberty and menstruation. This appears to have contributed to a change in how he understood both his own development and the experiences of girls.

The pathway can be summarised as:

Unanswered puberty questions → limited sources of information → project awareness session → understanding of puberty and menstruation → sharing knowledge with peers → seeking information from a health facility → continued learning through the School Health Club → family dialogue → more positive attitudes and behaviour towards girls

A particularly important project learning

The case exposes a gap in the support systems available to boys. The adolescent actively sought help twice first from his mother and then from a school teacher but did not receive the information he needed. He also did not initially know that a health facility could provide adolescent health information.

This suggests that adolescent-friendly information and

referral pathways need to work for boys as well as girls. It is not enough to have structures that adolescents are expected to use. Those structures need to be accessible, responsive and prepared to address the questions young people actually bring to them. The project helped open additional pathways: from school awareness to the School Health Club, from school to the health facility, and from the adolescent to his parents.

The wider significance

MSC-03 is ultimately a story about moving from unanswered questions and harmful behaviour towards knowledge, dialogue and more supportive behaviour.

The adolescent began with a simple question about changes in his body but struggled to find an adult who could answer it. At the same time, he was participating in behaviour that shamed girls for menstruating.

Through the project awareness session, he gained a better understanding of puberty and menstruation. He then shared what he learned with peers, discovered the health facility as another source of information, became part of the School Health Club and used an IEC message to open a conversation with his parents.

The most significant change in his story is the shift in his relationship with girls' experiences of menstruation: from bullying girls over period stains to telling other boys, "Boys should stop bullying girls." That shift demonstrates the potential of adolescent health education to contribute not only

to knowledge, but also to more respectful peer relationships and greater openness between adolescents and adults.

VISUAL SUMMARY — MSC-03

Before the project

"What is happening to my body?" → Couldn't get answers at home or at school → Didn't know the health facility was an option → Bullied girls over menstrual stains

Project intervention

CORP awareness session → School Health Club → IEC T-shirt → Health facility

After the project

✓ Understands puberty and menstruation
✓ Seeks health information independently
✓ Shares knowledge with peers
✓ Talks more openly with parents
✓ Challenges boys who bully girls

From bullying girls over period stains to telling his peers "Boys should stop bullying girls"

"I did not know I could go to the health centre for information, now I have."

Case Study MSC-04: A question that kept waiting

Sex	Male
Age	14 years
School status	In-school, primary

At 14, a boarding school student was beginning to experience the physical changes that come with adolescence. Like many young people going through puberty, he had questions about what was happening to his body and how to take better care of himself.

His parents were the adults he would naturally have expected to turn to, but there was a practical barrier: they rarely had time to sit with him.

Whenever he wanted to ask questions or talk about the changes he was experiencing, his parents were usually occupied with other responsibilities. It was not that they did not care about him or deliberately refused to talk to him. Rather, there was little time for the kind of conversation he needed as he navigated puberty.

As a result, conversations about his changing body, hygiene and health were repeatedly postponed, leaving him with limited guidance at home at a time when he was beginning to need it.

When the Conversation Finally Happened

His experience changed after his engagement in the project's school health activities, which created an opportunity for greater communication between him and his father.

This time, his father made time to sit with him and talk about the changes he was experiencing.

It was a simple but important intervention: a father giving his son time, attention and guidance. The boy was able to ask questions and receive information from someone he trusted.

Instead of trying to navigate the changes of adolescence without adequate support, he could discuss his concerns openly. His father's guidance also helped him understand the importance of personal hygiene as part of taking care of himself.

For the adolescent, the significance was not only in the information he received. He finally had the time and space to ask the questions he had been carrying.

From Conversation to Behaviour Change

Following the conversation, he began paying greater attention to his personal hygiene and health.

What makes this significant is that the information was reinforced through a conversation between parent and child

and translated into a practical change in his daily behaviour. For the boy, having his father make time for him provided something he had been missing: an adult who could listen, explain and guide him.

His experience suggests that parental engagement does not always require a complex intervention. Sometimes, creating an opportunity for a parent to sit down, listen and talk with an adolescent can be an important step towards better health practices.

Why His Father Mattered

His father played a particularly important role because the boy felt that he would understand what he was experiencing. When asked why he had not approached his mother, he explained that he felt he and his father were the same and that his father would therefore better understand the physical changes he was going through.

This reflects an important dimension of adolescent SRHR programming: young people may have different preferences about whom they feel most comfortable approaching with questions about puberty and changes in their bodies.

For this boy, that trusted person was his father.

His experience highlights the value of creating opportunities for fathers and adolescent boys to talk openly about puberty, hygiene and health. The conversation did more than provide information. It showed him that questions about his body and health could be discussed openly at home.

What This Case Shows

MSC-04 highlights a barrier to adolescent SRHR support that is different from those in the earlier cases: lack of parental time and availability.

The boy had adults he could potentially approach, but opportunities for conversation were limited because his parents were occupied with other responsibilities.

The pathway can be summarised as:

Puberty and hygiene questions → limited parental time → delayed conversations → project engagement → father–son dialogue → guidance and support → greater attention to hygiene

The case highlights four important learning points:

1. Parental availability matters. Parents may care about their children's wellbeing while still struggling to create the time needed for conversations about puberty and health.
2. Boys need trusted adults with whom they can talk. The adolescent identified his father as the person he felt most comfortable approaching about the physical changes he was experiencing.
3. Information is more likely to translate into practice when it is reinforced at home. The conversation with his father helped connect information about health and hygiene to his everyday behaviour.

4. Fathers can be important partners in adolescent SRHR programming. For boys who feel more comfortable approaching male caregivers about puberty, fathers can provide reassurance, information and practical guidance.

A Project Learning

This case suggests that parental engagement strategies need to consider not only what parents think about adolescent SRHR, but also whether they create time and space for adolescents to ask questions. For some families, the challenge may not be unwillingness to support adolescents. It may be competing responsibilities that leave little time for conversation. This raises an important question for parental engagement:

When does an adolescent have an opportunity to sit with a parent and ask the questions they have about growing up?

In this case, the project's school health activities appear to have contributed to creating space for a conversation that had previously been difficult to have. The lesson for PSD is therefore not simply that parents should be more supportive. It is that parental engagement needs to create practical opportunities for communication.

The Wider Significance

MSC-04 is a story about the value of time, trust and communication in adolescent health.

The adolescent began with questions about changes in his body but had struggled to find time with his parents to

discuss them. His engagement with the project's school health activities helped create an opportunity for him to have the conversation he had been waiting for.

His father listened, provided guidance and helped him connect information about puberty and hygiene to his everyday life.

The most significant change was therefore not simply that the adolescent learned about personal hygiene. He gained a trusted space at home where questions about his body and health could be discussed openly and that conversation helped translate guidance into everyday behaviour.

The case reinforces the importance of engaging fathers alongside mothers and of ensuring that adolescent SRHR programming creates space for boys to access information through the adults they trust.

Case Study MSC-05: A Second chance to trust the health system

Sex	Female
Age	16 years
School status	In-school, secondary

A 16-year-old adolescent was helping to clean her school's dispensary when she was accidentally pierced by a used syringe. The incident immediately worried her, but her fear became much greater when she later started feeling unwell. She told some of her peers what had happened. Rather than helping her understand what she should do following the needle-stick injury, they told her that she must have acquired HIV/AIDS. The comment frightened her.

She began to believe that she had contracted HIV and became increasingly convinced that no one would believe her explanation of how it had happened. In her mind, even if she told people that she had been pierced by the used syringe, they might assume that she had acquired HIV through sexual activity. She carried the fear silently until she eventually decided to tell the school nurse.

She approached the nurse and told her that she believed she had AIDS. She then explained what had happened in the school dispensary. The nurse laughed and told her that she did not have AIDS and that she was probably suffering from another illness. But the reassurance did not convince her.

She had already heard from her peers that the symptoms

meant she had HIV, and the nurse's response did not provide the explanation she needed to understand what was actually happening.

The fear followed her home. The school term ended while she was still unwell. When she returned home, she eventually told her parents that she was not feeling well and asked to see a doctor. Her father took her to a health facility where she underwent several investigations, including a blood test. When she asked the doctor whether she was sick, the doctor told her that she was. She immediately began crying. To her, being told that she was sick confirmed what she had feared for weeks, that she had HIV/AIDS.

The doctor reassured her that she would recover if she took the prescribed medication correctly and that she should expect to feel better within several days. But she remained unconvinced. She responded that this could not be possible because, in her understanding, people with HIV/AIDS take medication for the rest of their lives.

That was when the doctor asked her an important question: Why did she believe that she had AIDS?

She finally told him the whole story. Once she explained the syringe incident and the fears that had followed it, the doctor was able to address her concerns directly. He reassured her that she did not have HIV/AIDS. She was also told that she was not pregnant. She then learned something else that further reassured her: her father routinely requested several tests whenever they visited a health facility, including HIV, STI

and pregnancy tests.

An HIV test had therefore already been conducted as part of the investigations. She had been afraid of an HIV diagnosis without realizing that she had already been tested and that the result did not indicate HIV. The doctor then explained to her how HIV is transmitted and helped correct the misinformation she had received from her peers.

For the first time, she was able to distinguish between what her peers had told her and what the health evidence showed. She also received treatment for the illness she was experiencing.

The experience eventually gave her relief, but it also exposed another barrier that had been affecting her health-seeking behaviour for some time.

Why she had been afraid of health facilities

During a discussion with a member of the project team, the adolescent shared her fear of health workers and explained why she had begun avoiding health facilities. Rather than dismissing her experience, the team member acknowledged that what had happened to her had been real and distressing, while helping her understand that one negative experience did not mean every health worker would treat her the same way.

She was encouraged to try again by visiting a nearby

government health facility, this time to seek information rather than treatment. The advice was simple, but for her it represented a significant challenge. She had reached the point of deciding that she would never again approach a health worker simply to ask questions. Now she was being encouraged to do exactly that.

Choosing to try again

At a follow-up, she described what happened next. She asked her mother for permission to visit a health facility. When her mother asked whether she was sick, she explained that she was not, but that she wanted to seek information about some health concerns. Her mother allowed her to go.

This was itself an important change. Fear had previously kept her away from health facilities unless she was seriously ill. Now she was willing to tell her mother that she wanted to visit a health facility for information, even when she was not acutely sick. She had moved from avoiding the health system to taking the initiative to use it.

Facing another health worker

At the facility, she was attended to by a male doctor. At first, she was frightened. Her previous experience with a male health worker had left her suspicious and uncomfortable about what might happen.

This time, however, the interaction was different.

She explained that she had not come because she was sick,

but because she wanted information. She also raised concerns about painful menstrual cramps, which could become severe enough to prevent her from carrying out her usual activities. Instead of dismissing her concern, the doctor listened. He explained that severe menstrual cramps should not simply be ignored, discussed possible causes and provided guidance on how she could manage the pain around her menstrual period.

The consultation gave her what she had not received during her earlier experience: accurate information, practical guidance and a health worker who took her concerns seriously.

A new understanding of health services

She returned home happy and relieved. The experience challenged a belief she had held for a long time: that health workers could not be trusted and that health facilities were places to avoid unless she was extremely sick. She realised that her earlier experience, although serious and distressing, did not represent every health worker or every health facility.

Her reflection was clear:

"One bad provider should not prevent her from getting the medical help she needs."

This marked an important shift in her approach to health-seeking. She had moved from:

Fear of health workers → avoiding health facilities → relying on peers for information

to:

Project-supported reflection → willingness to try again → taking the initiative to seek information → positive provider interaction → greater confidence in using health services

What This Case Shows

MSC-05 demonstrates how a negative experience with a health provider can have consequences beyond a single consultation. For this adolescent, the experience contributed to a loss of trust that made her reluctant to return to health facilities, even when she had questions or needed information.

That distrust was reinforced by misinformation from peers following a needle-stick injury and her fear that she might have acquired HIV.

The project provided an opportunity to reconsider that avoidance. Rather than simply telling her to return to a health facility, the team member helped her reflect on the difference between one negative experience and what she might encounter elsewhere. The adolescent then made her own decision to try again.

Her next experience was positive. She approached a health facility for information, communicated her concerns to a health worker and received respectful counselling.

The most significant change was therefore not simply the

information she received. She regained enough confidence to use a health facility despite a previous experience that had made her want to avoid health workers altogether.

The Access Pathway

Needle-stick injury → peer misinformation and fear → anxiety and delayed information-seeking → previous negative provider experience → distrust of health workers → project conversation and reassurance → willingness to try again → health-facility visit → respectful consultation → greater confidence in seeking health information and care.

Access is more than physical availability

This case shows that a health facility can be physically accessible but still feel inaccessible to an adolescent who expects judgement, dismissal or poor treatment. For this adolescent, the barrier was not simply distance or the availability of services. It was trust.

The project team's role was therefore important in addressing the confidence barrier that stood between her and the health system.

Correcting misinformation requires trusted sources

The case also highlights the risks of adolescents relying on peers to interpret health concerns. Following the needle-stick

injury, her peers reinforced her fear that she had acquired HIV rather than providing reliable information.

This reinforces the importance of ensuring that adolescents can access accurate, confidential and trustworthy health information from appropriate sources.

Rebuilding Trust Matters

Perhaps the most important lesson from this case is that trust can be damaged by one poor provider experience, but it can also begin to be rebuilt through another positive experience. The second consultation did not erase what had happened before. Instead, it gave her evidence that a different kind of interaction with a health worker was possible. She went home happy and relieved, having learned that she could approach a health worker with questions and concerns and receive respectful guidance.

What Changed for the Adolescent?

The most significant change was a shift from avoidance to confidence in seeking health information and care.

Through this experience, she became more willing to:

- question health information received from peers;
- seek professional information about her health concerns;
- recognise health facilities as sources of information, not only places to go when seriously ill;

- communicate her health concerns to a parent;
- approach a health worker despite a previous negative experience; and
- distinguish one negative provider experience from the possibility of receiving respectful care elsewhere.

Her experience suggests a growing confidence to take action on her own health concerns.

A Wider Project Learning

MSC-05 points to the importance of strengthening adolescent-friendly and safeguarding-sensitive health services.

The project can help adolescents develop the confidence and knowledge to seek care, but that confidence needs to be met by health workers who provide respectful, confidential and age-appropriate services.

Her earlier experience demonstrates how harmful provider behaviour can affect future health-seeking behaviour. A single negative interaction can make an adolescent reluctant to return, including when she needs information or preventive care.

Her later experience demonstrates the other side of the pathway: respectful care can help restore confidence in the health system. The lesson is therefore two-sided:

Adolescents need the confidence and knowledge to seek services, and services need to be safe, respectful and responsive when they arrive.

Overall Significance

This is ultimately a story about rebuilding trust. A 16-year-old who had been frightened by peer misinformation and discouraged by a deeply negative experience with a health worker had come to avoid health facilities altogether. Through a conversation with the project team, she was encouraged to try again.

She did.

She asked her mother's permission, visited a health facility, explained that she had come for information rather than treatment, discussed her painful menstrual cramps and received respectful information and practical guidance. She returned home relieved, with a different understanding of what it meant to seek help.

Her journey shows that adolescent empowerment is not only about providing information. It is also about helping young people develop the confidence to question misinformation, approach trusted sources and use health services when they need them.

VISUAL SUMMARY — MSC-05

From fear of health workers to seeking care with confidence

Needle-stick injury

↓

Peers: "You have HIV/AIDS"

↓

Fear + misinformation

↓

Previous bad experience with a health worker

↓

Project team: "One bad provider does not mean every provider is the same."

↓

She asks her mother for permission

↓

Visits a health facility for information

↓

Receives respectful menstrual-health counselling

↓

"I came back happy and relieved. I learnt not to let one bad provider prevent me from getting the medical help I need."

What changed across the stories?

AREA OF CHANGE	EXAMPLES FROM THE STORIES
Confidence	Adolescents became more willing to seek information or care
Health-seeking	Moving from avoidance or delay towards seeking professional support
Knowledge	Greater understanding of puberty, menstruation, HIV testing and health concerns
Decision-making	Adolescents took greater initiative in decisions affecting their health
Parent communication	More opportunities for conversations between adolescents and caregivers
Peer influence	Adolescents shared information and encouraged peers
Gender attitudes	A boy moved from bullying girls to challenging the behaviour
Provider trust	A negative previous experience was challenged by a respectful encounter
Hygiene and health practice	Guidance was translated into greater attention to personal hygiene
Agency	Adolescents increasingly acted on concerns rather than remaining silent

Unexpected and ripple effects

One of the strengths of MSC is its ability to capture changes that may not have been the primary intention of an activity.

The stories reveal several examples.

- An adolescent became a source of support: In MSC-01, an experience that initially involved fear and silence eventually enabled the adolescent to support a peer to seek care.

- A testing experience became peer encouragement: In MSC-02, the adolescent's personal experience gave her confidence to encourage others.

- Learning about menstruation changed peer behaviour: In MSC-03, learning about puberty and menstruation was followed by a change in how the adolescent viewed girls experiencing menstrual stains.

- An IEC message opened a family conversation: In MSC-03, an IEC T-shirt became an unexpected entry point for parents to ask questions and engage with their son's learning.

- A health-service encounter changed future health-seeking: In MSC-05, the significance of the consultation extended beyond the immediate concern. It challenged a belief that health facilities should be avoided.

These examples remind us that programme change does not always occur exactly where an intervention is initially designed to operate.

What appears to have supported change?

The stories suggest several factors that may have supported change.

1. Safe opportunities for conversation: Adolescents need spaces where they can raise sensitive questions without fear of embarrassment or judgement.

2. Trusted adults: Parents, siblings, teachers, project staff and health workers can each play important roles at different points in an adolescent's journey.

3. Accurate information: Information is particularly important where peer misinformation is shaping adolescent decisions.

4. Respectful health services: A positive provider interaction can reinforce confidence in the health system.

5. Opportunities to act: Information becomes more meaningful when adolescents can use it to make decisions and seek appropriate support.

6. Engagement of boys: Boys need information and opportunities to reflect on their own health while also understanding their role in creating supportive environments for girls.

7. Family engagement: Parent–adolescent communication

can help bridge the gap between information received in programmes and everyday life.

What PSD would do differently

The stories also invite reflection on where programming could go further.

1. Strengthen the link between information and services: Providing information should be accompanied by clear, trusted pathways to appropriate services.

2. Strengthen provider responsiveness: Adolescent confidence can be undermined when health workers respond poorly. Continued attention to respectful, confidential and age-appropriate care is therefore essential.

3. Invest in parent and caregiver communication: Parents may want to support adolescents but lack time, information or confidence. Programming should create practical opportunities for parents and adolescents to communicate.

4. Engage boys more deliberately: Boys should not be treated only as secondary participants in SRHR programming. They have their own information needs and can influence peer environments.

5. Address peer misinformation: Adolescents frequently turn to peers first. Programming should therefore consider

how accurate information can reach adolescents through trusted peer and community channels.

6. Create feedback loops: Adolescents should have opportunities to communicate what makes services welcoming or unwelcoming. Their experiences can help health providers and programme teams identify barriers that may not appear in routine monitoring.

FROM LEARNING TO ACTION

The stories point towards several practical priorities for future programming.

1. Make accurate information easy to find: Adolescents should know where they can obtain trustworthy information about puberty, menstruation, HIV, STIs and other health concerns.

2. Build confidence, not only knowledge: Programming should help adolescents develop the confidence to ask questions, make decisions and seek appropriate support.

3. Strengthen trusted adults: Parents, caregivers, teachers, community actors and health workers can all become part of an adolescent's support network.

4. Make health facilities genuinely adolescent-friendly: Physical availability of services is insufficient if adolescents expect judgement, lack of privacy or disrespect.

5. Engage boys as partners in change: Boys should be supported to understand puberty, SRHR and respectful relationships and to challenge harmful peer behaviour.

6. Address misinformation where it occurs: Peer networks are important sources of information. Rather than assuming adolescents will stop relying on peers, programmes should strengthen the availability and circulation of

accurate information within those networks.

7. Listen continuously to adolescents: MSC demonstrates the value of asking adolescents not only whether they accessed a service, but what happened when they did and what that experience meant to them.

WHAT THESE STORIES ASK US TO INVEST IN

The stories suggest that adolescent SRHR access depends on an ecosystem. It is not enough to have: **a health facility,** if an adolescent does not trust the provider. It is not enough to provide: **information,** if an adolescent does not have the confidence or opportunity to act on it. It is not enough to engage: **Parents,** if they do not have the time or skills to communicate with adolescents. It is not enough to reach: **Boys,** if programmes do not create opportunities for them to reflect on how their attitudes and behaviour affect others.

Investment in adolescent SRHR therefore needs to consider the whole pathway:

Accurate information + trusted relationships + adolescent agency + responsive services + supportive environments

Together, these factors can make the difference between an adolescent knowing where help exists and actually feeling able to seek it.

CONCLUSION

The stories in this booklet show that significant change is not always dramatic. Sometimes, it is an adolescent deciding to speak instead of remaining silent. Sometimes, it is choosing to test rather than continuing to wonder. Sometimes, it is a boy realising that menstruation is a normal part of life and deciding that girls should not be bullied. Sometimes, it is a father finding the time to answer his son's questions. Sometimes, it is an adolescent finding the confidence to return to a health facility after deciding she would never go back. These moments matter because they represent movement:

- from silence to communication;
- from misinformation to reliable information;
- from hesitation to decision-making;
- from avoidance to health-seeking;
- from harmful behaviour to empathy;
- from uncertainty to confidence.

Taken together, the stories also show that adolescents do not navigate sexual and reproductive health and rights issues alone. Their decisions and experiences are shaped by the people and environments around them including parents and caregivers, peers, schools, community actors, project staff and health providers.

For this reason, adolescent empowerment cannot be separated from the environments in which adolescents live,

learn, communicate and seek support. Knowledge matters, but knowledge alone is not always enough. Adolescents also need trusted people they can turn to, safe spaces where questions are welcomed, accurate information that can be relied upon, and health services where they are treated with dignity and respect.

The most important lesson emerging from these stories is perhaps this:

When adolescents have accurate information, trusted support and services they can approach with confidence, they are better positioned to make decisions about their health and to influence positive change among the people around them.

Listening to these changes is therefore not only a way of documenting what happened. It is a way of understanding what makes change possible, what enables adolescents to act on what they know, and what needs to happen next.

These stories invite us to look beyond activities and outputs and pay attention to the changes that matter in adolescents' everyday lives. They remind us that sustainable progress can begin with something as simple and as significant as a young person feeling able to ask a question, seek help, make a decision, support a peer or try again.

The task ahead is to create more of these opportunities, strengthen the systems around adolescents, and ensure that every young person can seek information and services with dignity, safety and confidence.

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We acknowledge the contribution of schools, teachers, school health structures and education stakeholders who created spaces for adolescents to learn, ask questions and discuss issues affecting their health and wellbeing. We particularly recognise the teachers and school-based actors who continue to play an important role in connecting adolescents with accurate information and trusted sources of support.

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We extend our appreciation to the health workers and health facilities that participated in the project and supported adolescents seeking information and services. The experiences shared in these stories remind us of the important role that respectful, confidential, non-judgemental and adolescent-responsive health services play in building trust and encouraging adolescents to seek care.

We also recognise the contribution of the Wakiso District Local Government and relevant district and local stakeholders for their engagement and collaboration in strengthening adolescent sexual and reproductive health and rights programming within the district.

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We appreciate the contribution of partner organisations and collaborating institutions whose cooperation and shared commitment contributed to advancing the project's objectives and strengthening opportunities for adolescents to access accurate information and appropriate services.

We are deeply grateful to AmplifyChange for its financial and programme support, which made this work possible and enabled PSD to document the experiences and learning emerging from the project. This support has helped bring adolescent voices to the centre of programme learning, reflection and accountability.

Most importantly, we thank the adolescents whose stories are presented in this booklet. These stories belong to them. Their experiences remind us that meaningful change is often found in moments that may appear small a young person deciding to ask a question, seek care, speak to a trusted adult, challenge misinformation, support a peer or simply find the confidence to try again.

We hope this booklet honours their experiences and contributes to continued learning and action to ensure that every adolescent can access the information, support and services they need with dignity, safety and confidence.

ABOUT PSD

Paradigm for Social Justice and Development (PSD) is a women's rights organisation in Uganda working to advance women's justice and development and address social injustices, poverty and violence. PSD works with communities and institutions to promote and protect the rights of women, girls and other vulnerable and marginalised groups.

PSD's work is grounded in social justice, gender equality, human rights, participation, accountability and community-led change. Its programme areas include women's access to justice; women's rights and gender equality; peace and security; human rights and good governance; economic empowerment; sexual and reproductive health and rights (SRHR); and research and knowledge generation.

PSD uses participatory and community-centred approaches, including research, awareness creation, capacity building, legal aid and advocacy, policy engagement, partnerships and strategic collaboration. Through these approaches, PSD works to strengthen the capacity of rights holders and institutions, generate evidence for change, and support communities to participate meaningfully in decisions that affect their lives.

PSD's vision is "A Society without Injustice, Violence and Poverty," and its mission is to work with communities to address social injustices and alleviate poverty and violence.

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