GENDER ROLES, EQUALITY & TRANSFORMATIONS

GREAT Project

HOW-TO GUIDE

GREAT's Approach to Improving Adolescent Sexual and Reproductive Health and Reducing Gender-Based Violence

© 2016, Institute for Reproductive Health, Georgetown University

This how-to implementation guide was prepared by the Institute for Reproductive Health at Georgetown University (IRH), Pathfinder International and Save the Children under the Gender Roles, Equality and Transformations (GREAT) Project. This guide and the GREAT Project are made possible by the generous support of the American people through United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-10-00073. The contents are the responsibility of the GREAT consortium and do not necessarily reflect the views or policies of USAID or Georgetown University.

Acknowledgements

Written by Benjamin Swanton, Jimmy Clarke, and Catherine Toth

This guide would not have been possible without the valuable contributions made by the District Representatives, Technical Advisory Group and members of communities in Lamogi and Pabbo sub-counties of Amuru district and Ogur and Amach sub-counties of Lira district. Lubik Pamela, Nelson Omara, Joseph Kasongo, and Nicholas Owoo (from Concerned Parents Association), and Abraham Odongpiny and Christine Lamwaka (from Straight Talk Foundation) contributed generously to the authors' understanding of how GREAT has been and should be implemented. Pauline Kabagenyi, Benon Orach, Dickens Ojamuge, and Brad Kerner (from Save the Children) and Susan Akajo Oregede, Emilly Katamujuna, Geoffrey Opyet, Callie Simon, Camille Collins Lovell, and Gwyn Hainsworth (from Pathfinder International) provided insight into aspects of capacity building and program management that helped inform the design and elaboration of this guide. Rebecka Lundgren, Tori Steven, Gratian Masendi, Sam Okello and Thomas Odong from IRH provided invaluable support. Finally, Nana Dagadu from IRH deserves special mention for coordinating this work and providing constant support and feedback.

GREAT Project

Institute for Reproductive Health
Georgetown University
1825 Connecticut Avenue, N.W., Suite 699
Washington, DC 20009 USA
irhinfo@georgetown.edu

[http://irh.org/projects/great_project/]

Contents

Glossary of Terms 1

Introduction: Using the How-to-Guide 3

Chapter I: The GREAT Journey

- Section A: Chapter I Overview 1
- Section B: Chapter I Tracking Forms 13
  - Data Audit Form 15
  - Quarterly Reporting Form 17
  - Extension Worker Summary Tracking Form 18
- Handouts
  - GREAT Components 24

Chapter II: Preparing to Implement GREAT

- Section A: Chapter II Overview 1
- Section B: Chapter II Activities 7
  - Suggested Schedule for Core Training 9
  - Session 1: Welcome and Introductions 11
  - Session 2: Introduction to GREAT 11
  - Session 3: Types of Power 12
  - Session 4: Understanding Power 13
  - Session 5: The Space Between Us 15
  - Session 6: Looking in Before Looking Out 18
  - Session 7: Gender Pulse Check and Values Clarification Exercise 19
  - Session 8: Recap and Prep 21
  - Session 9: Adolescent Growth, Behavior and Reproductive Health Rights 22
  - Session 10: Demystifying Sexuality 26
  - Session 11: Summary & Closing 28
- Handouts
  - The Story of Mrs. Lovely: Drama Skit 29
  - GREAT Components 30

Chapter III: The Community Action Cycle

- Section A: Chapter III Overview 1
- Section B: Chapter III Activities 7
  - Purpose of Community Action Cycle Training 9
  - Suggested Community Action Cycle Training Schedule 10
- Section C: Chapter III Tracking Forms 15
  - Community Action Group Activity Form. 17
- Handouts
  - Pre/Post-Test Assessment. 19

Chapter IV: The Oteka Radio Drama

- Section A: Chapter IV Overview 1
- Section B: Chapter IV Activities 9
  - Guidelines for Oteka Radio Drama Broadcasters. 11
  - Brief Overview of GREAT 11
  - Tips for Airing Oteka Radio Drama. 12
  - Dos and Don'ts for Radio Broadcasters. 13
- Section C: Chapter IV Tracking Forms 15
  - Oteka Radio Drama Weekly Reporting Form 17

Chapter V: Village Health Teams and Youth-Friendly Services

- Section A: Chapter V Overview. 1
- Section B: Chapter V Activities 11
  - The VHT Training and Reflection Guide 13
  - Suggested Schedule for VHT Training 13
  - Session 1: Introduction and Opening 19
  - Session 2: Understanding the GREAT Interventions and the Situation of Reproductive Health in Uganda 21
  - Session 3: Understanding Power 22
  - Session 4: Adolescent Growth, Behavior and Reproductive Health Rights 24
  - Session 5: Barriers and Facilitators to Accessing Adolescent Sexual Reproductive Health 29
  - Session 6: Values Clarification and Gender Pulse Exercise. 30
  - Session 7: Adolescent Sexuality 32
  - Session 8: Family Planning and Healthy Timing and Spacing of Pregnancy 34
  - Session 9: Looking in Before Looking Out 34
  - Session 10: Communicating with and Counseling Individual

Adolescents, Young Women and Their Partners . . . 36
- Session 11: Verbal and Nonverbal Communication Exercise . . . 38
- Session 12: Roles and Responsibilities of VHTs in Providing ASRH Services to Adolescents . . . 39
- Session 13: USAID's Family Planning Guiding Principles and US Legislative and Policy Requirements . . . 40
- Session 14: Overview of the Adolescent Health Counseling Flipbook . . . 41
- Session 15: The Space Between Us . . . 42
- Session 16: Conclusion & Post-Test . . . 46

- Section C: Chapter V Tracking Forms . . . 47
  - VHT Daily/Monthly Reporting Form . . . 49
- Handouts
  - Pre/Post-Test Assessment . . . 50
  - Flashback Worksheet . . . 52
  - VHT Final Workshop Evaluation Form . . . 53
  - The Story of Mrs. Lovely: Drama Skit . . . 54
  - GREAT Components . . . 55

Chapter VI: The GREAT Toolkit

- Section A: Chapter VI Overview . . . 1
- Section B: Chapter VI Activities . . . 5
  - Purpose of the GREAT Toolkit Orientation for Leaders of Community Groups and School-Based Clubs . . . 7
  - Suggested Sequence/Schedule for GREAT Toolkit Orientation for Leaders of Community Groups and School-Based Clubs . . . 7
  - Session 1: Introduction to GREAT Toolkit . . . 8
  - Session 2: Demonstration and Practice Using the Toolkit . . . 11
  - Facilitation Tips . . . 13
- Section C: Chapter VI Tracking Forms . . . 23
  - Group Leader Tracking Form . . . 23

Glossary of Terms

ADOLESCENTS

People aged 10 to 19 years old[1]

- **Very Young Adolescents:** People aged 10-14 years old[2]
- **Young People:** People aged 10-24 years old[3]
- **Youth:** People aged 15-29[4] (Government of Uganda)

EQUITY

The process of being fair to women and men, boys and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field[5].

GENDER

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to me female or male vary among cultures and changes over time[6].

GENDER-BASED VIOLENCE (GBV)

Gender-based violence is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private. Gender-based violence is rooted in economic, social, and political inequalities between men and women. Gender-based violence can occur throughout the lifecycle, from infancy through childhood and adolescence, the reproductive years and into old age, and can affect women and girls, and men and boys[7].

SCALABILITY

Ability of institutions/organizations to take-up GREAT component(s), build their own capacity and expand GREAT innovation to reach more locations and more young people.

SEXUAL AND REPRODUCTIVE HEALTH (SRH)

Sexual and reproductive health is a state of physical, mental, and social well-being in all matters relating to sexual behaviors, the reproductive system, and reproductive functions and processes. Sexual and reproductive health includes the ability to reproduce and to decide if, when, and how often to reproduce; the ability to have a safe and satisfying sex life; being informed of and having accesses to safe, effective, affordable, and acceptable methods of family planning; the ability to access appropriate health care services that enable women to go safely through pregnancy and childbirth; and being free from sexually transmitted diseases[8].

SOCIAL NORMS

The rules that govern behavior in groups and societies, particularly those related to gender, sexuality, fertility, gender-based violence, and age and status hierarchies that shape the sexual and reproductive trajectories of young people.

STAKEHOLDER

All persons, institutions, organizations, departments and agencies who are affected and or effected by GREAT innovation(s).

USER ORGANIZATION (UO)

Organizations that adopt and implement the GREAT innovation at scale, transmits the innovation to beneficiaries directly, and possesses the interest and ability to scale up and sustain an innovation. Potential GREAT user organizations exist at the district, national, and international level.

YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Pathfinder International, a partner in the original GREAT project, describes youth-friendly services as those that: effectively attract adolescents, meet the needs and rights of adolescents in a comfortable and responsive manner, and retain these adolescents for continuing care.

---

1 UNFPA, WHO, UNICEF - https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_ASRHtoolkit_english.pdf

2 Ibid.

3 Ibid. *Note though that "The UN Secretariat uses the terms youth and young people interchangeable to mean age 15-24 with the understanding that member states and other entities use different definitions." -http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

4 International Youth Federation, 2011 http://www.youthpolicy.org/national/Uganda_2011_Youth_Mapping_Volume_1.pdf

5 Inter-Agency Gender Working Group (IGWG) http://www.igwg.org/igwg_media/integrgendrRH-HIV/gendertermsdefinitions.pdf

6 Inter-Agency Gender Working Group http://www.igwg.org/igwg_media/integrgendrRH-HIV/gendertermsdefinitions.pdf

7 Adapted from the Inter-Agency Gender Working Group (IGWG) http://www.igwg.org/igwg_media/integrgendrRH-HIV/gendertermsdefinitions.pdf

8 Adapted from the International Conference on Population and Development Cairo, 1994 Programme of Action http://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

Introduction:
Using the How-to-Guide

Using the How-To-Guide

WHAT

The Gender Roles, Equality, and Transformations (GREAT) project is an evidence-based international development intervention that succeeded in improving gender norms related to sexual and reproductive health and gender-based violence in Northern Uganda. The GREAT model encompasses several components and places collaboration with local partners and the community at the center of the intervention. GREAT's elements are tested, evidence-based, and scalable; its interventions are tailored to life stages within the broad category of 'young people.' GREAT is simple and low-cost, and is designed to respect positive norms and values even as it asks communities to examine and challenge those norms and values that are negative. GREAT includes: 1) simple steps to bring communities together to take action to improve adolescent well-being; 2) a serial radio drama with stories and songs about young people and their families living in Northern Uganda; 3) orientation to help Village Health Teams (VHTs) offer youth-friendly services; and 4) a toolkit with lively stories and games. Each of the components encompasses specific methods and tools.

This How-to-Guide will provide you and your staff with the tools and instructions you need to implement the GREAT project in your community. It is broken down into sections for each GREAT project component; within each component chapter, you will find an overview of the component, suggested activity sessions, and tracking forms for tracking implementation progress. Bear in mind that some activity sessions may require reading of materials not found in this guide and preparation time ahead of any trainings. Activity sessions may be repeated in multiple chapters of the guide for ease of use. This guide also includes the handouts referenced throughout the guide. Some of the materials in the are sourced from other projects that were studied while conceptualizing GREAT.

WHY

Before becoming a GREAT implementer, you must first become GREAT yourself! Prior to beginning field activities, it is important to read through the How-to-Guide to familiarize yourself with the content, as well as what will be involved in implementing GREAT. The How-to-Guide will provide you with the information you need to sensitize and educate your staff, as well as share the GREAT principles with communities and local stakeholders. You should refer back to the How-to-Guide throughout the life of the project, especially before you hold any GREAT trainings, important meetings, or dissemination events.

WHEN

GREAT is ideally implemented over a period of eighteen months with one to three months of preparation, twelve months of implementation, and three months of phase-out (see the table below). This timeline may vary when put into practice by your organization.

Before implementing GREAT, you will need to allot time to read through the preliminary sections of this How-to-Guide and recommended readings, as well as complete the requisite GREAT Core Training (Chapter II). Additional preparatory activities could include meeting with local stakeholders, determining the available budget, and identifying partners. The implementation activities will vary based on which elements of GREAT your organization elects to adopt. Phase-out will also vary by organization, but we suggest you set aside time to work with partners to ensure sustainability after the official closeout of GREAT and to identify opportunities to disseminate learnings.

Guide Chapter	Activity	Preparation			Implementation												Phase-out		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
All	Read through How-to-Guide and handouts																		
2	Select project area, communities																		
2	Obtain stakeholder (local) buy-in																		
3	Form Community mobilization Team (part of Community Action Cycle Phase 1 – Prepare to Mobilize)																		
4	Identify radio stations and arrange for broadcasts																		
6	Print toolkits																		
2	Train own staff: Core & Community Action Cycle																		
5	Map sexual and reproductive health services																		
2	Map Community groups including Community groups and school-based clubs																		
6	Distribute toolkits and orient group leaders on use.																		
3	Identify and train Community Action Groups																		
5	Identify and train VHTs																		
3	Community Action Groups follow Community Action Cycle phases 3 -6; quarterly review meetings, as needed																		
4	Air radio drama																		
5	VHTs provide support; quarterly VHT meetings																		
6	Groups meet to use toolkit																		
1	Inform actors of upcoming phase-out: identify with district and sub-county leaders existing opportunities for integrating GREAT approach – meetings, budgets, plans, reporting, structures																		
1	Dissemination of experiences to communities, donors, and other key stakeholders																		
1	Transition/celebration meeting																		

WHERE

GREAT was originally tested, implemented, and scaled up in Northern Uganda. However, the intervention model is applicable for a variety of settings, though some materials may need to be modified to suit the context that your organization works in, the budget available, and the structure of your organization.

WHO

This GREAT How-to-Guide is written for nongovernmental organizations with at least some experience in community-based development programming. If you are a community group or a governmental department, you are welcome to use this guide but will need to adapt some instructions to better suit your organization structure.

It is not necessary that you have technical experience in gender equality, sexual and reproductive health, or gender-based violence prevention (this guide provides or points you to the basic information you will need), but you should have broad skills and experience in working with communities, and in collaborating with stakeholders including local government departments. Likewise, we assume that your organization is able to hire and manage staff, responsibly manage its financial resources, and gather and use information for decision-making and collaboration.

GREAT is flexible and adaptive, and your organization should be able to easily integrate the GREAT components into your new and existing programs. However, you and your colleagues should consider at least these questions before deciding to implement GREAT:

Have You Asked Yourself?	Why is this Important?	Are you ready?
Do you understand the specific gender and sexual and reproductive health issues in your area?	In order to be able to improve sexual and reproductive health and reduce gender-based violence in your area, you must first know what issues are affecting your community. Review any gender-related research that has been done, including studies related to equity, sexual and reproductive health, gender-based violence, family planning, and girls dropping out of school early in your area. Identify if and to what extent problems are being addressed by existing programs. Consult the community to understand which needs are not being met.	✓
Do you have access to organized groups of adolescents?	The GREAT project works to improve gender-equitable attitudes, behaviors, and sexual and reproductive health, and decrease gender-based violence among adolescents by targeting adolescents organized in community groups and school-based clubs. Working with existing groups provides opportunity for group reflection, dialogue, and members to support each other to take action. In order to access such groups, review your current programming. Map out the adolescents you are currently reaching and how you are reaching them. Document this information for 10 to 14 year olds, unmarried 15 to 19 year olds and for married or parenting 15 to 19 year olds. Understand what community groups these adolescents are participating in and how you are currently reaching them in your programming. The better you understand who you are reaching and how you are reaching them, the easier it will be for you to integrate the GREAT interventions into these program platforms to reach these same adolescents.	✓
Do you and your staff hold gender-equitable attitudes and enact gender-equitable behaviors?	The community members with whom you work should view your staff as role models of the attitudes and behaviors they wish to adopt. GREAT's Core Training (Chapter II, Section B) includes a Gender Pulse Check and value clarifications tool which can help you (as individuals and as a team) look inward and reflect on your own attitudes, biases, and behaviors before you encourage others to act in a gender equitable way.	✓
How will GREAT fit with existing national, district, sub-county and parish plans?	The success of GREAT and its scale-up is partially due to strong linkages to district, sub-county, and parish plans with direct coordination with local officials responsible for community affairs and development[9]. Work with your local officials to understand how GREAT interventions align with plans and indicators already being tracked for gender-based violence and sexual and reproductive health.	✓

Have You Asked Yourself?	Why is this Important?	Are you ready?
Do you have the resources you need to implement GREAT?	By forecasting the expected expenses of implementing GREAT, your organization can formulate a more sustainable intervention plan. In general, major costs of GREAT include airing the radio drama, printing toolkits, Community Action Cycle training orientations on the toolkits, and training of VHTs on youth-friendly health services. Some of these costs might already be covered by other projects in your area. Additional costs might also include coordination meetings with government officials and tracking costs which can often be cost shared with your current programs. Our costing study based on GREAT implementation in Northern Uganda, can provide further guidance on calculating costs and human resources requirements for the components of GREAT.	✔

If you were able to check-off all of these conditions, congratulations! You're ready to start implementing GREAT!

HOW

This How-to-Guide is vital for anyone interested in implementing GREAT. Before initiating any activities, you must first read through the introduction, Chapter I and Chapter II, followed by the chapters corresponding to the elements of GREAT that your organization would like to implement. While the How-to-Guide provides detailed instructions and resources for implementation, it is important to understand that no two organizations will implement GREAT in the exact same way; you may need to adapt certain materials or lesson plans for your context.

The team that piloted GREAT in Northern Uganda can provide technical assistance and guidance to help you implement the GREAT approach. Please contact The GREAT Project at irhinfo@georgetown.edu for strategic guidance on integrating GREAT into your programs, connecting with other organizations that are implementing GREAT components, establishing a tracking system that meets your needs, creating linkages with VHTs and the health system, and planning for meetings with your local officials to advocate for support for GREAT.

9 In Uganda, these local officials were at the Community Development Office at district and sub-county levels.

Chapter I:
The GREAT Journey

Section A:
Overview

Overview:
The GREAT Journey

What is GREAT?

The Gender Roles, Equality, and Transformations (GREAT) project is a six and a half-year project that started in October 2010. GREAT was funded by the United States Agency for International Development (USAID) and implemented by Georgetown University's Institute for Reproductive Health, in partnership with Save the Children, Pathfinder International, Straight Talk Foundation, and Concerned Parents Association in Lira and Amuru districts of Northern Uganda. The Government of Uganda, represented by three line ministries (the Ministry of Health, the Ministry of Gender, Labor, and Social Development, and the Ministry of Education and Sports), is a critical stakeholder and coordinates with other district government actors. The GREAT Project aims to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors among adolescents and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities in Northern Uganda.

GREAT was created based on a review of 61 effective sexual and reproductive health and gender-based violence programs for youth around the world, evaluating their scalability, combined with primary information collected from adolescents, their parents, and community leaders about the challenges and opportunities of growing up in Northern Uganda. GREAT aims to reach the majority of people in a community through different activities to bring about communitywide change. It was designed to require only modest investments of time and money to allow for expansion of activities across the region. GREAT provides information and advice tailored to meet the needs of each of the groups it seeks to reach – 10 to 14 year old boys and girls, 15 to 19 year old adolescents, and 15 to 19 year old newly married couples and new parents living in Northern Uganda.

The GREAT approach is based upon a set of *principles* and is made up of four *components* (Chapters III-VI), a set of participatory activities to get adolescents and adults thinking and talking about how to help girls and boys grow into healthy adults who live in communities free of violence that encourage equality between men and women. Each component is briefly presented below, and further elaborated in this guide's Chapters III through VI. We strongly recommend that all four components be implemented together for maximum impact.

GREAT Components

COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.

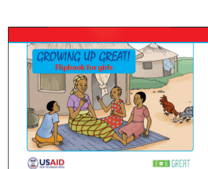
RADIO DRAMA

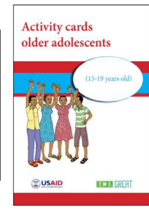
The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

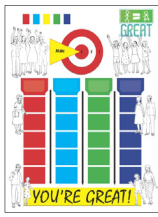
VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.

COMMUNITY GROUPS & CLUBS USING TOOLKITS





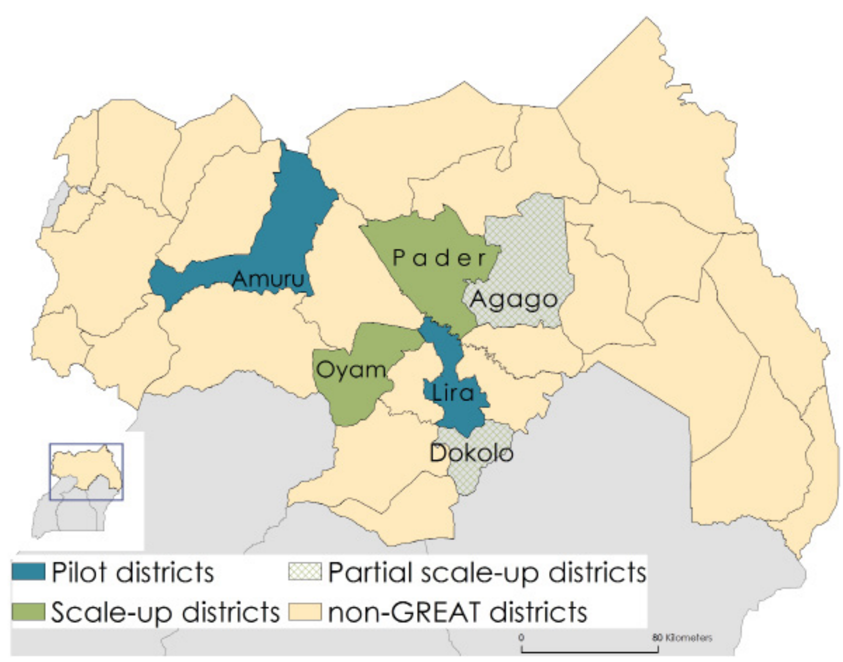


The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The GREAT *Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.

How Does GREAT Work?

A set of GREAT principles guide the activities and components of the project activities. These principles outline the values of GREAT and point towards the goals of the intervention. GREAT's guiding principles include:

Principle	What Makes this Principle GREAT?
Transform social norms	Shift social norms and attitudes to foster healthier, more equitable behaviors by correcting misinformation, encouraging critical reflection and dialogue, changing expectations for appropriate behavior and supporting groups to take action. Gender norms are how we as individuals, communities and societies think about and reinforce the way men and women should be, appear and act; what they should aspire to; and what roles they should play within the community and family. Gender norms certainly affect our health behavior: for example, whether we can initiate or refuse sexual acts, whether we use contraception, or whether we seek HIV testing after having unprotected sex. GREAT uses evidence about how gender norms are formed and maintained to help community groups and others identify, reflect upon, and change local norms—and ultimately to normalize healthier behaviors and more equitable relationships.
Focus on the opportunities in life course transitions	Focus on life course transitions when adolescents learn new roles and social norms: children entering puberty, women and men entering marriage, and individuals becoming new parents. People experience widely differing challenges related to gender inequity, violence, and sexual and reproductive health not only due to their sex but to their age. GREAT therefore treats the broad category of adolescence (ages 10-19) as several specific groups, and offers tailored, stage-specific approaches for each: Very Young Adolescents (10-14 years) who are starting to go through puberty, Older Adolescents (15-19) who are entering intimate relationships, Newly Married (15-19) who are in intimate relationships and are making decisions about fertility and family planning, and New Parents (15-19) who are raising children of their own.
Engage all levels of the ecological framework	Diffuse new ideas and information through different levels of the community to support individual change. The GREAT intervention deliberately works at multiple levels within society—individual, relationship, community—because each level supports and catalyzes the others to foster and sustain social change.
A relational approach engages women, girls, men, and boys	Engage girls and boys, sometimes apart, sometimes together, but always in relation to each other. GREAT's relational approach recognizes, simply, that most problems involve two or more people, and that solving problems should address the needs of each. In all cases, the aim is to move toward more gender equitable relationships. If, for example, a couple is to participate more equitably in child care, the relational approach may lead you to raise awareness with the female partner that men, when given the opportunity, can care for children just as well as women, and to foster within the male partner a sense of responsibility for participating in child care. Family and community members may also need to be involved to support new attitudes and behaviors.
Existing groups build trust and foster a foundation for sustainable change	Be scaled up by existing groups with modest additional resources. GREAT identifies and works with groups that already exist in and influence the community. Our Community Action Cycle helps build social cohesion and trust (especially important in Northern Uganda, where cultural, family, and economic ties are being rebuilt after years of conflict) as these existing groups and their members provide opportunities for dialogue and reflection, and mobilize their communities for change.



Where Was GREAT Implemented?

After more than twenty years of brutal civil war, conditions in the post-conflict setting of northern Uganda – increased gender-based violence, disrupted social and human services, and eroded cultural traditions – heightened economic and physical insecurity even further. These factors may have contributed to the adoption and reinforcement of inequitable gender norms, unhealthy behaviors, poor reproductive health outcomes, and sexualization of vulnerable youth who lack exposure to positive role models and appropriate conflict resolution skills and psychological support. Young people in Northern Uganda marry and have children early, limiting their opportunities to complete their education, make a good living and form healthy, harmonious families. Mistimed pregnancies and family violence lead to poor health outcomes among many young mothers and their children, contributing to intergenerational cycles of poverty. Beliefs about how women and men should behave often influence young people's health and well-being. For example, the belief that it is acceptable for men to use violence against women can prevent women from discussing family planning with their husbands or seeking services. Beliefs about the ideal male roles can also discourage men from being loving, supportive husbands and fathers. Existing efforts to address these unhealthy situations in Northern Uganda were not adequately meeting the needs of adolescents.

The people of northern Uganda were ready for changes that would improve their families and communities in the face of considerable sexual and reproductive health challenges and widespread gender-based violence in order to bring about long-term well-being. GREAT, in partnership with local communities, accepted the challenging circumstances of working in Northern Uganda and committed itself to filling the identified gaps in adolescent sexual and reproductive health (ASRH). Piloted in Lira and Amuru districts and scaled-up in Oyam and Pader districts, GREAT activities have reached over 100,000 people across Northern Uganda. Although GREAT was piloted and scaled-up in Northern Uganda, the intervention is also applicable in other contexts. For example, organizations have adopted elements of the GREAT intervention in other parts of Uganda as well as the Democratic Republic of Congo, Mozambique, Benin, and several other West African countries.

Why is GREAT Important?

GREAT is important because it works. Focusing on the opportunities to positively influence gender and social norms at key life course transitions, GREAT aimed to affect the following behaviors for its intervention cohorts:

GREAT Themes and Desired Outcomes by Age Cohort [Read GREAT Creative Brief: http://bit.ly/1VYbjY1]			
Group (age in years)	**Sexual and Reproductive Health**	**Gender-Equitable Norms & Attitudes**	**Gender-Based Violence**
Very Young Adolescents (10-14)	Knowledge of puberty differences	Siblings should share chores; Education is equally important for boys and girls	Decreased bullying, teasing; Intention to seek help in violent situations; Boys and girls respect each other
Older Adolescents (15-19)	Knowledge of sexual and reproductive health rights, responsibilities; Self-efficacy for service use	Girls should stay in school; Adolescents should delay marriage	Decreased coerced sex
Newly Married (15-19)	Desire to delay pregnancy; Partner support for sexual and reproductive health	Equitable decision-making in couple	Increased willingness to seek help/respond to intimate partner violence; Improved communication to resolve conflict
New Parents (15-19)	Couple communication about fertility/family planning	Male/female children desired and treated equally	Increased use of nonviolent discipline

In order to assess if the GREAT intervention was effective at achieving its desired goal behaviors, GREAT was rigorously tracked throughout its implementation. GREAT was piloted for 22 months[1]. In evaluating the GREAT intervention package, we asked the following questions:

1. Do adolescents exposed to GREAT have improved attitudes and behaviors related to:

    Equality between men and women and boys and girls?

    Couple relationships and family planning?

    Gender-based violence?

2. Do adults exposed to GREAT provide advice to adolescents about equality, couple relationships, family planning, and gender-based violence?

Qualitative research [http://bit.ly/1UmqGbF] revealed that young people and adults enjoyed

1 For more information about GREAT results, see the Project Results [http://irh.org/resource-library/brief-great-project-results/]

being involved in GREAT and felt that their participation resulted in positive changes in themselves, their families, and communities. Quantitative results [http://bit.ly/24axYp5] also showed that GREAT led to significant improvements in attitudes and behaviors among exposed individuals. Adolescents and adults who heard the radio program or participated in reflection activities reported positive changes in gender equity, partner communication, family planning use, and attitudes towards gender-based violence. The serial radio drama was an effective strategy to reach community members who did not participate in small group activities.

Changes in gender-equitable attitudes and behaviors: Exposure to GREAT resulted in more gender-equitable attitudes and some changes in behaviors. For example, fewer older adolescents exposed to GREAT held inequitable gender norms. Educating girls promotes the health and well-being of families and communities. A promising result of GREAT is that fewer newly married/parenting youth and older adolescents believe that it is more important for boys to be educated than girls. More gender equitable behaviors were also observed among youth engaged in GREAT, especially among newly married/parenting adolescents. Young husbands were more likely to be involved in childcare or helping with household chores than those not reached.

Changes in sexual and reproductive health attitudes and behaviors: We learned that most young people who participated in GREAT showed improved attitudes and behaviors related to sexual and reproductive health. Older adolescents and newly married/parenting adolescents exposed to GREAT were more likely than those not exposed to hold positive attitudes towards family planning use, talk to their partner about the timing of their next child, and discuss family planning use. Newly married/parenting couples were also more likely to seek and use family planning.

Changes in attitudes towards intimate partner violence, conflict management, and sexual harassment: Changing acceptance of men's use of violence to control their wives takes time, however improved attitudes and less violence was seen among adolescents involved with GREAT. There was a significant decrease in newly married/parenting women and men who report reacting violently to their partner when they were angry. In addition, fewer older adolescents reported touching/being touched on the buttocks or breast without permission in the last three months.

Changes in adult attitudes towards and interactions with adolescents: Results showed that GREAT contributes to an environment which supports youth development. For example, the adults exposed to GREAT were significantly more likely to provide young people positive advice on gender, couple relationships, avoiding pregnancy, and partner violence.

Who Implements GREAT?

Implementing the GREAT approach involves people from many levels and sectors of society, as shown in the table below. For the sake of simplicity, in this section we present the major actors in two categories.

The first is **actors who belong to your organization** (which is probably an NGO, but may be a government department or community group).

The second is **actors in the community**. (Some of these actors may also be government officials, traditional or social leaders, but in GREAT their primary affiliation is the community.)

GREAT Actors and Their Roles

Affiliate	Title	Description
Your Organization	***Project Manager(s)***	Individual(s) in charge of overseeing GREAT implementation, staffing, tracking. Coordinate stakeholders and manage financial and physical resources to advance implementation, make mid-course adjustments, and disseminate findings/results.
Community Members	***Field Staff***	The staff who interface with and guide community members—including Community Action Groups, VHTs, and leaders of community groups/school-based clubs--to use GREAT components.
	Community Action Group	Made up of local leaders and influential individuals and volunteers or community resource persons (as selected by communities), each nine-member Community Action Group (with support of Field Staff) works with its community at parish level to identify problems and draw up action plans to solve them. They collaborate with community groups, school-based clubs, and with VHTs to ensure their activities are included in Community Action Plans and guide groups and school-based clubs to use the toolkit
	Community Mobilization Teams	These are community representatives at sub-county level including the sub-county leadership who guide or advise the Community Action Groups to implement GREAT in their sub-counties. Their buy-in and participation right from the start is important because they play a critical role when it comes to integrating GREAT into existing sub-county and parish development plans.
	VHTs	Uganda's Ministry of Health mandates that each village have one male and one female volunteer health worker. With targeted support from GREAT, VHTs improve their ability to offer youth-friendly information on sexual and reproductive health, and referrals to nearby services.
Community Members	***Existing community groups and school-based clubs***	Many types of groups can use GREAT materials: school groups organized by teachers, drama groups, sports groups, village savings groups, religious groups, and others. Using the GREAT toolkit, they engage their local community in fun activities. By engaging community members in this way, community groups and school-based clubs are guiding them on a journey of inward reflection about how their behavior and use of power affects others around them. The work of Community groups and school-based clubs is supported/coordinated by community members and adolescents. By taking part in GREAT, group members gain new skills, enjoy being part of the wider GREAT community, and enjoy increased status in their community.

GREAT activities are owned and implemented by communities, but **government stakeholders** at several levels also help ensure GREAT success. For example, you will want to consult district-level officials before activities begin. Sub-county and Parish chiefs (among others) can help you choose communities in which to work and facilitate your access to those communities. Parish councilors and leaders can help you and communities form Community Action Groups and feed GREAT activities into sub county plans.

Tracking your Progress

WHAT

After reading through the Introduction and Chapter I of this How-To-Guide, are you excited to start implementing GREAT? Before beginning activities, it is important to design a plan to track your GREAT progress. This section will describe the process for integrating key tracking considerations to support implementation of your GREAT activities.

WHY

M&E provides the information needed to make evidence-based decisions for program management and improvement, policy formulation, and advocacy. It facilitates an iterative approach that supports successful implementation of interventions and promotes an environment of evidence-based learning. Ultimately, M&E provides a means to guide decision-making and evaluate achievements while balancing the needs of project staff and donors with those of communities to exert ownership over their information and influence program priorities.

WHO

Your staff, led by your GREAT project manager, in collaboration with the community groups selected for your activities.

WHEN

Integrate GREAT indicators prior to the 12-month active phase and continue tracking throughout the implementation period.

HOW

Tracking of the Community Action Groups, radio, VHTs, and platform activities requires simple tools that are participatory and visual. You can integrate the GREAT indicators into your existing M&E system or refer to the Sample tracking forms included in this document. GREAT component specific tools can be found in each component's respective chapter, while general forms can be found in this chapter. We present additional considerations for each component below. Simple reporting tools are completed by the Community Action Groups, radio stations, VHTs, and platform leaders and submitted monthly. Quarterly meetings help Community Action Groups, VHTs and platform leaders to reflect on their experiences, challenges, and lessons learned.

Key Considerations for Integrating GREAT indicators into your M&E system:

GREAT component	Indicators (disaggregated by age cohort and sex, where applicable)	Considerations
Community Action Cycle	***# of parishes that have completed all 6 phases of Community Action Cycle***	Benchmarks may be helpful in tracking how quickly it takes Community Action Groups to get through the 6 phases
	# of individuals engaging/ working/implementing the Community Action Cycle	
	# of community structures implementing the Community Action Cycle	
Radio	# of episodes aired on the agreed days and time	Radio listenership may be difficult to measure
VHTs	***# of VHTs oriented in providing Youth Friendly services***	Refer to Ministry of Health tracking forms to avoid duplicating reporting templates.
	# of adolescents (10-19 year olds) reached by VHTs	
Toolkit	***# of individuals reached through platforms***	School-based clubs may require very simple forms to facilitate reporting by very young adolescents.
	# of platforms oriented and implementing GREAT (i.e. using the toolkit)	

Before beginning to use the tools included in this document, it is important to dispel a few myths about M&E among your staff and with the GREAT community groups:

Myths about Tracking

Before beginning to use the tools included in this document, it is important to dispel a few myths about M&E among your staff and with the GREAT community groups:

1. **Myth:** Only experts can participate in GREAT M&E activities.

   Truth: Anyone can participate in GREAT M&E activities. If you can read and understand simple arithmetic, you can help track GREAT's progress with your organization.

2. **Myth:** You need to wait until the end of your project to start M&E activities.

   Truth: You should participate in tracking your organization's progress as soon as you start implementing GREAT. By tracking your activities regularly, you'll have a clearer picture of what works, what doesn't, and what needs to be improved.

3. **Myth:** User organizations cannot use tracking forms without direct supervision from the GREAT resource team (IRH, Save the Children, Pathfinder, Straight Talk Foundation and/or Concerned Parents Association).

   Truth: User organizations can use tracking forms without direct supervision from the GREAT resource team. Although the resource team may orient user organizations on how to use the tracking forms before they implement GREAT activities, user organization staff are capable of completing forms on their own once they understand and are comfortable with the forms.

Section B:
Tracking Forms

1. Data Audit Form

INSTRUCTIONS: This form must be completed by the RMEC/IRH or a trained, designated representative from the MEWG. Please complete this form once every quarter for each of the UOs to assess the quality of data compiled by them during the quarter. Be careful to observe instructions to the form in italics. Collate all the forms in a quarterly data audit report to inform the Partners' and GREAT quarterly report (if completed by anyone other than the RMEC, please submit this form to the RMEC). The last day of submission is the 3th calendar day of the month following the quarter.

No.	Category/Questions	Findings (0=No; 1 = Yes)	Comments	Recommendations for Improvement (if needed)
VALIDITY				
1.	Are the forms filled out completely i.e. without missing information?			
2.	Are observation sections sufficiently filled in? i.e. is there enough detail to guide project decision-making?			
3.	Are the people collecting data qualified and properly supervised?			
4.	Are project locations properly identified in the tracking form?			
RELIABILITY				
5.	Is the data collector consistently using correct data collection procedure?			
6.	Is the data collector turning in data forms on time?			
7.	Is the data collected properly stored and readily available for use or verification by project staff?			
PRECISION				
8.	Did the data collector correctly summarize the original data? E.g. is the Extension Worker correctly tallying the platform leaders' and/or community leaders' figures?			

No.	Category/Questions	Findings (0=No; 1 = Yes)	Comments	Recommendations for Improvement (if needed)
9.	Do reported sums add up correctly?			
INTEGRITY				
10.	Are there proper measures in place to prevent unauthorized changes to the data?			
TOTAL POINTS:		______/**10**		

INTEGRITY	
Based on the assessment relative to the five standards, what is the overall conclusion regarding the quality of the data?	Comment on the overall quality of the data from this source
If the data is not accurate, what impact will it have on our understanding of what is going on and on our ability to improve them?	Comment on the potential impact of the limitations on program activities
Are there comments from the field or observation made from completing the tools that require modification of the tools? If so what?	Comment on modifications required for existing tools

2. Quarterly Tracking Form

INSTRUCTIONS: Summarize information (sum) into this form every three months. Submit the completed form to the local government office and copy to Concerned Parents Association/Straight Talk Foundation by the 5th of the first month of the next quarter. This form should be filled for each district. Fill one line for each Sub county you are working in. Fill in the name of the Sub county and the figures for each column across the table. Sum up the figures for each column and place the total in the last row of the table, marked **"TOTAL"**.

Name of User Organization: ______________________________ **District:** ______________________________

Reporting period: _____/_____/_____ **to** _____/_____/_____ **Date of submission:** _____/_____/_____

DD / MM / YYYY   DD / MM / YYYY   DD / MM / YYYY

	Location	Community Action Cycle			Service linkages though VHTs				Toolkit			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
No.	**Name of Sub county**	**Number of parishes that have completed all 6 phases of Community Action Cycle**	**Number of males engaging in the Community Action Cycle**	**Number of females engaging in the Community Action Cycle**	**Number of female VHTs oriented in providing Youth Friendly Services**	**Number of male VHTs oriented in providing Youth Friendly Services**	**Number of females 10-19 year olds reached by VHTs**	**Number of males 10-19 year olds reached by VHTs**	**Number of community/ school-based groups using the Oteka Radio Drama discussion guide to discuss the drama**	**Number of girls/women reached through community/ school-based groups**	**Number of boys/men reached through community/ school-based groups**	**Number of community/ school-based groups oriented and implementing GREAT**
1.												
2.												
3.												
4.												
5.												
6.												
7.												
	TOTAL:											

Name of person reporting: ______________________________ **Signature:** ______________________________

3. Extension Worker Summary Tracking Form

INSTRUCTIONS: The UO Summary Tracking Form summarizes the information recorded in the Community Action Group, Group, VHT & Radio Reports. It is completed by the Extension Worker for each sub county at the end of each quarter. The Extension Worker should complete this form using information from the VHT monthly summary form, Group leader tracking forms, Community Action Group, activity forms, Oteka weekly log forms and UO quarterly report form that will be collected from the UOs. These forms should be submitted to the respective Project Officers (of SCI and PI) no later than the 5th calendar day of the first month of the next quarter.

SECTION 1: REPORT BY (Provide details in the space provided)

Name: Position:

Signature: Date: Sub county:

SECTION 2: SUMMARY OF GROUP ACTIVITIES

Summary of group activity by age group and sex (Fill out this section with information from UO quarterly report and Group leader tracking forms)

Group tracking indicators for the quarter	Age Group	# Groups		# of participants in the groups					Comments
		School	Community	School		Community		Total	
				Male	Female	Male	Female		
Total # groups enrolled[11] in the GREAT project by the end of the previous quarter (by age group)	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								

11 Enrolled Groups are those that have: had representatives trained on the use of toolkit, received the toolkit and are expected to have started using the toolkit.

Use of GREAT products by type of product, age group & sex (Fill out this table with information from the Group Leader Reporting Form)

Total # of groups that used at least one scalable product during the previous quarter (by product)	Age Group	# Groups		# of Participants in the Groups that Used this Product					
		School	Community	School			Community		
				Male	Female	Total	Male	Female	Total
Oteka Radio Drama discussion guide	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								
Community board game	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								
Activity cards	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								
Boys' Flipbook	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								
Girls' Flipbook	VYA (10-14 years)								
	OA (15-19 years)								
	NM/NP (15-19 years)								
	Adults (20+ years)								
GRAND TOTAL:									

SECTION 3: Summary of Community Action Group Activities

(Information for Section 3 comes from the Community Action Group Activity Reporting Form)

Fill out with information from the Community Action Group Activity Reporting Form

S.No.	Indicator	Number
1.	**# of males engaging/working as Community Action Group s/ implementing the Community Action Cycle:**	
2.	**# of females engaging/working as Community Action Group s/ implementing the Community Action Cycle:**	
3.	**# of parishes that have completed all six phases of the Community Action Cycle:**	

	What activities has the Community Action Group undertaken in the community? *(Describe briefly)*	**Month**	**Location**	Estimated No. of Participants	
				Male	Female
1.					
2.					
3.					
4.					

SECTION 4: Summary of VHT Activity

(Information Comes from the Integrated Daily/Monthly Form for VHTs)

S.No.		Newly Married/ Parenting		Older Adolescents		Very Young Adolescents		Total
		Male	Female	Male	Female	Male	Female	
1.	# people reached by VHTs through individual level							
2.	# people reached by VHTs through group level							
5.	Total # clients referred to Health Facility							
Topics discussed with clients								
6.	Family planning							
7.	Puberty							
8.	Domestic violence							
9.	Early marriage							
10.	Gender roles							
11.	Alcohol							
12.	Safety							
13.	Other							

SECTION 5: Summary of Oteka Radio Drama Broadcast

Radio Drama (Information comes from UO Oteka Radio Drama Weekly Reporting Form)

S.No.	Name of Radio	Number of episodes aired at the right time and day this quarter	Number of episodes repeated this quarter	Number of questions/ comments on the theme of sexual and reproductive health from listeners during this quarter	Number of questions/ comments on the theme of gender-based violence from listeners during this quarter	Number of questions/ comments on the theme of gender equity from listeners during this quarter
1.						
2.						
3.						
4.						
5.						
TOTAL:						

Extension Worker's Comments: *Please include anything else you would like to add OR comment on implementation progress, community sentiment/reaction to project etc.*

GREAT Components

COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.

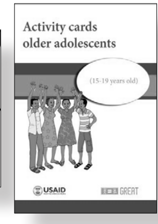
RADIO DRAMA

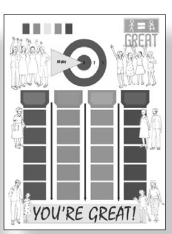
The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

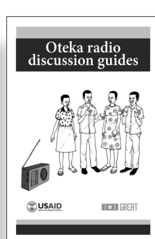
VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.

COMMUNITY GROUPS & CLUBS USING TOOLKITS







The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The GREAT *Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.

Chapter II:
Preparing to Implement GREAT

Section A: Overview

Preparing to Implement GREAT

WHAT

This chapter will lead you through the preparatory work that will lay a strong foundation for your GREAT implementation. It includes selection of the implementation area and community actors, obtaining stakeholder buy-in, and preparing for and running the various orientations and trainings.

WHEN

Prior to the 12-month active phase. One to three months, depending on size/scope of your intended GREAT activities.

WHO

Your staff, led by the manager of the project integrating the GREAT approach.

HOW

The steps below help guide how to start up GREAT. Much of this is standard, good program practice, but guidance here is tailored specifically to GREAT.

Step 1: Select Implementation Area and Communities

The selection of implementation areas and communities allows you to engage communities affected by inequitable gender norms, gender-based violence and poor sexual and reproductive health among adolescents. It involves consulting with the district and sub-county authorities, collecting data, and learning about the existence of the program issue. You will design products/strategies depending on field assessments, the nature of the communities where you work, presence of existing projects that can integrate GREAT, presence of organized youth groups, and availability of sexual and reproductive health services for referral linkages. More instruction on stakeholder agreement is found in Chapter II.

Step 2: Obtain Stakeholder Buy-in

It is important to collaborate with the district government to ensure your implementation is sustainable and targeted towards the right people. However, before you even contact communities, follow these steps that a group of district officials outlined for us:

- Contact heads of relevant local government departments.
- Ask the local government leader to show you existing national, district, and project plans, and make sure your GREAT implementation plans align. Alignment makes it more likely your plans will be supported by the district government.
- Conduct a rapid assessment regarding the actors, activities, and target audiences already present in the area of interest as well as the gaps to be addressed through the GREAT interventions and what opportunities exist for collaboration with district officials. This will allow you to modify and adjust your plan.

- To the extent possible, advocate with local authorities to integrate relevant project interventions in the district development plan and budget at the start of the government fiscal year. This will give your intervention more weight and impetus when you enter communities.
- Sign a memorandum of understanding with local government that specifies:
  - The roles of each governmental and implementing partner (clarify if certain roles are specific to certain posts/titles e.g. assigning which government official will be assigned to the project)
  - Project geography
  - Project duration
  - Budget
- Hold an inception meeting in the sub-county inviting technocrats and politicians. This is a good way to make connections and garner support.

Step 3: Map Community Groups

Review your current programming. Map out (in the table below) the adolescents you are currently reaching and how you are reaching them. Document this information for 10 to 14 year olds, unmarried 15 to 19 year olds and for married or parenting 15 to 19 year olds. Understand what community groups these adolescents are participating in and how you are currently reaching them in your programming. The better you understand who you are reaching and how you are reaching them, the easier it will be for you to integrate the GREAT interventions into these program platforms to reach these same adolescents.

Start with general questions to the community members in a meeting.

- Within your parish, what groups or clubs exist?
- Do any of these groups/clubs have adolescents as members? If so, which ones?
- Do any of the groups/clubs have adolescents only as members/ if so, which ones?

For each group, ask the following questions:

Group Mapping Tool

Question	Sample Responses
What is the name of the group?	Pit deg Nyeko (farmers & VSLA group)
Where is the group located?	Parish : Pogo Village : otorokume
What is the name of the group leader?	Ocaya William Kennedy
What is the contact of the group leader?	**0782969553**
How is the group organized?	**Committee**
About how many members does the group have?	28 members
About what ages are the people in the club?	13-23 years
Is group mostly male, mostly females, or balanced?	Males: 18 Females: 10.
Are the adolescents in the group often married or unmarried?	Mixed
How often do you meet?	Every Friday
Who supports the group?	Save the Children International
What kind of support?	Cash box and Goats

Step 4: Prepare for GREAT trainings

The table below provides an overview of all major trainings of GREAT implementation approach: who will be trained, and in what topics. Here in Chapter II, we provide information and instructions for GREAT Core Training for your field staff. Subsequently, training will occur in a cascade. In other words, your field staff supported by the sub-county Community Mobilization Team will train Community Action Groups, Village Health Teams (VHTs) and group leaders. These later trainings are described, as relevant, in Chapters III through VI.

Summary of GREAT trainings, by intervention actors

Field Staff	Community Action Groups	Radio Stations/ DJs	VHTs	Community Groups & School-based clubs
In this Chapter	*See Chapter III*	*See Chapter IV*	*See Chapter V*	*See Chapter VI*
GREAT Core Training	Community Action Cycle Training	Broadcasting the radio drama	Adolescent sexual and reproductive health (ASRH) and youth-friendly services (including counseling and referral skills, barriers and facilitators to accessing services, attitudes and norms for providers, VHT toolkit) Map of existing sexual and reproductive health and gender-based violence services.	Using the Toolkit (including roles and responsibilities, facilitation skills, and feedback session on using the toolkit)

GREAT Core Training for Your Staff

The core training is essential in preparing your field staff for their work with Community Action Groups, VHTs, and group leaders. In order to conduct this training successfully you will need the GREAT Core Training facilitator's guide (Chapter II). If additional technical expertise (gender equality, sexual and reproductive health, and gender-based violence) is needed you may consider working with the local health and development offices respectively. Note that this core training prepares your staff not only for start-up but also for the coaching and technical assistance that may be required for the Community Action Groups, VHTs, community groups, and school-based clubs during implementation.

The Core training is intended to help implementers lay a foundation of knowledge about the principles, components, and implementation of GREAT; facilitate reflection on attitudes, biases, and behaviors related to gender equality; and provide orientation to the basic tenets of ASRH to both staff and community groups.

Description of Core Training

Once you have completed the GREAT Core Training with your staff, your team should decide which components of the GREAT model you intend to implement. You will need to train your staff on each component your organization plans to implement. Refer to the tableof contents for a list of the components and corresponding chapters in this How-to-Guide.

	2-day workshop to introduce key principles, terminology, relevant content and approaches underlying GREAT. It is intended to provide an open space for critical reflection around the three themes (Gender equality, sexual and reproductive health, and gender-based violence) as well as serve as a foundation for subsequent trainings and orientations to the four components.
Objectives	By the end of this training participants shall be able to: ● identify power gaps to be addressed for the various actors to bring about improvements in sexual and reproductive health & rights situation of adolescents in their localities; ● work effectively with communities and create enabling conditions for empowerment of community members including adolescents; ● plan with communities how to address ASRH & rights including HIV/AIDS in their respective localities; ● apply effective community mobilization skills; ● undertake participatory tracking activities with community members
Materials	Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector, power and ASRH handouts, prompts for gender pulse check; optional: sticky wall, printer
Methods	Participatory learning methods that promote adult learning and reflection, including: ● Brainstorming ● Small group discussions ● Case studies ● Person to person engagement ● Field work assignment
Resources	● GREAT Components handout ● GREAT how-to guide ● SASA! Toolkit by Raising Voices [http://bit.ly/1SDEdqx] ● ISOFI (Inner Spaces, Outer Faces Initiative) Toolkit by CARE, ICRW [http://bit.ly/1TaEZL9] ● Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings Workshop Module, the Acquire project [http://bit.ly/1VYclh7] ● IPPF- from Choice, a World of possibilities [http://bit.ly/1VXIwmV] ● Assessment manual by Pathfinder [http://bit.ly/1rFWjCc]

Section B:

Chapter II Activities.

GREAT Core Training Facilitator's Guide

Suggested Schedule for Core Training

Purpose of the Core Training Guide

You will first train your own staff – project managers and field staff – in this core curriculum. Subsequently, you will train Community Action Groups and VHTs using the same curriculum.

The training will last 2 days.

Suggested Schedule for Core Training

Note: Allow participants to take mental and bio breaks as you see fit throughout the Core training to allow them to more easily digest material. You may assign break times as necessary and/or consider having 2 shorter breaks (15 – 30 minutes) during mid-morning and midway through afternoon with a longer break (1 hour) for lunch each day.

Materials Needed

Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector, power and ASRH handouts, prompts for gender pulse check; optional: sticky wall, printer

Time	Session/Topic	Objective(s)	Org./Person Responsible
Day 1			
30 mins	1. Welcome & Introductions	Welcome & Introductions	
1 hr 30 mins	2. Introduction to GREAT	Review the history, principles, components of GREAT and give context for the remainder of the training	
1 hr	3. Types of power	Participants will develop an understanding of the four different types of power	
2 hrs	4. Our experiences of power	Identify the conditions when we feel we have power and the conditions we feel like we lack power	
1-2 hrs	5. The space between us	Raise participants' awareness of how power has shaped our lives and experiences.	
1hr	6. Looking in before looking out	a. Examine our own fears and hesitancy in providing sexual reproductive health services to adolescents. b. Demonstrate the need to address the gender attitudes, perceptions and norms that limit adolescents' access to sexual reproductive services.	

Time	Session/Topic	Objective(s)	Org./Person Responsible
Day 2			
45 min	7. Gender pulse check and values clarification exercise	To identify facts promote positive attitudes that enhance Youth Friendly Services	
30 mins – 1 hr	8. Recap and Prep	a. Review of Day 1 and prep for Day 2	
2hr	9. Adolescent Reproductive Health Rights	b. To enable participants identify the reproductive rights of adolescents. c. To help participants reflect on their own experiences and challenges in fulfilling adolescent client rights.	
3 hrs	10. Demystifying Sexuality	a. Participants will be able to have in depth understanding and free use of key concepts in sexuality and sexuality itself. b. Participants will be able to appreciate and reflect on their own values and attitudes towards sexuality. c. Participants will be able to create linkages between gender and sexuality and health related behavior.	
30 mins – 1 hr	11. Summary & Closing	d. Facilitator summarizes key points/ learnings from the 2 days and prepares participants for subsequent component trainings	

Session 1: Welcome and Introductions

Objective:

- Participants and facilitator introduce themselves and become comfortable with the group
- Review the agenda for the training

30 minutes

Preparation & Materials:

- Copies of training agenda for the participants
- Flipchart, markers

- Introduce yourself and welcome participants to the training
  - Ask all participants to introduce themselves with their name, their expectations for the training, and what they are most interested in learning about GREAT
  - Record the participants' expectations and interests on the flipchart to help guide future discussions
- Icebreaker [optional: 10 minutes]
- Provide a brief overview of the training agenda
  - Pass out a printed copy of the training agenda to each participant
  - Give a high-level summary of the training schedule
  - Ask if there are any questions before beginning the training

Session 2: Introduction to GREAT

Objective:

- Introduce participants to the history, principles, and components of GREAT

1 hour 30 minutes

Preparation & Materials:

- Review Chapter I of How-to-Guide
- Handout on GREAT Components

- Before beginning the session, review Chapter I of the How-to-Guide to familiarize yourself with the GREAT project
  - Optional: prepare a short PowerPoint that highlights the main principles and components of GREAT to share with participants
- Introduce the history and rationale of GREAT, as well as the main principles. These include but are not limited to:
  - Gender and gender equity
  - ASRH
  - Gender-based violence
  - Ecological model
  - Life course perspective
- Explain the four components of the GREAT intervention
  - Distribute the handout on the GREAT intervention components

Session 3: Types of Power

Objectives:

- Participants will develop an understanding of the four different types of power
- Participants will develop an understanding of the characteristics of power (positive v negative) as well as power gaps

1 Hour

Preparation & Materials:

- SASA! Guide Session 1.1: Understanding Power [http://bit.ly/1SDEdqx]
- Hang up two flipcharts with:
  - Negative attitudes, perceptions, and norms
  - The unmet need of sexual and reproductive health services of adolescents

- Introduce the session — Power Up!

  In this session participants will spend time thinking about power. Power is something that is always in our lives. It influences our decisions and choices, yet we rarely think about it.
- Ask participants to close their eyes, just for a minute or so.
- Once everyone's eyes are closed, say, "Now in your own mind, try to imagine power. (pause) What does power look like to you? (pause) What images come into your mind? (pause). Now please open your eyes.
- Ask participants, "What did you imagine when you closed your eyes?" Encourage participants to describe or even to act out their images of power with their bodies.
- After several participants have described or acted out their images of power, take out the four photocopied drawings.
- Ask the group to pass the drawings around until all participants have seen all four. Then tape one drawing to each of the flipcharts on the wall.
- Address one drawing at a time. Ask participants the following two questions for each drawing:
- a. Did you imagine anything like this when you were thinking about power?
- b. How would you describe this type of power?
- After both questions have been discussed, introduce the matching power term and write it on the flipchart (i.e., power within, power over, power with and power to).
- Ask all participants to stand in the middle of the room.
- Say, "To further explore what these four types of power mean, we will do another exercise. I will read a series of statements. After each statement, move to the flipchart that describes the type of power that you feel the statement most describes."
- Make sure that participants understand the directions. Begin.
- After each statement, if there is disagreement, discuss to come to a consensus.

Take home ideas:

- "There are different types of power. In this session we focused on power within oneself, power over someone, power with others, and power to act."

- "Power can be used positively or negatively."
- "Power is not in limited supply. One person having power does not mean she/he must take power away from another person. Everyone can have power."

Session 4: Understanding Power

Objectives:

- Guide participants in understanding the four types of power
- Guide participants in identifying our experiences of power

2 Hours

Methodology:

- Personal reflection and group discussion

Preparation & Materials:

- Prep Session 3: "Power Up!" in SASA! Guide (p. 27-35) [http://bit.ly/1SDEdqx]
- Copies of The Mrs. Lovely: Drama Skit
- Flipcharts

Types of Power

Refer to Prep Session 3: "Power Up!" in the SASA! Guide.

Our Experiences of Power

Objectives:

- Identify the conditions when we feel we have power to provide sexual and reproductive health services to adolescents.
- Identify the conditions when we feel we lack power to provide sexual and reproductive health services to adolescents.
- Reflect on the power health workers have over adolescents and how they can use that power positively or negatively to meet ASRH needs.
- Guide participants in understanding the four types of power.

The trainer should:

- Prepare:
    - Tape four sheets of flipchart together into a large rectangle. At the top, write: "I feel I have power…" On each sheet, write one of the following words: with, if, when, because. Hang the large rectangle on the wall.
    - Tape four more sheets of flipchart together into a large rectangle. At the top, write: "I feel I lack power…" On each sheet, write one of the following words: with, if, when, because. Hang the large rectangle on the wall.
    - Hang a separate blank flipchart on the wall.
- During the session:
    - Say to participants, "This exercise will give you a chance to think about your own power. We will use the two flipcharts on the wall as guides."

- Explain that:
  - This is an individual exercise.
  - Each flipchart starts with a statement, and then includes four conditions for thinking about that statement.
  - The first flipchart asks you to think about the situations and experiences in which you feel you have power.
  - The second flipchart asks you to think about the situations and experiences in which you feel you lack power.
  - Participants should copy what is on the flipcharts into their notebooks, and think of at least two examples for each of the four conditions shown in each scenario.
- Ask participants to volunteer to share with the group what they have written for the statement, *"I feel I **have** power **with**..."* Write their contributions in the appropriate space on the flipchart. Discuss with group and elicit similarities and differences.
- Repeat for remaining seven conditions.
- Debrief by asking:
  - What can we learn from this exercise?
  - Why do you think this was an individual exercise?
  - What do you think are the consequences of feeling a lack of power?" (Record contributions for this question on the single sheet of flipchart.) Contributions could include: hopelessness, low energy, fear, abuse, anger, etc.

Take home idea:

"We all have certain situations in which we feel powerful and those in which we feel powerless. These situations are different for everybody. These situations invoke different feelings for different people. These feelings determine how each individual makes their decisions on how to move forward or not in any situation they find themselves in.

Example: The Story of Mrs. Lovely

The trainer should:

- Divide the participants in to 2-4 small groups mixed males and females
- Read the The Mrs. Lovely: Drama Skit.
- Allow participants 10 minutes to act out the drama in the skit
- Give each group 5 minutes to present their mini drama (to save time, you may have only 1 or 2 groups present)
- Facilitate a discussion with participants on the drama using the following guiding questions;
- What did you see?
- What did you hear?
- Does this happen in your community?
- Summarize the discussion, with the following idea:

  "We all have certain situations in which we feel powerful and those in which we feel powerless. These situations are different for everybody. These situations invoke different feelings for different people. These feelings determine how each individual makes their decisions on how to move forward or not in any situation they find themselves in."

Session 5: The Space Between Us

Objective:

- Raise participants' awareness of how power has shaped our lives and experiences.

1-2 Hours

Preparation & Materials:

- This exercise is best conducted with both women and men. In case you do not have at least three women and three men in your group, you will need to provide some participants with pretend identities.
- SASA! Guide Session 1.2: Power and Human Rights [http://bit.ly/1SDEdqx]

- Introduce the session — Power and Human Rights:

  This session is designed to help participants recognize that a person's sex deeply influences their experiences and choices in life. It goes on to explore the impact of this on our enjoyment of human rights as women and men."
- The facilitator explains to the participants:
  - "In a few moments, I am going to ask you to line up in the middle of the room and hold hands with each other. I will then read a series of statements about life experiences."
  - "After each one of the statements you will move one space forward, backward or stay where you are, based on your life experiences. If you begin moving in an opposite direction of the people you are holding hands with, you will have to let go."
  - Note: If someone is in a wheelchair, instead of taking a step, they can move/roll the equivalent.
  - "If the participant has not heard a statement clearly, s/he calls 'repeat.'
  - "This is a silent exercise. Participants are not allowed comment on their own or others' movements."
- Ask participants to line up side by side across the middle of the room, with sufficient and equal space both behind and in front of them. Ask them to all face one way (toward a wall or a line drawn on the floor) and to hold hands with the people on either side of them.
- Ensure there are no questions. Remind participants that this is a silent exercise.
- Read the statements ("The Space between Us" Activity Statements) provided at the end of these instructions and ask the participants to move after each statement.
- When you have finished reading all the statements, pause. Ask the participants to remain where they are. If some participants are still holding hands, they can now let go of each other.
- Ask the participants to look around to see where they are standing and where others around them are standing. Ask them to take a moment to reflect on their own position and the position of others.
- Tell to the group: "When I say 'go,' race to the wall/line in front of you."

- Count "one, two, three, GO!"
- Debrief: Gather everyone back in the large circle and debrief the exercise. Make sure that both women and men are contributing their thoughts and that everyone feels safe and respected throughout the discussion.
    - "How did you feel doing this exercise?"
    - How did you feel at the beginning when you were all in the straight line?
    - How did it feel to move forward? To move backward?
    - How did it feel to release the hands of your neighbors?
    - "What did you notice about each other's reactions as the exercise progressed?" (Probe: "Did the tone of the game change from playful to serious?")
    - What did you think or feel when you saw where everyone was standing at the end of the game? Was there anything that surprised you about people's positions?
    - Did any of you adjust the size of your steps (i.e., making them smaller or larger) as the game continued on? Why?
    - Did anyone want or choose to not be honest in the exercise? Why? What does this tell us about our experiences? (Probe: "Is there shame or stigma attached to our experiences of power?")
    - "What was your first reaction when I asked you to race to the wall?" (Contributions could include: too far, too close, ran very hard, knew I couldn't win, what was the point, etc.)
    - "What does this exercise teach us about the power imbalances between women and men?"
    - "What did you learn about your own power? The power of those around you?"

<u>Take home ideas:</u>

- "In our community, women typically have less power than men. This is a social norm—something that is considered normal in our community"
- "The power imbalances between women and men mean that women are at a disadvantage."
- "Violence against women is one way this power imbalance is allowed to continue."
- "It is unjust that women and men do not move through life equally."

<u>The Space Between Us: Statements</u>

1. If you were raised in a community where the majority of police, government workers, and politicians were not of your sex, move one step back.
2. If it is generally accepted for you to make sexual jokes in public about the other sex, move one step forward.
3. If a teacher has ever promised you better school results in exchange for sexual favors, move one step back.
4. If you have never been harassed or disrespected by police because of your sex, move one step forward.
5. If you could be beaten by your partner with little or no reaction from others, move one step back.

6. If most doctors, lawyers, professors, or other "professionals" are of the same sex as you, move one step forward.
7. If people of your sex often fear violence in their own relationship or homes, move one step back.
8. If people of your sex can beat a partner because of unfaithfulness and with general acceptance of this behavior from others, move one step forward.
9. If you were denied a job or a promotion because of your sex, move one step back.
10. If your sex has ever been considered by scientists as inferior, move one step back.
11. If people of your opposite sex are often paid for sexual favors, move one step forward.
12. If you were discouraged from pursuing activities of your choice because of your sex, move one step back.
13. If you commonly see people of your sex in positions of leadership in business, in court, and in government, move one step forward.
14. If you fear being attacked if you walk home alone after dark, move one step back.
15. If you could continue school while your siblings of the opposite sex had to stop, move one step forward.
16. If you share child rearing responsibilities with your partner, move one step forward.
17. If you have never worried about being called a prostitute, move one step forward.
18. If you must rely on your partner to pay for your clothes and food, move one step back.
19. If you have never been offered presents for sexual favors, move one step forward.
20. If you have ever worried about how to dress to keep yourself safe, move one step back.
21. If people of your sex can have different partners and that is generally accepted, move one step forward.
22. If you have taken care of your partner while she or he is sick, move one step forward.
23. If your religious leaders are the same sex as you, move one step forward.
24. If you have ever feared rape, move one step backward.
25. If your name or family name can be given to your children, move one step forward.
26. If you have been touched inappropriately by a stranger in public, against your will, move one step back.
27. If you cannot always expect the same kind of respect from women as from men, move one step back.
28. If you have ever been refused rest by your partner while you were feeling weak, move one step back.
29. If your sex is the one who usually makes the decisions about household expenditures, move one step forward.
30. If you have never been whistled or hooted at in public by the opposite sex, move one step forward.

Session 6: Looking in Before Looking Out

1 Hour

Objectives:

- Examine our own fears and hesitancy in providing sexual reproductive health services to adolescents
- Demonstrate the need to address the gender attitudes, perceptions and norms that limit adolescents' access to sexual reproductive services
- SASA! Guide [http://bit.ly/1SDEdqx]

- Introduce the session — Getting Started:
  "For a long time, attempts have been made to address adolescent sexual and reproductive health and rights (ASRHR) by different stakeholders including us. For instance if we asked ourselves; How many people and organizations with experience with SRHR and how many feel reluctant to provide effective services. Many people and organizations working on ASRHR are hesitant to provide certain SRHR services including HIV/AIDS. In this session we will look inside ourselves and/or our organizations/workplaces to understand why this is so and what can be done about it."
- Facilitator asks participants to make two columns in their notebooks, with the headings seen on the flipcharts. Ask participants to take a few minutes to think about any reservations or anxieties they have personally about working on each of these issues and to record their ideas in the appropriate column in their notebooks.
- Facilitator asks participants to share their thoughts/fears/anxieties. Write their contributions on the appropriate flipchart. (Contributions could include: too complicated, afraid of being identified with the issue, don't know how to address it, too medical, don't want to be labeled a feminist, am unclear about my own beliefs, issue comes too close to home, etc.). Discuss the contributions as they are offered by participants.
- Facilitator asks participants: "These are all obstacles to working on ASRHR and HIV/AIDS. How do these obstacles affect our actions?"
- Ask participants to form some groups, depending on the number, and then grouping themselves by number.
- Explain: Each group will be given 5 minutes to identify and discuss the consequences regarding ASRHR and HIV/AIDS, if we avoid addressing the connection between the two.
- Explain: "Each group will be given a sheet of flipchart for documenting their ideas. Divide your flipchart in half, entitled one half 'Consequences' and write your ideas on that half of the paper."
- Give each group a blank sheet of flipchart paper, a marker, and one of the following topics:
  - Rates of violence against adolescent girls?
  - Rates of unsafe abortions?
  - Rates of HIV infection among different people? Girls? Boys?
- Alert the group when 1 minute remains.
- After 5 minutes have passed, call "stop!"

- Ask each group: "Now entitle the second half of your flipchart 'Benefits.' On this half, write the benefits for you personally and/or for your organization/workplace if you, again, avoid addressing the connection between ASRHR and HIV/ AIDS. You will have 5 minutes to write down your ideas."
- Alert the group when 1 minute remains.
- After 5 minutes have passed, call "stop!"
- After all groups are finished, ask: "Do the benefits outweigh the consequences?
- Discuss and debate, inviting groups to share what they wrote on their flipcharts.

Take home ideas:

- Adolescent sexual reproductive health and rights including HIV/AIDS are critical health and human rights issues. We must address them both in order to make a real difference in the lives of adolescents.
- "Obstacles and reluctance is natural, but it must not stop us from addressing these issues."

Session 7: Gender Pulse Check and Values Clarification Exercise

45 Minutes

Objective:

- To identify facts promote positive attitudes that enhance Youth Friendly Services.

Methodology:

- This section includes a participatory exercise where the facilitator reads out statements for participants to move towards the cards that most suits their attitudes: Agree, and Disagree.
- For each statement the facilitator records the number of participants for each card.
- Participants are then given an opportunity to explain or make clarification on their thinking.
- Facts should be provided to promote positive attitude that enhance Youth Friendly Services.

Gender Pulse Check

Facilitator reads out statements for participants to move towards the cards that most suites their attitudes: Agree, or Disagree. For each statement, the facilitator records number of participants for each card. Participants should be given the opportunity to explain or make clarification on their thinking. Facts should be provided to promote positive gender attitudes.

		Agree	Disagree
1.	It is a husband's duty to discipline his wife when she makes a mistake.		
		Agree	Disagree
2.	Women and men should share responsibility for raising children and doing housework.		
3.	Women have a right to say no if they do not want to have sex with their husbands.		
4.	Women are not as important as men.		
5.	Men beat women as a way of showing love.		
6.	All human beings are equal in value.		
7.	Sometimes women need to be disciplined by their husbands.		
8.	Men have a right to demand for sex from their wives whenever they want.		
9.	Women have a right to have equal share in the family's wealth.		
10.	Boys and men do not have to do housework like cooking, washing, or cleaning, its women's work.		
11.	Women have a right to contribute their views in all matters that affect them.		
12.	Women are responsible for raising children.		
13.	Bride price makes women seem like men's property.		
14.	Girls can be just as clever as boys.		
15.	It is natural for a man to lose his temper if his wife disagrees with him.		
16.	Boys and girls have the same right to play.		
17.	If a teenage girl puts on a miniskirt with a slit and is raped, it is not her fault.		
18.	Married young people should not use family planning until they have completed their family size.		
19.	Shouting is not violence.		

Values Clarification Exercise

Facilitator reads out statements for participants to move towards the cards that most suites their attitudes: Agree or Disagree. For each statement, the facilitator records the number of participants for each card. Participants should be given the opportunity to explain or make clarification on their thinking. Facts should be provided to promote positive gender attitudes.

		Agree	Disagree
1.	Young males and females have equal sexual rights.		
2.	Homosexual/lesbian young males/females can access sexual and reproductive health services from RHU clinics.		
3.	Condoms should be available to adolescents of any age.		
4.	It is worse for an unmarried girl to have sex than an unmarried boy.		
5.	Providing sexual and reproductive health services to adolescents may lead to early sex or promiscuity.		
6.	Sex education in schools promotes early sex.		
7.	Teenagers should have access to family planning contraceptives.		
8.	Young males and females presenting with STIs should be denied services.		
9.	Before adolescents are provided with sexual and reproductive health services they should be asked to come along with their parents or guardians for corrective disciplinary measures.		
10.	Youth centers encourage promiscuity as they provide an opportunity for young girls to meet with males.		

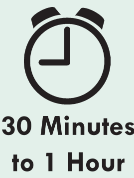
Session 8: Recap and Prep

Objectives:

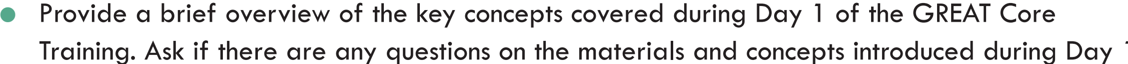
- Refresh participants' memory of material covered in Day 1
- Prepare participants to begin Day 2 of Core Training

Preparation & Materials:

- Review agenda and key concepts from Day 1 of Training
- GREAT Core Training Agenda



30 Minutes to 1 Hour



- Provide a brief overview of the key concepts covered during Day 1 of the GREAT Core Training. Ask if there are any questions on the materials and concepts introduced during Day 1
- Walk participants through the agenda for Day 2 of the GREAT Core Training

Session 9: Adolescent Growth, Behavior and Reproductive Health Rights

Objectives:

- Explain the reproductive health rights and responsibilities of adolescents
- Understand the Stages of adolescent development
- Explore the Myths and misconceptions associated with growth and development
- Understand Adolescent and adult reactions towards adolescent changes and behavior

Methodology:

- Power point presentation, group discussions

Preparation Needed:

- Power point slides
- Flipchart
- Note books
- Markers
- Tape
- Refer to your government's National Training Curriculum for Health Workers before the session to familiarize yourself with the content

Defining Adolescence

The trainer should:

- Write the definition of healthy adolescence on a flipchart:

  "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive health system and to its functions and processes."
- Divide participants in to small groups of 5.
- Ask participants to explain what the statement means.
- Ask participants to brainstorm, how adolescent health can be improved in your community

Rationale for Special Training on Adolescent Reproductive Health

The trainer should:

- Ask participants to brainstorm why there should be a special training on adolescent reproductive health.
- Ask participants to answer the following questions. Sample answers are included below for your reference.

Questions	Sample Answers	Did Participants Supply the Answers?
How are adolescents different from adults?	They have different needs because of their physical and psychological stages.	✓
	They have different cognitive abilities and skills, which requires different counseling approaches and	✓
	They tend to be less well-informed and require more information.	✓
	Conflicts between cultural or parental expectations and adolescents' emerging values present serious challenges for young people.	✓
Why is adolescence a critical age for risk taking?	Adolescents are moving toward independence and tend to experiment and test limits, including practicing risky behaviors.	✓
	Using substances or drugs for the first time typically occurs during adolescence.	✓
How is adolescence an opportune time for professional interventions?	Adolescents are undergoing educational and guidance experiences in school, at home, and through religious institutions; health education can be part of these efforts.	✓
	Life-long health habits are established in adolescence.	✓
	Interventions can help adolescents make good decisions and take responsibility for their actions, often preventing serious negative consequences in the future.	✓
	There are many effective channels for reaching adolescents: schools, religious institutions, youth organizations, community and recreational activities, parental communication, peer education, the media, and health service facilities.	✓
Why does special training allow providers to be more responsive to the needs of adolescents?	Well-trained providers are able to better serve adolescents and deliver adolescent services in a more efficient and effective manner.	✓

Stages of Adolescence

The trainer should:

- Explain to participants that there are different stages of adolescence (early 10-13, middle 14 -16, late 17-19) , stressing that timing varies according to culture and individual development.
- Divide participants into groups:
  - Some groups will discuss: physical and sexual changes during adolescence at different stages
  - Other groups discuss: psychological and emotional changes during adolescence at different stages.
  - Ask both groups to discuss changes assigned to them and to list major changes on a flipchart.
  - Allow each group to present their lists during plenary. You may refer to some changes below:

Early Adolescence (10-13)	Middle Adolescence (14-16)	Late Adolescence (17-19)
• Onset of puberty and rapid growth • Impulsive, experimental behavior • Beginning to think abstractly • Adolescent's sphere of influence extends beyond her/his own family • Increasing concern with image and acceptance by peers	• Continues physical growth and development • Starts to challenge rules and test limits • Develops more analytical skills; greater awareness of behavioral consequences • Strongly influenced by peers, especially on image and social behavior • Increasing interest in sex; special relationships begin with opposite sex • Greater willingness to assess own beliefs and consider others	• Reaches physical and sexual maturity • Improved problem-solving abilities • Developing greater self-identification • Peer influence lessens • Reintegration into family • Intimate relationships more important than group relationships • Increased ability to make adult choices and assume adult responsibilities • Movement into vocational life phase

Reproductive Rights of Adolescents

The trainer should:

- Introduce the concept of reproductive health rights as follows:
  - A right: Something that an individual or a population can legally and justly claim.
  - Reproductive rights: Rights specific to personal decision-making and behavior in the reproductive sphere, including access to reproductive health information, guidance from trained professional and reproductive health services.
  - "The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination." (WHO, 2006a, updated 2010)
  - There are rights established within individual countries and those articulated in major international conventions including those that are specific to adolescents.

- Ask participants to list reproductive rights that apply to adolescents and write answers on a flipchart.
- Using the lists below fill in any missing information.

Sexual Health Rights		Reproductive Health Rights	
The right to the highest attainable standard of health (including sexual health) and social security.	✓	The right to be free of discrimination, coercion, and violence in one's sexual decisions and sexual life.	✓
The right to equality and non-discrimination.	✓	The right to decide the number and spacing of one's children.	✓
The right to be free from torture or to cruel, inhumane or degrading treatment or punishment.	✓	The right to expect and demand equality, full consent, and mutual respect in sexual relationships.	✓
The right to privacy.	✓	The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status or location.	✓
The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage.	✓	The right to quality reproductive health care include: • Contraceptive information, counselling and services. • Prenatal, postnatal and delivery care. • Healthcare for infants. • Prevention and treatment of reproductive tract infections. • Post abortion care. • Prevention and treatment of infertility.	✓
The rights to information, as well as education about sexual and reproductive health	✓	The right to privacy and confidentiality while being attended.	✓
The right to equality and non-discrimination	✓	The right to be treated with dignity, courtesy, attentiveness and respect.	✓
The rights to freedom of opinion and expression	✓	The right to express views on the services offered.	✓
The right to an effective remedy for violations of fundamental rights.	✓	The right to gender equality and equity to receive reproductive health services for as long as needed.	✓
		The right to feel comfortable when receiving services.	
		The right to choose freely one's life/sexual partners.	
		The right to refuse marriage	
		The right to say no to sex even within marriage.	

Source (IPPF, 1991, WHO 2010).

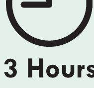
- Facilitator should ask participants to brain storm the challenges in implementing Sexual reproductive Health Rights. Potential answers include:
  - Cultures
  - Local laws, customs and policies
  - Religion
  - Community pressure (personal views/ judgmental)
  - Family pressure
  - Peer pressure
  - Reproductive health services not accessible by adolescents

Summary

The trainer should summarize the session as follows:

- Sexual health is fundamental to the physical, emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. It is the rights of all persons to pursue a safe and pleasurable sexual life.
- Actions to improve sexual health can take place within a range of settings: Education, society/culture, economics, health systems, law, policies and human rights.
- The responsible exercise of human rights requires that all persons respect the rights of others.

Session 10: Demystifying Sexuality



3 Hours

Objectives:

- Participants will be able to have in depth understanding and free use of key concepts in sexuality and sexuality itself.
- Participants will be able to appreciate and reflect on their own values and attitudes towards sexuality.
- Participants will be able to create linkages between gender and sexuality and health related behavior.

Methodology:

- Participatory approaches will be used as a means of creating learning through use of participant's own knowledge and experiences.
- Reflection on how issues discussed relate to participants' day to day service delivery (sharing testimonies and using them as learning aids).

Breakdown of Key Themes

- Defining male and female
- Defining and understanding gender
- Defining sexuality
- Naming and defining key concepts in sexuality (sexuality circles)
- Defining sexual pleasure

Group Work: Linking Sexual and Reproductive Health Concerns and Sexuality

The trainer should:

- Split participants into two groups. Each group will be responsible for responding to a series of questions and prompts relating to sexuality and sexual and reproductive health.
- Encourage the groups to discuss their prompts for 10-15 minutes, and then invite each group to present their results to the rest of the participants.
- As the session facilitator, you will use the group work exercise to achieve the following goals.
    - Spark discussion surrounding the following topics:
        - Why do men and women have sex?
        - What power relations exist between men and women?
        - What happens when two people have different motivations for having sex?
        - Was it easier to think of reasons for people use condoms or why they don't use condoms? Are some of the reasons answers that men might give or that women might give, or answers that both men and women might give? Why are some answers associated with one sex but not the other?
    - Identify key learning's from the presentations.
    - Correct any misinformation or myths that may arise during the discussion.

Group	Discussion Point #1	Discussion Point #2	Discussion Point #3
Group 1	Define a sweet man	Why do men have sex?	Why do people use condoms?
Group 2	Define a sweet woman	Why do women have sex?	Why don't people use condoms?

Role-Playing Exercise: Condom Use

The trainer should:

- Divide participants into pairs of one man and one woman. Explain that each pair is to conduct a role play in which a couple is negotiating condom use.
    - However, the man should play the role of the woman in the scenario, and the woman should play the role of the man.
    - If you have more participants, you can think of more scenarios, or you can assign the same scenarios to more than one pair.
- Give the pairs 10-15 minutes to practice their role plays, and then invite some of them to perform in front of the entire group.
- Facilitate a group discussion, asking
    - Was it difficult to take on the role of the opposite sex? What did you learn by trying to speak from a different perspective?
    - Did you agree with the men's portrayal of women, and the women's portrayal of men? What do you think was accurate or inaccurate?
    - Did anyone in the group challenge traditional gender roles, or speak in a way that is not usual for a particular sex?
    - How was pleasure used as a justification for condom use?

Pair	Scenario
Pair 1	Woman (man playing the woman) does not want to use condoms because she feels it reduces sexual pleasure. The man (woman playing the man) must argue why and how condoms can be pleasurable.
Pair 2	Man (woman playing the man) is upset because his partner (man playing the woman) was supposed to buy condoms but did not do so
Pair 3	Woman (man playing the woman) insists partner (woman playing the man) should wear a condom because she suspects he has other girlfriends.
Pair 4	Man (woman playing the man) does not want to admit to his partner (man playing the woman) that he does not know how to use a condom.
Pair 5	A man (woman playing the man) is startled when his partner (man playing the woman) wants to start using condoms, because the pair has had sex without condoms on several previous occasions.

Session 11: Summary & Closing

Objective:

- Summarize key points/learnings from Core training

Preparation & Materials:

- Review agenda of Core Training to prepare summary for participants
- Optional: create brief summary document encompassing key learnings from GREAT Core training

30 Minutes to 1 Hour

- Provide a brief overview of the key concepts and learnings introduced in the GREAT Core training.
  Optional: distribute handout on key learnings from GREAT Core Training
- Ask if participants have any questions or clarifications on topics introduced during the Core training
- Thank participants for attending the GREAT Core Training

The Story of Mrs. Lovely: Drama Skit

Mrs. Lovely got married at the age of 15 years to Mr. Lovely who was chosen by her parents. Five cows were given as dowry. She was now pregnant with her ninth child. During her previous pregnancy she had been advised by the health worker at the village clinic not to have any more children, otherwise she risked her life.

Mrs. Lovely was an extremely hardworking and obedient wife. On her husband's farm, she and her daughters produce pineapples, vegetables, and eggs for sale. The husband kept the money in the house in the drawer in the room where they slept.

Although her labor pains started two days before, she could not go to the clinic since her ten months old daughter was sick. On the third day, although she told her husband that she had to go to hospital, he simply went off to meet his village friend to finalize a business deal of selling him his farm products. Seriously short of money, Mrs. Lovely went to see a traditional birth attendant (TBA) whom she could pay in installment as and when she got the money.

Mrs. Lovely was in such a bad state that the TBA refereed her to the village clinic. At the health clinic it was realized that she needed a blood transfusion, which could only be done at the district hospital. Mrs. Lovely said she could not go to the hospital without informing her husband. The health worker informed her that it was a matter of life and death. She had to go to the hospital immediately.

This was a very tricky situation, after a lot of haggling and convincing, Mrs. Lovely was put in the ambulance to the district hospital, but her condition had deteriorated. In order to keep her awake, the nurse started talking to her. She asked her why she had risked her life again (it was the same health worker who delivered her 8th child). Mrs. Lovely replied "you see it is my husband who loves children, if I refused to have more children, he would get from other women, besides I need extra hands at the farm". By the time she reached the hospital Mrs. Lovely was announced dead. What she had not told the health worker is that her only son had been knocked by a lorry on his way to school the previous year. Mrs. Lovely was only 25 years old at the prime of her life.

GREAT Components

COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.

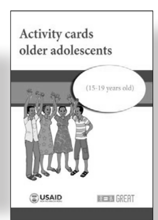
RADIO DRAMA

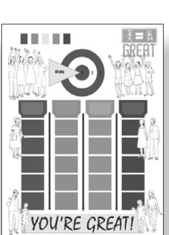
The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

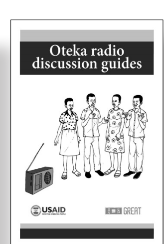
VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.

COMMUNITY GROUPS & CLUBS USING TOOLKITS







The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The GREAT *Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.

Chapter III:
The Community Action Cycle

Section A:
Overview

Overview of GREAT Component 1: **Community Action Cycle**

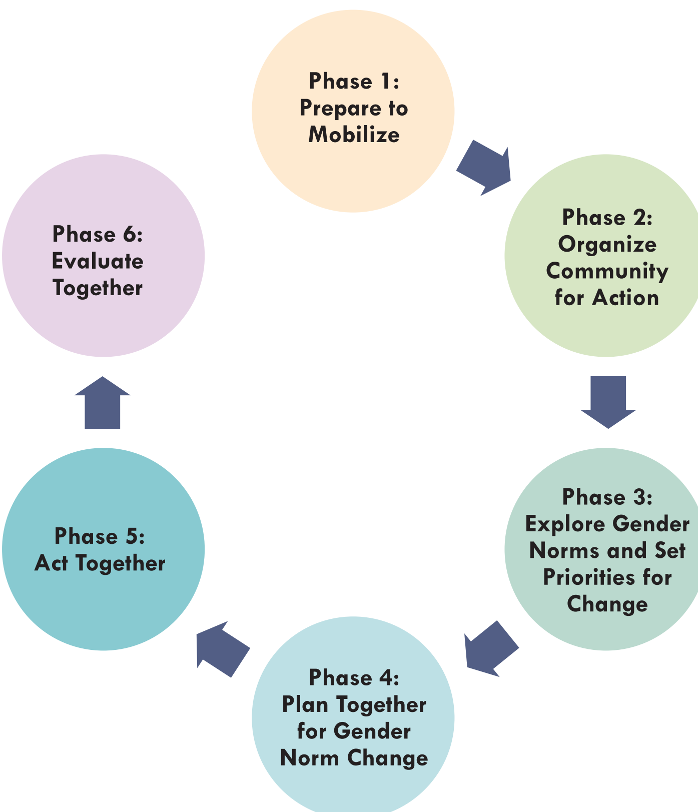
WHAT

The Community Action Cycle is how GREAT mobilizes communities to reflect on gender equality, prevent violence, and promote adolescent sexual and reproductive health (ASRH). The Cycle is your entry point into work with the community. A tested model of community mobilization that has been used and adapted around the world (Save the Children, 2002), the Cycle outlines a participatory process for a core group of community members to engage the government, community members and other stakeholders in action to address gender inequity, gender-based violence, and sexual and reproductive health for adolescents.

The Community Action Cycle does not prescribe activities or outcomes. Rather, it simply outlines a participatory process through which communities will identify, prioritize and act upon problems.

It is, in sum, a process of collective dialogue and action based on planning by communities who first define their current issues, the changes they seek, and how to make these changes happen through community mobilization and action.

Phases of the Community Action Cycle



WHY

The Community Action Cycle is a proven methodology for engaging community leaders and members in a process of community level advocacy and collective action on gender equity, gender-based violence and sexual and reproductive health. Engaging communities and leaders in reflection and action, when done well, can lead to changes in gender norms and relationships and build an enabling environment to sustain behavior change. Community leaders—particularly clan leaders, religious leaders, and elected village leaders—play a critical role in setting and maintaining behavioral norms in communities and households. They can also be crucial catalyzers of normative change.

WHEN

Generally, you may begin implementing the Community Action Cycle prior to the 12 months of active phase when you've identified the issue(s) to be addressed, the area of intervention, trained field staff.

WHO

The trained field staff will guide Community Action Groups to roll out the Community Action Cycle using the Community Action Cycle Implementation Manual [http://bit.ly/1Z2XVjz] into all implementation areas. The Community Action Groups may be supported by the Village Health Teams (VHTs), Community Mobilization Teams, and the community groups, as needed.

HOW

The Community Action Cycle encompasses six phases, as shown in the diagram above. While the phases are summarized below, refer to the Community Action Cycle Implementation Guide [http://bit.ly/1Z2XVjz] for detailed instructions per phase.

Phase 1: Prepare to Mobilize: Form Community Mobilization Team

Phase 1 is when you prepare to enter and work in communities. Here you will orient government officials at different levels to get their buy-in to your work, form and build capacity of the Community Mobilization Teams, and plan on how you will mobilize different communities. This section of the Community Action Cycle manual gives you advice on how to approach government officials and what qualities to look for when recruiting members of the Community Mobilization Team. A series of tools or technical notes can be found at the end of this section in the Community Action Cycle implementation guide that can be used to: (a) conduct an inventory of resources, (b) guide interviews with community leaders to develop community profiles, (c) identify who is affected by different issues in a community, (d) conduct a checklist of preparations needed for orientation meetings, (e) guide on use of mini-dramas to introduce sensitive issues in these meetings and (f) provide a clear and accessible of how changing gender norms can lead to happier and healthier communities.

Phase 2: Organize the Community for Action

In this phase the Community Mobilization Team members, who were selected and trained in Phase 1, approach community members for the first time and begin their involvement in community mobilization and the GREAT Project. This section provides an overview of the four steps of Phase 2: Parish level orientation meetings, village orientation, community groups, and school-based clubs identification and assessment, and Community Action Group formation. A series of tools or technical notes is found in the Community Action Cycle Implementation Guide [http://bit.ly/1Z2XVjz]: (a) Mini-Drama on Gender Norms for the Orientation Meeting, (b) Preparation checklist for community orientation meetings (c) Gender Transformative Programming, (d) community groups and school-based clubs Assessment Tool and (e) criteria for selecting or putting together a Community Action Group.

Phase 3: Explore Together with Community

In this phase, Community Mobilization Team members begin to explore issues related to gender equality, ASRH and gender-based violence, within the team and in their own community. This phase creates a safe space for the community to begin to discuss and analyze gender issues affecting individuals, families and the community. This section of the Community Action Cycle implementation guide describes the steps and introduces tools from the GREAT Toolkit to use for participatory exploration. Additional guidance and tools are provided at the end on (a) how to open meetings and workshops, (b) preparing for field work, (c) decision making, and (d) use of the problem tree approach, (e) participant handouts, (f) interview guides, and (g) a community resource mapping guide.

Phase 4: Plan Together

In this phase, communities come together to plan activities to address the gender norms that prevent access to sexual and reproductive health information and services and act as barriers healthier and fairer relationships free from violence. Community Mobilization Teams work with newly formed Community Action Groups (which coordinate activities in the community) to develop a participatory plan of action. Community Action Groups buy in to GREAT by committing to implement activities as part of the Community Action Plan. The plan is then shared with the wider community for feedback and commitment. A work plan tool is included in the Community Action Cycle Implementation Guide [http://bit.ly/1Z2XVjz].

Phase 5: Act Together

Community Action Groups and community members implement the Community Action Plan with the support of the Community Mobilization Team. The latter's role is now to strengthen community capacity to effectively carry out the Action Plan. In Phase 5, volunteers and community groups and school-based clubs often work together to carry out activities. Helping communities track their own progress is essential to motivate ongoing community action. Tools are included at the end of this section of the implementation guide Community Action Cycle to help you (a) identify capacity and training needs, (b) facilitate community groups/school-based clubs to assess their own progress, (c) provide capacity building in leadership skills, and (d) design a tracking plan.

Phase 6: Evaluate Together

Now the Community Mobilization Team works with Community Action Groups and community members to evaluate whether implementation of the Community Action Plan is proceeding as expected and whether the activities are producing the expected results. In this phase you will form an evaluation team, hold meetings to select indicators and design evaluation tools and plan, implement the evaluation plan, and analyze results and provide feedback to the community. Lessons learned and good practice will also be documented. Tools are provided in the Community Action Cycle implementation guide to help the evaluation team make the evaluation plan and document lessons learned.

Section B:

Chapter 3 Activities

Community Action Cycle Training Guide

Purpose of Community Action Cycle Training

The general purpose of this basic training is to enable participants to roll out the Community Action Cycle in the GREAT context. In a very specific way, the participants will be able at the end of the training to:

- Define what community mobilization is
- List the Community Action Cycle phases and its steps
- Draft and use a detailed facilitation guide for the Organize, and the Explore, phases of the Community Action Cycle
- Plan action steps for rolling out the Community Action Cycle

In order to lead a successful Community Action Cycle training, refer to the Community Action Cycle Implementation Manual [http://bit.ly/1Z2XVjz] for detailed information on preparing to launch Community Action Cycle.

However, it is important to remember that in order to properly set up Community Action Groups and then guide them through the Community Action Cycle process, your NGO staff should first be trained themselves on the Community Action Cycle, especially the main facilitators. Your staff will be trained in Community Action Cycle as a community mobilization approach to engaging communities in transforming inequitable gender norms, attitudes and behaviors, for reduced gender-based violence, and improved sexual and reproductive health.

The Community Action Cycle training will occur in two rounds: the first round covering Community Action Cycle Phases I-III for approximately three days and then Community Action Cycle Phases IV-VI over the course of another three days. Between the two rounds of training, Community Action Groups should begin mobilizing in their communities, applying what they learned during the first round of training. Their experiences and lessons learned from implementing Phases I-III will be the bedrock for their Phases IV-VI training.

In situations where no master trainer is available to provide the Community Action Cycle training, project staff can read through the manual together and discuss how each of the 6 phases of the Community Action Cycle would be implemented. This could take 3 to 4 days to read through the manual and discuss it as a team, as well as plan out logistics for beginning the process in the communities.

Below is a suggested schedule for running a Community Action Cycle training, assuming a master trainer is available.

Suggested Community Action Cycle Training Schedule

DAY 1: Community Action Cycle Phase I - Prepare to Mobilize Phase

Materials Needed:	Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer	
Time	**Topics**	**Facilitator**
8:30-9:30 am	• Welcome/Introduction • Participants Expectations; Overview of Workshop Learning Objectives, Review of Workshop Program, Pre-Test, Creating Workshop Norms and Learning Environment	
9:30-11:00	• Overview of GREAT	
11:00 -12:30	• What is Community Mobilization?; The Community Action Cycle; Sharing our Experiences	
12:30-1:00 pm	• Degrees of Participation and CM Elements	
1:00-1:30	• Overview of Prepare to Mobilize – (DISCOVERY)	
1:30-2:30	**LUNCH**	
2:30-4:00	• Put Together a CM Team: Our personal attitudes and values/Roles & Responsibilities	
4:00-4:30	• Review non-formal training methods and facilitation skills; Experiential Learning Cycle	
4:30-4:45	**BREAK**	
4:45-5:15	• Verbal & non-verbal skills; Safety & Respect	
5:15-5:45	• Gathering Information about the Community: Resources & Constraints;	
5:45-6:00	• Review of day/closure	

DAY 2: Community Action Cycle Phase II – Organize Community for Action

Materials Needed:	Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer	
Time	**Topics**	**Facilitator**
8:00- 8:15 am	• Welcome • 60 Word Summary • Review of Day's Learning Objectives	
8:15-10:15	• Developing a CM Plan/Summary of Preparing to Mobilize	
10:15-10:30	**BREAK**	
10:30-11:15	• Powers that Be/Overview of Getting Organized	
11:15-12:00pm	• Developing a 'Motivating' Core Program Goal(s)	

12:00-1:00	**LUNCH**	
1:00-2:00	• Sharing our 'Motivating' Goals	
2:00-3:30	• How to orient the community to the Core Program goal(s) – sharing our techniques!	
3:30-3:45	**BREAK**	
3:45-4:15	• Inviting participation in the Core Program initiative	
4:15-5:00	• Gathering Information about the Community: Resources & Constraints;	
5:00-5:30	• Review of day/closure	

DAY 3: Community Action Cycle Phase III – Explore Together with the Community

Materials Needed:	**Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer**	
Time	**Topics**	**Facilitator**
8:00-8:15 am	• Welcome • 60 Word Summary • Review of Day's Learning Objectives	
8:15-9:15	• How to form 'Community Action groups'	
9:15-10:00	• Summary of Getting Organized	
10:00-10:15	**BREAK**	
10:00-11:00	• Explore Overview	
11:00-12:00	• Exploring the Program Issues with Communities, Setting Priorities & Identifying Underlying Influences	
12:00-1:00 pm	**LUNCH**	
1:00-3:45	• Exploring the Core Program Issues, con't	
3:45-4:00	**BREAK**	
4:00-4:30	• Summary Exercise of Explore Phase	
4:30-5:30	• Review of day/closure • Next steps – Set a date for reconvening to complete Phase IV-VI of the Community Action Cycle following the implementation of Phases I-III • Post test	

DAY 4: Community Action Cycle Phase IV – Plan Together

Materials Needed:	**Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer**	
Time	**Topics**	**Facilitator**
8:30-9:00am	Introduction and opening exercises • To introduce the participants to each other. • To identify the needs and concerns of participants. • To ensure that the objectives of the workshop are clear. • To establish trust and respect. • To bring out differences in organizational backgrounds.	
9:00-9:30	Quiz • To assess knowledge and understanding of Community Action Cycle elements in community mobilization	
9:30-9:45	GREAT project overview • To remind participants of the GREAT project goal, objectives, and approaches.	
9:45-10:30	Presentation of updates from user organizations • To provide updates on the current projects for integration. • To share experiences of rolling out Community Action Cycle phases 1-3.	
10:30-11:00	Scale up updates • To provide updates to user organizations about the scale up progress. • To discuss roles and responsibilities in the GREAT partnership.	
11:00-11:45	**BREAK**	
11:45am-1:00pm	Review previous elements of the Community Action Cycle • Define community mobilization and its elements • List the Community Action Cycle phases • List the issues prioritized as per organization, during the last training.	
1:00-2:00	**LUNCH**	
2:00-4:30	Introduction to phase 4 (Plan Together) • Facilitate the Plan together phase at community level • Learn how to prepare for the planning sessions • Practice conducting a planning session with Community Action Groups and Community members to develop the Community Action plans as per project.	
4:30-4:40	Day's evaluation • To obtain feedback from participants about the days sessions	

DAY 5: Community Action Cycle Phase V – Act Together with the Community

Materials Needed:	Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer	
Time	**Topics**	**Facilitator**
8:30-8:90am	Recap of previous day • To remind participants of key points/take home messages from previous day	
9:00-9:30	Introduction to Act together phase • Introduce the phase, and its elements.	
10:30-11:15	**BREAK**	
11:15am-1:00pm	Act together phase –determination of roles • To define the role of community structures and project staff in implementing the Community Action plans.	
1:00-2:00	**LUNCH**	
2:00- 4:00	Act together – Ensuring support • Supporting the implementation of plans, and tracking of community progress	
4:00-4:15	End of day 5. Evaluation and closure. • To obtain feedback from participants about the day's training	

DAY 6: Community Action Cycle Phase VI – Evaluate Together with the Community

Materials Needed:	Note books, Pens, Flipcharts, Markers, Masking tape, clear bags/folders, index/idea cards, photocopying papers, projector; optional: sticky wall, printer	
Time	**Topics**	**Facilitator**
8:30-9:00am	Recap of previous day • To remind participants of key points /take home messages from day two	
9:00 -10:30	Developing an evaluation plan • How to develop an evaluation team • How to develop an evaluation plan	
10:30-11:15	**BREAK**	
11:15am-1pm	Developing an evaluation plan (con't) • Implement an evaluation plan • Analyze data from the evaluation results • Document and share lessons, and give recommendations.	
1:00-2:00	**LUNCH**	
2:00pm -4:00	Reviewing evaluation tools • Discuss various tools for conducting evaluation Community Action Cycle.	
4:00-4:15	End of day 6. Evaluation and closure • To obtain feedback from participants about the day's training	

Section C:
Tracking Forms

Community Action Group Activity Form

INSTRUCTIONS: Please complete this form for every activity organized and conducted by the Community Action Group in the community (not for trainings organized by the GREAT resource team or user organizations).

If two Community Action Group members work together on an activity, only one form has to be completed. Submit this form to the UO staff at the end of every month during his/her supportive supervision/tracking visit. The last day of submission is the 5th calendar day of the following month.

SECTION 1: REPORT BY

Name:

Position: In Community Action Group:

In community:

Signature:

Date:

SECTION 2: SUMMARY OF COMMUNITY ACTION GROUP ACTIVITY

Phase of the Community Action Cycle

(Tick only the phase of the Community Action Cycle that has been reached at the time of reporting):

- ☐ (1) Prepare to mobilize
- ☐ (2) Organize the community
- ☐ (3) Explore gender equality, adolescent sexual and reproductive health (ASRH) and gender-based violence
- ☐ (4) Plan together
- ☐ (5) Act together
- ☐ (6) Evaluate together

SECTION 3: ACTIVITY DETAILS

Date of activity:				
Estimated number of community members reached:	**Age Group**	**Male**	**Female**	**Total**
	10-14 years:			
	15-19 years:			
	Newly Married/ New Parent:			
	Others:			
	TOTAL:			
Activity undertaken: (Describe briefly)				
Topic addressed by the activity: (e.g. violence, early marriage, contraception, gender, etc.)				
Location of activity:	District:		Sub county:	
	Parish:		Village:	

Pre/Post Test Assessment

25 Minutes

1. What age range does adolescence refer to? (*Circle one*)
   a. 7-15
   b. 15-19
   c. 10-30
   d. 10-19
   e. 15-24

2. Write down any 3 challenges adolescents face during the stage of growth and development
   1) ______________________________
   2) ______________________________
   3) ______________________________

3. Name three reasons why adolescents in your community do not seek sexual reproductive health services.
   1) ______________________________
   2) ______________________________
   3) ______________________________

4. Having specially trained providers serve adolescents seeking sexual reproductive health services is important because: (*Circle all that apply*)
   a. Communicating with adolescents can require special care with regards to language, tone, and establishing trust
   b. Adolescents are very demanding and require a trained provider to navigate rude attacks
   c. Healthy life-long habits are established in adolescence
   d. Adolescents may ask to see a training certificate
   e. Adolescents are particularly vulnerable to poor sexual and reproductive health outcomes

5. Name three essential characteristics of youth-friendly services:
   1) ______________________________
   2) ______________________________
   3) ______________________________

6. What are the three most important concerns that adolescents have when it comes to sexual and reproductive health and gender-based violence service delivery? (*Circle three*)
   a. Privacy
   b. Nonjudgmental care
   c. Confidentiality
   d. Respect
   e. Television or games at the health center
   f. Brochures that they can take home with them

7. Which of the following are good counseling techniques for adolescent's clients?
   (Circle all that apply)
   a. Ask close-ended questions (yes/no questions) so that the client feels more comfortable
   b. Speak in understandable terms, avoid overly technical language
   c. Look directly at the patient, nod your head, and listen actively
   d. Sit behind a desk or above the patient so there is distance and she knows that she should respect you
   e. Avoid using questions that start with "why" and/or other judgmental language

8. Write three reasons why adolescents should use contraceptives
   1) ______________________________
   2) ______________________________
   3) ______________________________

9. Which is the best way for adolescents to prevent both unintended pregnancy and STIs?
   a. Emergency contraceptives
   b. Implants
   c. Correct and consistent use of condoms, or use of condoms plus another contraceptive method (Called dual method use)
   d. Oral contraceptives

10. Which of the following aspects must be taken into account when counseling adolescent clients on contraception?
    (Circle all that apply)
    a. Risk of sexually transmitted infections
    b. Effectiveness of method
    c. Patient preference for a particular method
    d. Availability and access to methods
    e. Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreteness of the method

11. Write three consequences of not providing the right information and sexual and reproductive health services to adolescents
    1) ______________________________
    2) ______________________________
    3) ______________________________

12. How have you handled cases of gender-based violence at the heath facility where you work?
    ____
    ____
    ____

Chapter IV:
The Oteka Radio Drama

Section A:
Overview

GREAT Component 2:
The Oteka Radio Drama

WHAT

The Oteka Radio Drama[1] is a rich, multi-character story told in 50 episodes of 30 minutes each. Every episode touches on one or more aspects of gender, power, and sexual behavior, and follows several characters – adolescents, their families and community leaders – as they build and maintain relationships, and respond to challenges in their everyday lives.

Copies of the Oteka Radio Drama scripts can be downloaded here. [Insert link]

WHY

The drama helps create a supportive environment for change by reaching a larger audience than those involved in the Community Action Cycle, and promoting reflection on local gender norms that support violence and prevent adolescents from accessing quality sexual and reproductive health information and services. The Oteka Radio Drama can spark discussion among individuals, families, and community members about complex, sensitive issues. Listeners are invited into the lives of characters that are experiencing and responding to familiar problems. The radio drama encourages listeners to reflect on these problems from a fresh perspective.

The value and effects of the drama are enriched when you organize and support discussion among listeners, as described in this chapter.

WHEN

The 50-part series should be broadcast over one year. It is recommended that the Oteka drama be broadcast while the Community Action Cycle is underway, beginning around phase 2 or phase 3, to complement those activities. Field staff can use this opportunity to do the research that will inform broadcast decisions. Once the radio stations are identified and broad cast days and times agreed, DJs and presenters of the Oteka radio drama will receive a brief orientation on GREAT (reference Chapter II when planning this orientation) and the drama (Chapter IV, Section B) . The broadcast schedules will vary from one radio station to another and are mostly determined in order to fit the hours when different age groups and demographics (sex, marital status, etc.) are able to listen and can access a radio. A sample broadcast schedule may be seen in this table.

Sample Radio Broadcast Schedule

	GREAT Project Months									
	3	4	5	6	7	8	9	10	11	12
Broadcast once a week with repeats where possible	Episodes 1-4	Episodes 5-8	Episodes 9-12	Episodes 13-16	Episodes 17-20	Episodes 21-24	Episodes 25-28	Episodes 29-32	Episodes 33-36	Episodes 37-40

1 Pathfinder International and the Uganda Communication for Development Foundation [http://www.cdfuug.co.ug/] developed the Oteka Radio Drama, drawing from the formative research collected at the start of the GREAT project.

WHO

The radio drama involves mainly radio stations with their DJs. It is important that as you make various programming decisions and plan for radio broadcasts, that you involve and keep radio staff informed. You may invite staff to the key stakeholders meeting when starting the Community Action Cycle (Chapter III) or even invite radio staff to a separate meeting with community members and other stakeholders, such as a quarterly review meeting, a training session, or a progress meeting with government representatives. Let others explain the drama's value to the radio staff, and the likely size of the audience. You may also invite radio staff to participate in any activities that other key stakeholders are invited to, such as: quarterly review meetings, training sessions, workshops, brainstorming sessions, field visits for stakeholders. They will feel well informed and a part of the larger effort.

HOW

As you plan to use the pre-recorded Oteka Radio Drama, consider the two major aspects discussed in the remainder of this chapter. The first is how to broadcast the episodes, and the second is how to organize reflection and discussion among listeners. For reference to orientations for DJs/presenters, see Chapter IV, Section B. Use Section B of this chapter during your initial meeting with the DJs/presenters to help explain their roles and responsibilities. Pay particular attention to the Dos and Don'ts table provided; print out copies of this table and distribute them to the DJs/presenters to reference while they broadcast Oteka Radio Drama.

Broadcasting the Oteka Radio Drama

Depending upon your budget and other considerations, you may choose to broadcast the episodes in one or more of these ways:

- Local radio broadcast (paid and contracted)
- Local radio broadcast (pro bono or partnership arrangement)
- Play episodes on CD or MP3 in classrooms and community settings

All three options, their benefits and drawbacks, are outlined below.

Local Radio Broadcast (Contracted and Paid)

Paying a popular radio station to broadcast Oteka will ensure that the drama reaches the right audience, at the right time, in the right language. You will have great control freedom over how, when, and where the drama is broadcast.

This option encompasses three steps: Research, Contract, and Broadcast and Track

Step 1: Research

If you are also implementing the Community Action Cycle, this stage relates to phase 3 of the Community Action Cycle (Explore together). Determine which local stations reach your audience, what the listening habits of your target audience are, and how they engage with discussions on the radio. The purpose of this research is to create a shortlist of radio stations that are suitable to your target audience.

Desk Research

Identify all of the communities you want to target on a map. Make a list of all the radio stations that broadcast in these areas. List the languages spoken in each area. Remove from your list

radio stations that do not broadcast in these languages.

Field Research

Now you will identify which of your shortlisted radio stations are most popular with your target audience. Use the questions below to create a simply survey, hold a focus group, or conduct informal interviews with the target audience in several of your GREAT communities.

Your research should provide you a shortlist of radio stations suitable for your audience, a preferred station, an ideal broadcast time, and a snapshot of the radio audience in your target area.

Survey Questions

Demographic Questions	
• How old are you? • Are you married? • Do you have any children? • Which languages do you speak	The answers to these questions will give you a good idea about the demographic in each of your areas. Radio stations will target their output to different groups of people. This information can be used when drawing up the memorandum of understanding to demonstrate you have an audience that matches the radio stations target demographic.
Listening Habits	
• How often do you listen to the radio? • How often do you listen to radio dramas?	Answers to these two questions will give you an idea of how popular listening to the radio and radio dramas is with your demographic group. If the answers are positive you can approach your chosen radio station with evidence of an audience that matches their demographic and listens to the type of show you want to broadcast.
• Which radio stations do you listen to? • What times do you prefer to listen to the radio? • Have you ever called into a talk show on the radio?	The answers to these three questions will give you an idea of which radio stations you should approach, when you should aim to broadcast the drama and whether or not you should include a talk show component. It will allow you to negotiate a memorandum of understanding based on the needs and wants of your audience and your radio station's target audience.

Step 2: Develop Contract

Armed with this information, you can approach your preferred radio station and negotiate a contract or a plan of action which relates to phase 4 of the Community Action Cycle. In your initial meeting(s), you will introduce the radio staff to your organization, the GREAT project, and the pre-recorded Oteka radio drama. You will explain what you want to achieve, your target audience, and offer to show them GREAT activities on the ground at a later stage in the project. Inform them of your listener research, and that you have selected their radio station because it is the preferred station of the audience you are targeting.

Negotiate a contract with the radio station that clarifies these points:

Cost: The amount you pay will depend on the radio station's rates and your negotiation skills. You may be able to obtain a free or reduced fee, but have to trade off control over the broadcast schedule. Another option is to seek commercial sponsors who will pay for the broadcasts in exchange for advertisement time during the broadcasts. If you choose this option, make sure that the products and advertisements are consistent with GREAT's values of gender equity.

Broadcast time, duration and repeats: Negotiate a time for broadcast when your audience will be able to listen. (Obviously, if the drama episodes are aired at an hour when your audience does not listen, they will have little effect.) Furthermore, negotiate a consistent broadcast time: a drama should air on the same day and at the same hour each week, so your audience can plan to listen. You may have to wait a few months for the time you want to be available.

Oteka is designed to be played once a week with repeats where possible for a total of 50 weeks. Playing the drama over a full year gives people time to reflect on and discuss all of the issues presented. The long running time does mean, however, that latecomers to the drama can find it difficult to catch up with previous episodes. If the actual broadcast starts in month 3, it is okay to end the broadcast after the project year has ended.

Consider repeating each episode – airing it at a different time or on a different day for those who cannot listen to the initial broadcast.

Call-in talk show: Holding a call-in talk show at the end of some or all episodes is a great way for the community to engage with the drama. It can also help you track whether the drama is being listened to. However, it will cost more money and require a significant amount of time and effort for project staff. (You should not expect the radio DJ to be able to answer the community's questions). Use your initial research, local knowledge, budgets, and discussions with radio stations to determine if you can and should add a talk show component to your broadcast schedule.

In our GREAT implementation, we hosted a brief call-in discussion every four weeks. The shows were hosted by the radio stations with GREAT staff and a community representative answering questions about the issues discussed in the drama.

Promotion: If your budget allows, promote the radio show to the communities you are working with by creating and airing short 'spots' on the radio. You can also increase listenership by:

- Using flyers to advertise the broadcast schedule
- Asking Community Action Groups and Community Groups and school-based clubs to promote the drama
- Asking community and religious leaders to promote the drama

Step 3: Broadcast and Track

Following Step 2, you have a contract that stipulates when episodes will be aired, if and when repeats will be broadcast, if and when call-in components will occur, what promotional support will be provided, and how much the broadcast package will cost. The broadcast relates to phase 5 of the Community Action Cycle (Act together) and evaluation relates to phase 6 (Evaluate together).

Your responsibilities now are to make sure that:

- The radio drama is broadcast on time
- A staff member participates in each call-in segment
- Repeats are broadcast on time

- The drama is promoted in communities
- People are listening to the drama
- You pay the radio station on time/in full for meeting its contractual obligations

Local Radio Broadcast (Pro Bono or Partnership Arrangement)

For budgetary or other reasons, you may want to seek free air time from one or more local radio stations. The process you follow will be similar to the one outlined above, yet the nature of your relationship will differ significantly. Rather than be a paid service provider, the radio station that provides free air time will become a full GREAT implementing partner. You need, therefore, to involve them in GREAT decision-making and keep them appraised of progress in all areas of implementation.

Play Episodes in Classroom and Community Settings

In addition to (or instead of) broadcasting the Oteka episodes on the radio, you may choose to air them directly to targeted audiences in a classroom or community setting, followed by a facilitator-guided discussion (section below). Note that the facilitator may be a field staff member, an Adolescent Group member, a teacher, or any other individual trained to guide a focused discussion.

The advantages of this option are the certainty of reaching your desired audience, and the opportunity for high-quality discussions. Among the disadvantages are logistics (scheduling a time and place that is convenient for all audience members and facilitators), and the quantity of time and resources required (you will need to hold dozens or hundreds of sessions to reach the same number of people as a radio broadcast).

For each audience or community, your steps are to:

- Identify a responsible person who will invite and remind participants, and be responsible for facilitating discussions using the 12 episode-based and general discussion guides included in the GREAT toolkit.
- Locate a single venue that can be used for the series of discussions over time. It should have adequate seating and be conveniently located.
- Schedule a fixed time and day. This could be once per week or every two weeks. The group can listen to and discuss 1-2 episodes per meeting.
- Identify one or several facilitators who will commit to leading discussions. As noted, the facilitator may be a field staff member, an Adolescent Group member, a teacher, or any other individual trained to guide a focused discussion.

Section B:
Chapter IV Activities
Guidelines for Oteka Radio Drama Broadcasters

Guidelines for Oteka Radio Drama Broadcasters

Purpose of Guidelines for Oteka Radio Drama Broadcasters

The general purpose of this basic training is to enable participants to roll out the Oteka Radio Drama in the GREAT context. This guide is structured as a guide for radio broadcasters, such as DJs or presenters. The basic training will last about ½ a day. In a very specific way, the broadcasters will be able at the end of the training to:

- Understand and explain the basic principles and components of GREAT
- Prepare adequately for the radio broadcasts
- Manage broadcast timing as well as calls/SMSs from listeners
- Understand the principal "dos and don'ts" of facilitating the radio drama
- Provide listeners with contact information for further resources on family planning, gender based violence, and other reproductive health services

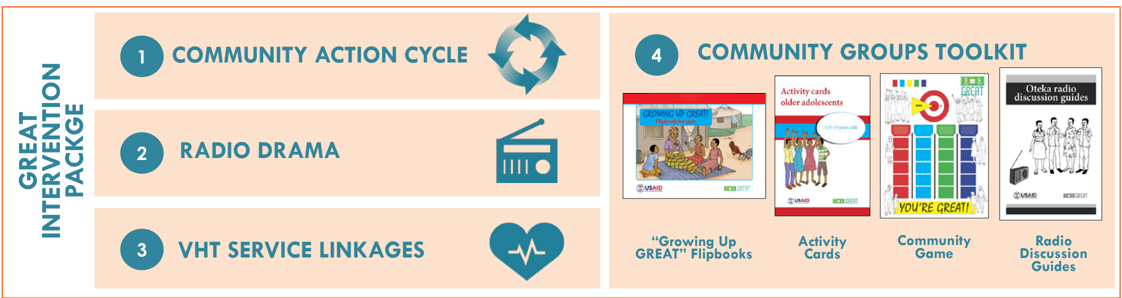
Brief Overview of GREAT

Before meeting with the radio broadcasters, review the Introduction, Chapter I, and Chapter II of the How-to-Guide to refresh your understanding of the GREAT components and guiding principles. Also refer to Chapter IV, section A for specific information regarding the radio drama. You may wish to create a few handouts or a brief PowerPoint presentation to share with the radio staff to better help them understand the GREAT project; the better they understand the intervention, the better GREAT advocates they can be. While you may choose to include further information, you should at a minimum orient the radio broadcast staff on the following information:

The Gender Roles, Equality, and Transformations (GREAT) project is a six and a half-year project that started in October 2010. GREAT was funded by the United States Agency for International Development (USAID) and implemented by Georgetown University's Institute for Reproductive Health, in partnership with Save the Children, Pathfinder International, Straight Talk Foundation, and Concerned Parents Association in Lira and Amuru districts of Northern Uganda. The Government of Uganda, represented by three line ministries (the Ministry of Health, the Ministry of Gender, Labor, and Social Development, and the Ministry of Education and Sports), is a critical stakeholder and coordinates with other district government actors. The GREAT Project aims to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors among adolescents and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities in Northern Uganda. GREAT aims to reach the majority of people in a community through different activities to bring about communitywide change. It was designed to require only modest investments of time and money to allow for expansion of activities across the region.

Chapter IV

The GREAT approach is based upon a set of principles and is made up of four components, a set of participatory activities to get adolescents and adults thinking and talking about how to help girls and boys grow into healthy adults who live in communities free of violence that encourage equality between men and women. GREAT includes: 1) simple steps to bring communities together to take action to improve adolescent well-being; 2) a serial radio drama with stories and songs about young people and their families living in Northern Uganda; 3) orientation to help Village Health Teams (VHTs) offer youth-friendly services; and 4) a toolkit with lively stories and games.



The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

Tips for Airing Oteka Radio Drama

Before Radio Broadcast:

Play Back

Always check each recording by listening before playing it on the air, preferably at least two days before the scheduled broadcast. This will allow time for you to trouble shoot or to request replacement CDs if the available one is damaged or does not play. Listening ahead of time will also help the presenters understand the episode so that DJ mentions remain consistent with the intended programme goals. Review the Dos and Don'ts table to refresh your memory of appropriate behaviour while broadcasting the Oteka Radio Drama.

During Radio Broadcast:

Time Keeping

The presenter will be required to start the broadcast at the exact agreed contractual time. This will avoid episodes going over time and being cut short. It will also help to create a relationship between the listener and the drama. If the drama is not aired at the time that has been announced, listeners may get confused and may not listen in the future. In the event that the broadcaster is unable to air the drama at the agreed time, they will notify listeners a head of time or if the reason for a failed or untimely broadcast was technical, the broadcaster will inform listeners when to expect the next broadcast.

Managing Calls/SMSs from Listeners

Broadcasters will offer at least five minutes at the end of each airing to take calls from listeners discussing, commenting or giving their views about their most liked characters in the drama. The presenters/radio station staff will track telephone calls and SMS received by the radio stations, as well as any on air discussion and will keep a log sheet of all such call and share with GREAT Partners and the local government leader as part of their report using the reporting form attached.

Before and after airing each episode, DJs and Presenters shall inform all listeners with family planning, gender-based violence, and other adolescent health related questions or in need of services to call the Marie Stopes International **toll free hotline number 0800120333**. DJs and Presenters shall popularise the hotline number and where necessary redirect callers with reproductive health and gender-based violence service related concerns to call the MSI toll free number.

Refer to the Dos and Don'ts table for further tips on broadcasting Oteka Radio Drama.

Dos and Don'ts for Radio Broadcasters

Dos	Don'ts
Ensure that the programme and any repeats are aired on agreed days and times.	Avoid giving advice on the topics of discussion.
Commercial adverts can be played at the beginning, middle, and end of the drama episode, but should not be contrary to the positive messages in the drama.	Don't make any alterations to the drama or cut parts of the drama.
Invite members of the audience to give their opinions.	Avoid giving your personal view about the topic or characters in the drama. Do not judge the characters for their actions, for example, "This character should obey her husband, then he wouldn't beat her."
If the broadcaster wishes to have online discussion of the issues, invite experts from the following organizations that are knowledgeable about sexual and reproductive health, gender, and other topics from the drama. 1. Institute for Reproductive Health, Georgetown University Thomas Odong – 0772853443 2. Pathfinder International Opyet Geoffrey – 0772976923 3. Save the Children Pauline Kabagenyi – 0772468792	Do not make statements that are derogatory, that approve of or support characters depicting negative scenes in the drama.

Dos	Don'ts
During and after the Oteka radio drama, pay attention to how you talk about violence against women (gender-based violence) and the sexual and reproductive lives of adolescents.	Do not make any statements that justify the violence or negative actions portrayed in the drama.
Inform listeners of any foreseen or unforeseen changes that might affect the airing of the radio drama as scheduled.	Do not give your personal opinion about the radio drama or the episodes while on air.
Encourage listeners to communicate their feedback on the Oteka drama through SMS and telephone calls. Invite listeners to talk about their own life and experiences and how the radio drama is changing their lives	Do not ask for feedback from the listeners about what can be changed in the drama. Instead ask them to mention which characters they like or dislike and why.
Encourage listeners with family planning, gender-based violence, and other reproductive health service needs or information to call in to the toll free hotline number 0800120333.	Do not attempt to answer any technical questions asked by the listeners, instead write the questions down and encourage the listeners to tune in to the next episodes which will give answers to their questions. Contact GREAT staff for support responding to the technical questions.

Section C:

Chapter IV Tracking Forms

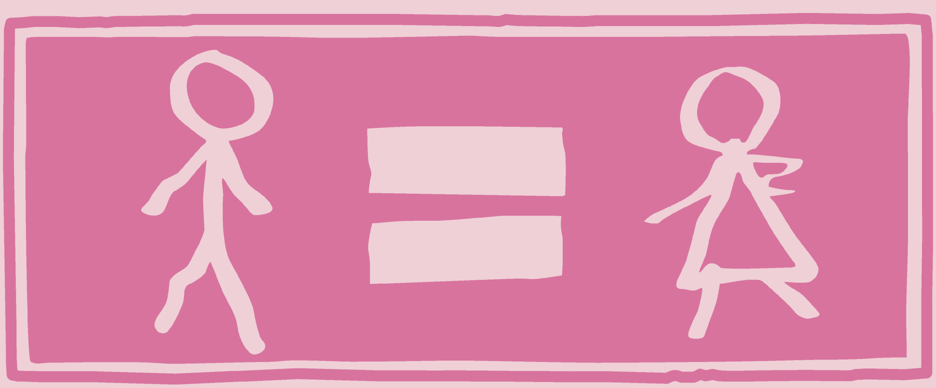
Oteka Radio Drama Weekly Tracking Form

INSTRUCTIONS: This form is filled out /completed by the Radio Presenter on a weekly basis. Please fill it out completely and don't skip any questions. Give the completed forms to the Concerned Parents Association/Straight Talk Foundation staff at the end of each quarter. Try to give him/her the form before the 5th calendar day of following quarter.

Week No: ______________________ Episode No: ______________________

Name of Broadcaster:	Broadcast on Schedule		Repeat broadcast	
Was the Oteka Radio Drama aired on schedule this week? If not, please give details.	☐ Yes ☐ No Day of the week: ________ Time of broadcast: ________ Date of broad cast: ________		☐ Yes ☐ No Day of the week: ________ Time of broadcast: ________ Date of broad cast: ________	
No. of calls received this week				
No. of SMSs received this week				
Number of questions/comments by theme from listeners during this week	Sexual and Reproductive Health	Gender-Based Violence	Gender Equity	Other Theme (Specify) ....
Key observations/issues				
Form completed by (Name & Signature)	Name: ________		Signature: ________ Date: ________	

Chapter V:
Village Health Teams and Youth-Friendly Services



Section A:
Overview

GREAT Component 3: **Village Health Teams Service Linkages**

WHAT

GREAT does not provide health services. Rather, it works with existing Village Health Teams (VHTs) and health centers to ensure that volunteers and staff have the knowledge and skills to provide youth-friendly and confidential information, counseling, referrals and service to adolescent girls and boys. This chapter outlines how GREAT makes sexual and reproductive health services more friendly and accessible to youth. The design of this chapter is based on existing ministry of health systems and materials related to adolescent health in Uganda. Adapt this chapter to your country's relevant resources

WHY

In many places, adolescents are often considered too young to need sexual and reproductive health information and services. Yet access is vital if adolescents are to make informed decisions about their own sexual behavior, prevent disease, and avoid unwanted pregnancy. Social norms around gender shape how and when men and women can access information and services, and adolescents may face additional barriers related to their age: they may be seen as too young to need services, or promiscuous if they seek services. They may perceive that their efforts to seek services will be met with judgment, discrimination or abuse, and will not be treated confidentially.

WHEN AND HOW

There are two components to the Service linkages component:

The Facility Level

Step 1: Map Health and Other Social Services

During phase 2 of the Community Action Cycle (Organize the community for action), gather information from the local government health and development leaders to produce a basic overview of what services are available in each of the sub-counties where you operate. You can use the table below as an example. Keeping this table up to date will allow you to keep VHTs up to date with all of the most relevant information in their area and to create better linkages. Don't worry if your table initially looks incomplete. It will fill out as you build relationships and linkages in your operation area.

Sample Map of Services by Organization and Location

Parish	Organization	Service	Place	Contact Person and Details
A	**Plan Uganda**	• Music Dance and Drama • Child Rights and Responsibilities • Counseling • Referrals • Child sponsorship	• Community level schools (Akano, Adwoa, Alwala, Aler Lwala, Akor parishes) • Community level (Lwala, Akor, Akano) • Community H/C III and IV (Ogur, Akangi) • Community level (Adwoa, Aler, Akor)H/C IV(Ogur H/CIV • Village / parish level.	
A	**Concerned Parents Association and Pathfinder International**	• GREAT Project • Radio talk show • Music Dance and drama • Hygiene and sanitation • Dangers of early marriages • Dangers of early pregnancy	• FM Radio stations • Community level (Akano, Adwoa) • All primary schools in Ogur sub county • Village /Schools H/C IV,III,II	
B	**NU-HITES**		• Health Centers II, III& IV • Community	

Step 2: Conduct a Rapid Facility Assessment

When you link this process to the Community Action Cycle, you are now at phase 3. Identify the priority interventions and gaps to ensure that the services are made youth-friendly. This checklist is for facility assessment. Information from the rapid assessment will inform your advocacy agenda for better service delivery, it will also help you prioritize topics to focus on during the training of health workers. To gain specific information about the quality of sexual and reproductive health services for adolescents in your area, we suggest that you administer the checklist below with a random sample of health facilities. Your budget, and the size of your implementation area will determine the size of your sample.

Checklist of Adolescent-Friendly Qualities

	Qualities	Yes	No	Suggestions for improvement
Health Facility Qualities				
1.	Located near a place where adolescents — female and male - congregate? (Youth center, school, market, etc.)			
2.	Open when convenient for adolescents — both female and male – such as evenings, weekend?			
3.	Are clinic hours or spaces set aside specifically for adolescents?			
4.	Are sexual and reproductive health services offered for free, or at rates affordable to adolescents?			
5.	Are waiting times short?			
6.	If facility serves adults and adolescents, is a separate, discreet entrance available for adolescents to ensure their privacy?			
7.	Do counseling and treatment rooms allow privacy (sight and sound)?			
8.	Is a Code of Conduct in place for staff at the health facility?			
9.	Is there a transparent, confidential way for adolescents to submit complaints or feedback about sexual and reproductive health services at the facility?			
Provider Qualities				
1.	Have providers been trained to provide adolescent-friendly services?			
2.	Have all staff been oriented to confidential, adolescent-friendly services? (Receptionist, security guards, cleaners, etc.)			
3.	Do staff demonstrate respect when interacting with adolescents?			
4.	Do providers ensure the clients' privacy and confidentiality?			
5.	Do providers set aside sufficient time for client-provider interaction?			
6.	Are peer educators or peer counselors available?			
7.	Are health providers assessed using quality standard checklists?			

	Qualities	Yes	No	Suggestions for improvement
Program Qualities				
1.	Do adolescents (female and male) play a role in the operation of the health facility?			
2.	Are adolescents involved in tracking the quality of sexual and reproductive health service provision?			
3.	Can adolescents receive services without the consent of their parents or spouses?			
4.	Is a wide range of sexual and reproductive health services available? (Family planning, prevention and treatment of sexually transmitted infections, HIV testing and counseling, pre/postnatal and delivery care)			
5.	Are there written guidelines for providing adolescent services?			
6.	Are condoms available to both young men and young women?			
7.	Are sexual and reproductive health educational materials or posters on site, designed to reach adolescents?			
8.	Are referral mechanisms in place? (for emergencies, mental health and psychosocial support, etc.)			
9.	Are adolescent-specific indicators tracked? (e.g. number of adolescent clients, disaggregated by age and sex)			
	TOTALS:			

Key:
0-13 'yes' ticks: Services not adolescent-friendly
14-20 'yes' ticks: Services somewhat adolescent-friendly
21-25 'yes' ticks: Services very adolescent-friendly
Adapted from African Youth Alliance/Pathfinder International, Save the Children & UNFPA

Step 3: Develop a Training Plan

The next step will be to develop a training plan; which will include; number of participants, duration, when the training will take place, facilitators, venue, and appropriate integration of the VHT training and Reflection Guide (Chapter V, Section B).

Step 4: Conduct the Training and Develop a Plan of Action

Next you deliver the training, covering an overview of GREAT (Introduction), sexual and reproductive health, and Youth Friendly Services in (Chapter V, Section B). It is also helpful to work with training participants on a plan of action for delivering services in their communities.

Step 5: Providers Get to Action

The next phase is the act together phase, it's time for the trained service providers to get involved in GREAT and do any other improvements needed per action plan.

Step 6: Tracking the Work

Work with the sub county VHT Coordinator and the health unit in-charges to review the existing reporting structure and forms/tools. Once you gain consensus on how to report (where and how often), the health workers are provided with a record book (if possible) for recording the number of adolescent accessing services from the facility and the type of services. Also participate in health coordination meetings at sub-county level to review progress on delivering youth-friendly services and advocate for better service delivery to the adolescents.

The VHTs Level
Step 1: Map VHTs

Using the table below as a sample, map how many VHTs operate in the parishes where you are working and who is the supervisor for each. You will use this information later when you contact supervisors for tracking, or to organize training. The information will also give you an idea about gaps in service provision in the sub-counties where you work, and where you should target your resources. The GREAT field staff will meet with the sub county VHT Coordinator to map VHTs per village.

Descriptive Details and Contact Information of VHT Supervisors (sample)

Parish Name	Number of VHTs	VHT Supervisor	Contact Details
Parish A	**10**	Akello Mary, Job Title	Telephone number, alternative telephone number, email address, physical address
Parish B	**6**	Okema John, Job Title	Telephone number, alternative telephone number, email address, physical address

Using the table below as a sample, map the contact details for each VHT. You will need this information later to communicate with individual VHTs and to organize training.

Contact Information of VHTs (sample)

Parish Name	Village	VHT Name	Contact Details
Parish A	**Village 1**	Name and Name	Okema John: telephone number Akello Mary: telephone number
	Village 2	Name and Name	
	Village 3	Name and Name	
Parish B	**Village 1**	Name and Name	

Step 3: Develop a Training Plan

The next step will be to develop a training plan; which will include; number of participants, logistics per diems, transport refunds, lodging, stationary, date of training, venue, facilitators. You also need to decide who will facilitate the adolescent sexual and reproductive heath and rights training: your own staff, a professional training organization, or a government counterpart. The criteria below will help you make the best choice for your organization:

Experience:

Should be experienced in the field of sexual and reproductive health and working with adolescents. Without a strong understanding of all issues related to sexual and reproductive health risks reinforcing myths, misconceptions and stereotypes.

Skills:

Should be skilled in: Delivering sexual and reproductive health and rights training to health service providers, working with adolescents, and working with health workers.

If your organization meets the above criteria, providing the Adolescent sexual and reproductive health and rights training to VHTs is a good option, and one that may deepen your operational relationships with the health system and with communities. If your organization does not have the requisite experience or skills, consider recruiting a professional health trainer or seek the collaboration of an organization that has already implemented GREAT in Uganda (see contacts in Introduction). Finally, consider sub-contracting the training to local health officials if you are confident they can provide quality facilitation. In this case, take care that responsibilities and deliverables are clearly spelled out. You may want to consider assigning a staff member to oversee coordination and logistics of the training.

Step 4: Train VHTs to Provide Youth Friendly Services and Develop a Plan of Action

VHTs will participate in a training that addresses Adolescent Sexual and Reproductive Health and Rights (Chapter V, Section B) and will take approximately 4 days. We recommend that each training takes a maximum of 30 participants.

Step 5: Organize Links Between VHTs and Adolescents, Community Action Groups and Health Facilities

This phase relates to the act together phase in Community Action Cycle, it's time for the trained VHTs to foster referrals and linkages between adolescents, VHTs, and facilities. Provide each VHT with a toolkit which will include the Adolescent Health Counselling flipbook (adapted from Ministry of Health Uganda) to guide their work with adolescents.

'Links' refer to interactions and information-sharing between groups, and the creation of spaces for (and expectations of) coming together to discuss common interests, set priorities, take action and track progress towards change. This section deals with helping VHTs form and use links with adolescents, community leaders, and other health services as a means towards the goals of better adolescent sexual and reproductive health (ASRH), reduced gender-based violence, and more equitable gender norms.

In GREAT, links are important because they encourage VHTs to reflect on how they are providing services to adolescents, and allow others to track service provision and encourage recommendations and alterations to the way they do things from the people who know the most about it.

As part of the Community Action Cycle, you will work with the VHTs to create and manage these links as part of the cycle implementation process. The descriptions of links, below, will give you a better understanding of how, when and why these linkages are built into the Community Action Cycle process.

Links Between VHTs and Adolescents

Creating linkages between adolescents and VHTs means encouraging adolescents to seek the advice and services of VHTs and encouraging VHTs to reach out to adolescents. This can be achieved in the following ways.

- **Use other GREAT components.**
  The GREAT Toolkit and Oteka Radio Drama highlight the importance of good sexual health. They can be used to refer adolescents to seek out the expertise of VHTs.
- **Encourage VHT workers to do home visits to newly parenting adolescents.**
  If VHTs make an early visit to newly parenting couples shortly after they have their first child, they will help establish a long lasting rapport with the newly parenting couple.
- **Create links between VHTs and other health services.**
  Creating linkages between VHTs and other health services means helping VHTs create and update a map of all additional services available in their area. This will allow VHTs to make better informed, higher quality referrals to adolescents. To do this:
  1. Use the tables you generated in mapping sexual and reproductive health services and VHT mapping (point 2 above).
  2. Take it to the VHTs in the area you work and ask them to update it or modify it.
  3. Agree with VHTs on the best way to keep this set of information up to date.

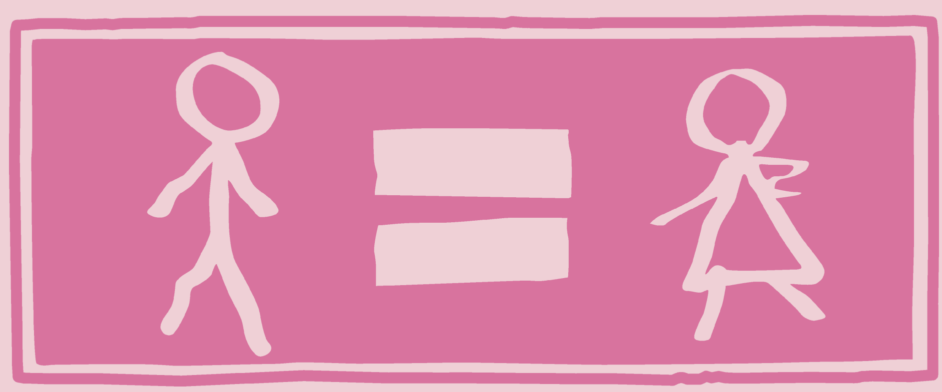
Links Between VHTs and Community Leaders

Creating linkages between VHTs and community leaders means making sure information about the quality and consistency of VHT service outputs are fed back to VHTs and that VHTs are present in meetings where decisions that affect their operations will take place. If you are implementing the Community Action Cycle component of GREAT, you will do this when you are holding your monthly/quarterly meetings, inviting VHTs to be Community Action Group members and inviting VHTs to any training events or health related meetings. If you are not implementing the Community Action Cycle you can do this by:

- Treating VHTs as key stakeholders in your decision making process
- Encouraging and advocating for others to treat VHTs as key stakeholders in their decision making process
- Inviting VHT workers to any group meetings where community leaders will be present
- Inviting VHTs and community leaders to the same training sessions
- Organizing monthly or quarterly meetings between counsellors and VHTs

Step 6: Track the Progress of Your Work

Work with the sub-county VHT Coordinator to review the existing reporting structure and forms/ tools. Once you gain consensus on how to report (where and how often), each VHT is provided with a record book (if possible) of tracking and referral forms to facilitate their work. It is best that VHT use existing tracking and referral forms for sustainability. Work with the sub-county VHT Coordinator to generate sub-county level summaries of the GREAT specific information and use these to inform advocacy. Sub county level reports will also inform the agenda for the quarterly sub county level coordination meetings between VHTs, Health workers and actors and you.



Section B:

Chapter V Activities

VHT Training and Reflection Guide

VHT Training and Reflection Guide

Purpose of VHT Training and Reflection Guide

This set of activities (referred to as the "VHT Training and Reflection Guide" or just "guide") is meant for partners or organizations scaling up the VHT service linkages component of the GREAT project. While the Ministry of Health (MOH) previously trained all VHTs in sexual reproductive health and family planning , this guide serves to guide partners during the training for VHTs with emphasis on reflection and dialogue on gender and ASRH to shift norms, attitudes and behaviors towards adolescent health.

How to Use the VHT Training and Reflection Guide

The guide does not replace the Ministry of Health curriculum for training VHTs, but is designed to complement already existing guidelines with practical sessions on gender norms, attitudes and values clarifications. While using the guide, the trainers are advised to refer to relevant curriculum for adolescent health training for VHTs and health workers listed in the reference section of this guide. Other important tools for the training include the GREAT toolkit, the MOH Adolescent Health Counselling flipbook and the Pathways to Change game board. Each training session takes 4 days with a maximum of 30 participants.

Suggested Schedule for VHT Training

DAY 1

Session	Objectives	Duration
Session 1: Introduction and Pre-Test	• To introduce participants to each other and establish trust and respect. • To identify fears and expectations of participants. • To ensure that the objectives of the workshop are clear. • To create functional group formation & norms • To officially open the workshop • To know the level of understanding of ASRH, contraceptives for young people, youth friendly services, skills and attitudes among the providers • Administer pre-test	1 Hour 15 Minutes
Session 2: Understanding the GREAT Intervention and the Situation of Adolescent Health in Your Country	• To orient VHTs on the GREAT project intervention- Refer to the Introduction of the GREAT Implementation Guide. • Understand the current demographic situation of adolescent health your country. Refer to the MOH adolescent health policy.	1 Hour 30 Minutes

DAY 1

Session	Objectives	Duration
BREAK		30 Minutes
Session 3: Understanding Power	• Guide participants in understanding the four types of power. • Identify the conditions when we feel we have power to provide sexual and reproductive health services to adolescents . • Identify the conditions when we feel we lack power to provide sexual and reproductive health services to adolescents. • Reflect on the power health workers have over adolescents and how they can use that power positively or negatively to meet ASRH needs. • Reflect on gender and how power if abused can affect our health- Refer to Chapter II before leading session to familiarize yourself with the content.	2 Hours
LUNCH		1 Hour
Session 4: Adolescent Growth, Behavior and Reproductive Health Rights	• Explain the reproductive health rights and responsibilities of adolescents. • Understand the stages of adolescent development. • Explore the myths and misconceptions associated with growth and development. • Understand adolescent and adult reaction towards adolescent changes and behavior- Refer to the National Training Curriculum for Health Workers on Adolescent Health and Development Ministry of Health October 2011.	1 Hour
Session 5: Barriers and Facilitators to Accessing ASRH and Gender-Based Violence services	• Identify the barriers and facilitators (factors) to adolescents accessing sexual and reproductive health services and information (Pathways to change game).	1 Hour
Days Evaluation and Closure		10 Minutes

DAY 2

Session	Objectives	Duration
Recap of Day 1		15 Minutes
Session 6: Values Clarification and Gender Pulse Exercise	• Appreciate and reflect on values and attitudes towards providing sexual and reproductive health services to adolescents. • Identify facts that promote possitive attitudes and enhance youth friendly services.	30 Minutes
Session 7: Adolescent Sexuality	• Reflect on your own adolescence (flash back exercise). • Define sexuality. • Explain the different ways boys and girls express their sexuality. • Discuss positive sexuality and potentially negative consequences if adolescents don't have the knowledge, skills, and resources /services to safely and healthily live out their sexuality – Refer to content from your country's health worker training curricula.	1 Hour 30 Minutes
BREAK		30 Minutes
Session 8: Family Planning and Healthy Timing and Spacing of Pregnancy	• Explain the term **'healthy timing and spacing of pregnancy (HTSP)'** • Explain the benefits and risks of not practicing HTSP for newborn, mothers, family, and community • Explain dual protection and its benefits	1 Hour
LUNCH		1 Hour
Session 8: Family Planning and Healthy Timing and Spacing of Pregnancy (continued)	• Discuss contraceptive rumors, myths and misconceptions for adolescents- refer to the National Training Curriculum for Health Workers on Adolescent Health and Development Ministry of Health October 2011 • Review contraceptive options for young women and their partners, advantages and disadvantages, who can and who cannot use them.	1 Hour
Days Evaluation and Closure		10 Minutes

DAY 3

Session	Objectives	Duration
Recap of day two		10 Minutes
Session 9: Looking in Before Looking Out	• Examine our own fears and hesitancy in providing sexual reproductive health services and information to adolescents • Demonstrate the need to address the gender attitudes, perceptions, and norms that limit adolescents' access to sexual reproductive services • Discuss consequences of not providing the right information and services to adolescents	1 Hour
Session 10: Communicating with and Counseling Individual Adolescents, Young Women and their Partners	• Define communication and the process of communication • Explain the verbal and non-verbal forms of communication • Tips for verbal and non-verbal communication • Explain effective communication and the importance of communicating effectively with adolescents • Factors that can promote effective communication between VHTs and adolescents • Barriers to effective communication between health workers and adolescents- refer to the National Training Curriculum for Health Workers on Adolescent Health and Development Ministry of Health October 2011	1 Hour
BREAK		30 Minutes
Session 11: Verbal and Nonverbal Communications Exercise	• Define what counseling is and what it is not • Discuss why it is important to counsel adolescents • Explain the qualities of a good counselor • Identify the key principles / issues to consider while counseling young women and their partners • Explain counseling skills and the process of counseling – refer to the National Training Curriculum for Health Workers on Adolescent Health and Development Ministry of Health October 2011 • Practice and critique each other on how to communicate with and counsel adolescents with different concerns (VYA with puberty concerns, young women and their partners, and individual adolescents)	1 Hour 30 Minutes
LUNCH		1 Hour
Communication **Section 11: Verbal and Nonverbal Communications Exercise (con't)**	• If you need further time from the morning, continue to use role playing to explore verbal and nonverbal communications.	2 Hours
Days Evaluation and Closure		10 Minutes

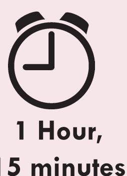
DAY 4

Session	Objectives	Duration
Recap of day three		10 Minutes
Session 12: Role and Responsibilities of VHTs in Providing ASRH Services to Adolescents	• Discuss the roles and responsibilities of VHTs in providing sexual and reproductive health and gender-based violence services to adolescents • Map out sexual and reproductive health and gender-based violence referral points within the sub county/District • Identify gaps in the referral system • Recommend ways to strengthen the referral system- refer to the National Training Curriculum for Health Workers on Adolescent Health and Development Ministry of Health October 2011	1 Hour
Session 13: USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements **[http://1.usa.gov/1Tq23pN]**	• Remind participants about family planning compliance principles	30 Minutes
BREAK		30 Minutes
Session 14: Overview of the Adolescent Health Counseling Flipbook	• Guide participants in understanding the contents and how to use the MOH flipbook • Participants practice and gain confidence in using the flipbook • Participants give feedback and share observations and experiences on the use of the flipbook	2 Hours
Session 15: The Space Between Us	• Raise participants' awareness of how power has shaped our lives and experiences.- Refer to Chapter II of the GREAT Core Guide before the session to familiarize yourself with the content.	1 Hour
Session 16: Conclusion & Post-Test	• To know whether participants' level of understanding of ASRH, family planning, Youth Friendly Services, skills and attitudes improved after the training. • To obtain feedback from participants about the workshop	30 Minutes
Wrap Up and Closing Remarks		15 Minutes

Session 1: Introduction and Opening

Objectives:

- To introduce participants to each other and establish trust and respect.
- To identify fears and expectations of participants.
- To ensure that the objectives of the workshop are clear.
- To create functional group formation & norms.
- To officially open the workshop.



1 Hour, 15 minutes

Methodology:

- Small group interactions and brainstorming.

Preparation & Materials:

- Note books
- Flipcharts
- Markers and Masking tape
- Pre-test

Introduction

The trainer should:

- Greet participants and introduce yourself.
- Ask participants to pair up.
- Ask participants to spend 10 minutes interviewing each other (5 minutes for each interview). Participants may ask the following questions that will help them be able to introduce their partner to the rest of the group including;
  - Her/his name and its meaning
  - Where she/he comes from (village or parish)
  - One thing she likes about working with adolescents
  - One thing she hates about working with adolescents
  - What her/his biggest concern was when s/he was an adolescent
- At the end of 10 minutes, ask each participant to introduce their partner to the rest of the group.

Expectations and Concerns

The trainer should:

- Ask the group to pair up, so that they have a different partner for this exercise.
- Ask each pair to spend 10 minutes interviewing each other like a journalist to answer the two questions.
  - What do you hope to accomplish during this workshop?
  - What are your fears or concerns for this workshop?

- Have each person present her/his partner's expectations and concerns to the group.
- Make notes of all of the expectations so that you can refer to them throughout the course.

Review of Training Objectives and Schedule

The trainer should review the following training objectives with participants:

- To provide VHTs with the opportunity to reflect on their own gender norms and attitudes and how these impact on their ability to deliver appropriate sexual and reproductive health services to young people.
- To provide short technical updates on healthy timing and spacing of pregnancy and the range of different contraceptive methods that are appropriate for adolescents.
- To improve communication and counselling skills of the VHTs while working with adolescents.
- To orient VHTs on the use the adolescent health counselling flipbook adopted from Ministry of Health.
- Together map out sexual and reproductive health and gender-based violence service delivery points where VHTs can refer adolescents.

Setting Work Shop Norms, Housekeeping Teams and Daily Evaluation

The trainer should:

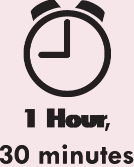
- Ask participants to brain storm and agree on 5 key norms for the workshop.
- Ask the participants to identify housekeeping teams that will be responsible for different activities during the workshop e.g. Welfare, time keeping, etc.
- Take notes on a flipchart and paste on the wall.
- Explain that daily evaluation/reflections will take place at the end of each day and will be guided by the following questions:
  - What went well today?
  - What did not go well and why?
  - What can be done differently the next day?
  - Be sure to close each day's activities with a session of "Reflections" on the day.
  - Take note of the participant feedback.
  - Attempt to address ideas and concerns during the discussion and during the following day's session.

Pre-test

The trainer should:

- Explain to participants that a test will be given before and after the training.
- Explain that the purpose of the test is to evaluate the training. The test before training helps the trainer focus the training on the right topics. The pretest after training is a reflection on how good the training was based on whether the participants improved their knowledge of the subject matter.
- Distribute the pre-test.
- Allow participants 15 minutes to complete the pre-test.
- Review participants answers so that you know what areas were the most difficult for participants. Be sure to focus on these areas during training.

Session 2: Understanding the GREAT Interventions and the Situation of Reproductive Health in Your Country



1 Hour, 30 minutes

Objectives:

- To orient VHTs on the GREAT project approach and interventions
- Understand the current demographic situation of adolescents Health in Uganda

Methodology:

- Refer to the Introduction of the GREAT Core Guide before beginning session

Preparation & Materials:

- Projector
- Power point slides
- GREAT toolkit
- Handout on GREAT Components
- Hand out on the situation on adolescent health in your country (to be created by facilitator prior to session)
- Optional: create brief summary document describing the situation on adolescent health in your country

Overview of the GREAT Approach

The trainer should:

- Refer to the Introduction before beginning the session to familiarize yourself with the content.
- Present an overview of the GREAT project, including how the VHTs fit in with the program design.
- Allow participants to discuss and ask questions
- Pass out Handout on GREAT Components

Reproductive Health Situation in Our Country

The trainer should:

- Using a power point projector, present a handful of relevant reproductive health statistics from the most recent Demographic and Health Survey.
- Pass out Handout on the situation on adolescent health in your country

Session 3: Understanding Power

Objectives:

- Guide participants in understanding the four types of power
- Guide participants in identifying our experiences of power

2 Hours

Methodology:

- Personal reflection and group discussion

Preparation & Materials:

- Prep Session 3: "Power Up!" in SASA! Guide (p. 27-35) [http://bit.ly/1SDEdqx]
- Copies of The Mrs. Lovely: Drama Skit
- Flipcharts

Types of Power

Refer to Prep Session 3: "Power Up!" in the SASA! Guide.

Our Experiences of Power

Objectives:

- Identify the conditions when we feel we have power to provide sexual and reproductive health services to adolescents
- Identify the conditions when we feel we lack power to provide sexual and reproductive health services to adolescents
- Reflect on the power health workers have over adolescents and how they can use that power positively or negatively to meet ASRH needs
- Guide participants in understanding the four types of power

The trainer should prepare in advance:

- Tape four sheets of flipchart together into a large rectangle. At the top, write: "I feel I have power…" On each sheet, write one of the following words: with, if, when, because. Hang the large rectangle on the wall.
- Tape four more sheets of flipchart together into a large rectangle. At the top, write: "I feel I lack power…" On each sheet, write one of the following words: with, if, when, because. Hang the large rectangle on the wall.
- Hang a separate blank flipchart on the wall.

During the session:

- Say to participants, "This exercise will give you a chance to think about your own power. We will use the two flipcharts on the wall as guides."
- Explain that:
  - This is an individual exercise.
  - Each flipchart starts with a statement, and then includes four conditions for thinking about that statement.

  - The first flipchart asks you to think about the situations and experiences in which you feel you have power.
  - The second flipchart asks you to think about the situations and experiences in which you feel you lack power.
  - Participants should copy what is on the flipcharts into their notebooks, and think of at least two examples for each of the four conditions shown in each scenario.
- Ask participants to volunteer to share with the group what they have written for the statement, ***"I feel I have power with…."*** Write their contributions in the appropriate space on the flipchart. Discuss with group and elicit similarities and differences.
- Repeat for remaining seven conditions.
- Debrief by asking:
  - What can we learn from this exercise?
  - Why do you think this was an individual exercise?
  - What do you think are the consequences of feeling a lack of power?" (Record contributions for this question on the single sheet of flipchart.) Contributions could include: hopelessness, low energy, fear, abuse, anger, etc.

Take home idea:

- "We all have certain situations in which we feel powerful and those in which we feel powerless. These situations are different for everybody. These situations invoke different feelings for different people. These feelings determine how each individual makes their decisions on how to move forward or not in any situation they find themselves in.

Example: The Story of Mrs. Lovely

The trainer should:

- Divide the participants in to 2-4 small groups mixed males and females
- Read the The Mrs. Lovely: Drama Skit.
- Allow participants 10 minutes to act out the drama in the skit
- Give each group 5 minutes to present their mini drama (to save time, you may have only 1 or 2 groups present)
- Facilitate a discussion with participants on the drama using the following guiding questions;
  - What did you see?
  - What did you hear?
  - Does this happen in your community?
  - As a VHT what would you do to address the problem presented in the mini drama?
- Summarize the discussion, with the following idea:

  "We all have certain situations in which we feel powerful and those in which we feel powerless. These situations are different for everybody. These situations invoke different feelings for different people. These feelings determine how each individual makes their decisions on how to move forward or not in any situation they find themselves in."

Session 4: Adolescent Growth, Behavior and Reproductive Health Rights

Objectives:

- Explain the reproductive health rights and responsibilities of adolescents
- Understand the Stages of adolescent development
- Explore the Myths and misconceptions associated with growth and development
- Understand Adolescent and adult reactions towards adolescent changes and behavior

2 Hours

Methodology:

- Power point presentation, group discussions

Preparation Needed:

- Power point slides, if desired (not provided in guide)
- Flipchart
- Note books
- Markers
- Tape
- Refer to your government's National Training Curriculum for Health Workers before the session to familiarize yourself with the content

Defining Adolescence

The trainer should:

- Write the definition of healthy adolescence on a flipchart:

  "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive health system and to its functions and processes."
- Divide participants in to small groups of 5.
- Ask participants to explain what the statement means.
- Ask participants to brainstorm, how adolescent health can be improved in your community

Rationale for Special Training for VHTs on Adolescent Reproductive Health

The trainer should:

- Ask participants to brainstorm why there should be a special training for VHTs on adolescent reproductive health.
- Ask participants to answer the following questions. Sample answers are included below for your reference.

Questions	Sample Answers	Did Participants Supply the Answers?
How are adolescents different from adults?	They have different needs because of their physical and psychological stages.	✓
	They have different cognitive abilities and skills, which requires different counseling approaches.	✓
	They tend to be less well-informed and require more information.	✓
	Conflicts between cultural or parental expectations and adolescents' emerging values present serious challenges for young people.	✓
Why is adolescence a critical age for risk taking?	Adolescents are moving toward independence and tend to experiment and test limits, including practicing risky behaviors.	✓
	Using substances or drugs for the first time typically occurs during adolescence.	✓
How is adolescence an opportune time for professional interventions?	Adolescents are undergoing educational and guidance experiences in school, at home, and through religious institutions; health education can be part of these efforts.	✓
	Life-long health habits are established in adolescence.	✓
	Interventions can help adolescents make good decisions and take responsibility for their actions, often preventing serious negative consequences in the future.	✓
	There are many effective channels for reaching adolescents: schools, religious institutions, youth organizations, community and recreational activities, parental communication, peer education, the media, and health service facilities.	✓
Why does special training allow providers to be more responsive to the needs of adolescents?	Well-trained providers are able to better serve adolescents and deliver adolescent services in a more efficient and effective manner.	✓

Stages of Adolescence

The trainer should:

- Explain to participants that there are different stages of adolescence (early 10-13, middle 14 -16, late 17-19)[1], stressing that timing varies according to culture and individual development.
- Divide participants into groups:
  - Some groups will discuss: physical and sexual changes during adolescence at different stages
  - Other groups discuss: psychological and emotional changes during adolescence at different stages.
  - Ask both groups to discuss changes assigned to them and to list major changes on a flipchart.
  - Allow each group to present their lists during plenary. You may refer to some changes below:

Early Adolescence (10-13)	Middle Adolescence (14-16)	Late Adolescence (17-19)
• Onset of puberty and rapid growth • Impulsive, experimental behavior • Beginning to think abstractly • Adolescent's sphere of influence extends beyond her/his own family • Increasing concern with image and acceptance by peers	• Continues physical growth and development • Starts to challenge rules and test limits • Develops more analytical skills; greater awareness of behavioral consequences • Strongly influenced by peers, especially on image and social behavior • Increasing interest in sex; special relationships begin with opposite sex • Greater willingness to assess own beliefs and consider others	• Reaches physical and sexual maturity • Improved problem-solving abilities • Developing greater self-identification • Peer influence lessens • Reintegration into family • Intimate relationships more important than group relationships • Increased ability to make adult choices and assume adult responsibilities • Movement into vocational life phase

Reproductive Rights of Adolescents

The trainer should:

- Introduce the concept of reproductive health rights as follows:
  - A right: Something that an individual or a population can legally and justly claim.
  - Reproductive rights: Rights specific to personal decision-making and behavior in the reproductive sphere, including access to reproductive health information, guidance from trained professional and reproductive health services.

1 Note that during implementation, GREAT used 10-14 and 15-19 year old adolescent categories.

- "The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination." (WHO, 2006a, updated 2010)
- There are rights established within individual countries and those articulated in major international conventions including those that are specific to adolescents

- Ask participants to list reproductive rights that apply to adolescents and write answers on a flipchart.
- Using the lists below fill in any missing information.

Sexual Health Rights		Reproductive Health Rights	
The right to the highest attainable standard of health (including sexual health) and social security	✓	The right to be free of discrimination, coercion, and violence in one's sexual decisions and sexual life.	✓
The right to equality and non-discrimination	✓	The right to decide the number and spacing of one's children	✓
The right to be free from torture or to cruel, inhumane or degrading treatment or punishment	✓	The right to expect and demand equality, full consent, and mutual respect in sexual relationships	✓
The right to privacy	✓	The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status or location.	✓
The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage	✓	The right to quality reproductive health care include: • Contraceptive information, counselling and services. • Prenatal, postnatal and delivery care. • Healthcare for infants. • Prevention and treatment of reproductive tract infections. • Post abortion care. • Prevention and treatment of infertility.	✓
The rights to information, as well as education about sexual and reproductive health	✓	The right to privacy and confidentiality while being attended.	✓
The right to equality and non-discrimination	✓	The right to be treated with dignity, courtesy, attentiveness and respect.	✓

Sexual Health Rights		Reproductive Health Rights	
The rights to freedom of opinion and expression	✓	The right to express views on the services offered	✓
The right to an effective remedy for violations of fundamental rights	✓	The right to gender equality and equity to receive reproductive health services for as long as needed	✓
		The right to feel comfortable when receiving services	✓
		The right to choose freely one's life/sexual partners	✓
		The right to refuse marriage	✓
		The right to say no to sex even within marriage	✓

Source (IPPF, 1991, WHO 2010).

- Facilitator should ask participants to brain storm the challenges in implementing Sexual reproductive Health Rights. Potential answers include:
    - Cultures
    - Local laws, customs and policies
    - Religion
    - Community pressure (personal views/ judgmental)
    - Family pressure
    - Peer pressure
    - Reproductive health services not accessible by adolescents

Summary

The trainer should summarize the session as follows:

- Sexual health is fundamental to the physical, emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. It is the rights of all persons to pursue a safe and pleasurable sexual life
- Actions to improve sexual health can take place within a range of settings: Education, society/culture, economics, health systems, law, policies and human rights
- The responsible exercise of human rights requires that all persons respect the rights of others.

Session 5: Barriers and Facilitators to Accessing Adolescent Sexual Reproductive Health

Objectives:

- Identify the barriers and facilitators (factors) to adolescents accessing sexual and reproductive health services and information

1 Hour

Methodology:

- Presentation, Group discussions

Preparation & Materials:

- Power point
- Pathways to change board game tool

Barriers and Facilitators to Accessing Adolescent Sexual Reproductive Health

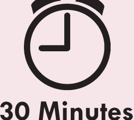
<u>The trainer should:</u>

- Provide an introduction to participants: Explain that there are many reasons why people do not behave in the healthy ways. Explain that there are some things that make healthy behaviors easier (facilitators) or harder (barriers).
- Ask the group to think of a behavior which causes a person to be unhealthy (e.g. not washing hands). Then ask the group to think of what would make it easier or harder for the person to do the healthy behavior. Point out that some of the reasons are personal (the person does not think they will get sick) some reasons are social (e.g. person's friends don't do the behavior) and some reasons are environmental (there is no water).
- When everyone understands the concepts of personal, social and environmental barriers and facilitators, explain that the group will now play a game. Divide participants into 3 teams of 10 people.
    - Group one will think about a young man (17) married to a young woman (17). They have just had their first child. What would make it harder or easier for this young man to wait 2 years before their next pregnancy?
    - Group two will think about a young woman in high school (15) who has a boyfriend but is not married. They are sexually active, but do not want to get pregnant. What would make it easier or harder for her to use a contraceptive method to prevent pregnancy?
    - Group three will think about a young woman 14 who is not in school and does not have a steady boyfriend. She was forced by an older boy she knows to have sex when she did not want to. Now she worries she might be pregnant or might have an infection. What would make it easier or harder for her to go to the health center?
- As the groups take turns moving on the board, they will think of barriers and facilitators for their character. Refer to this link for a full description on how to play the Pathways to Change [http://bit.ly/23iX3se] game for a full description on how to play.
- If time permits, the groups create stories for their characters, and present to the group and discuss whether the stories are realistic.

Session 6: Values Clarification and Gender Pulse Exercise

Objectives:

- Appreciate and reflect on their own values and attitudes towards providing sexual and reproductive health services to adolescents
- To identify facts that promote positive attitudes and enhance youth friendly services.



30 Minutes

Methodology:

- Participatory exercice

Preparation & Materials:

- This section includes a participatory exercise where the facilitator reads out statements for participants to move towards the cards that most suits their attitudes: Agree, and Disagree.
- For each statement the facilitator records the number of participants for each card.
- Participants are then given an opportunity to explain or make clarification on their thinking.
- Facts should be provided to promote positive attitude that enhance youth friendly services.

Gender Pulse Check

Facilitator reads out statements for participants to move towards the cards that most suites their attitudes: Agree, or Disagree. For each statement, the facilitator records number of participants for each card. Participants should be given the opportunity to explain or make clarification on their thinking. Facts should be provided to promote positive gender attitudes.

	Agree	Disagree
1. It is a husband's duty to discipline his wife when she makes a mistake		
2. Women and men should share responsibility for raising children and doing housework		
3. Women have a right to say no if they do not want to have sex with their husbands		
4. Women are not as important as men		
5. Men beat women as a way of showing love		
6. All human beings are equal in value		
7. Sometimes women need to be disciplined by their husbands		
8. Men have a right to demand for sex from their wives whenever they want		
9. Women have a right to have equal share in the family's wealth		
10. Boys and men do not have to do housework like cooking, washing, or cleaning, it's women's work		
11. Women have a right to contribute their views in all matters that affect them		

	Agree	Disagree
12. Women are responsible for raising children		
13. Bride price makes women seem like men's property		
14. Girls can be just as clever as boys		
15. It is natural for a man to lose his temper if his wife disagrees with him		
16. Boys and girls have the same right to play		
17. If a teenage girl puts on a miniskirt with a slit and is raped, it is not her fault		
18. Married young people should not use family planning until they have completed their family size		
19. Shouting is not violence		

Values Clarification Exercise

Facilitator reads out statements for participants to move towards the cards that most suites their attitudes: Agree or Disagree. For each statement, the facilitator records the number of participants for each card. Participants should be given the opportunity to explain or make clarification on their thinking. Facts should be provided to promote positive gender attitudes.

	Agree	Disagree
1. Young males and females have equal sexual rights		
2. Homosexual/lesbian young males / females can access sexual and reproductive health services from RHU clinics		
3. Condoms should be available to adolescents of any age		
4. It is worse for an unmarried girl to have sex than an unmarried boy		
5. Providing sexual and reproductive health services to adolescents may lead to early sex or promiscuity		
6. Sex education in schools promotes early sex		
7. Teenagers should have access to family planning contraceptives		
8. Young males and females presenting with STIs should be denied services.		
9. Before adolescents are provided with sexual and reproductive health services they should be asked to come along with their parents or guardians for corrective disciplinary measures.		
10. Youth centers encourage promiscuity as they provide an opportunity for young girls to meet with males.		

Session 7: Adolescent Sexuality

Objectives:

- Reflect on your own adolescence (flash back exercise)
- Define sexuality
- Explain the different ways boys and girls express their sexuality
- Discuss positive sexuality and potentially negative consequences if adolescents don't have the knowledge, skills, and resources /services to safely and healthily live out their sexuality
- Understand myths and facts about sexuality

Methodology:

- Personal reflection, group discussions, game

Preparation & Materials:

- Flash-back work sheets
- Activity card
- Note books
- Flipcharts
- Markers
- Masking tape
- Refer to the National Training Curriculum for Health Workers for your country
- Flash Back Work Sheet

Flashback

The trainer should ask participants to answer the following questions individually on a worksheet provided, collect the responses and total responses for each question, and later present the results to the participants.

Flashback Work Sheet

Flashback Questions	Result
1. How old were you when you first had sex?	
2. Was the person you first had sex with: a) younger, b) older, c) the same age	
3. Was that person: a) a friend, b) stranger, c) relative	
4. Where did you have sex; a) the bush, b) Lodge, c) At a friend's place, D) Latrine	
5. At the time, did you use a condom? a) Yes, b) No ; If not, why not? Did you use any other method of family planning?	
6. How do you think your family would feel if they found out?	

Flashback Questions	Result
7. Did you have questions about sex? a) Yes b) No	
8. Was there anyone you felt comfortable asking those questions to? a) Yes b) No	
9. Were you concerned about any negative outcomes? a) Yes B) No	
10. Did you go to a facility? a) Yes b) No	
11. How were you treated?	
12. Who did you share your experience with: a) Sister, b) brother, C) Friend, d) Kept quiet	
13. When you had sex, were you: a) forced, b) accepted willingly	
14. Where you given or did you give gifts?	
15. How did you feel the first time you had sex: a) Excited, b) Very proud, c) Worried/ccared; d) Bored, e) Ashamed	
16. Did you continue with the relationship or end it?	

The trainer should ask:

- What do participants learn from the flashback exercise?
- How do the results relate to today's adolescent life?

Sexuality

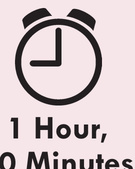
The trainer should:

Before the training, read Chapter I and II and the National Training Curriculum for Health Workers for your country to familiarize yourself with the material. Share the information with the session participants.

Session 8: Family Planning and Healthy Timing and Spacing of Pregnancy

Objectives:

- Explain the term healthy timing and spacing of pregnancy (HTSP)
- Explain the benefits and risks of not practicing HTSP for newborn, mothers, family, and community
- Explain dual protection and its benefits- OA Card 8: Preventing Pregnancy Story
- Discuss contraceptive rumors, myths, and misconceptions for adolescents
- Review contraceptive options for young women and their partners, advantages and disadvantages, who can and who cannot use them.



1 Hour, 30 Minutes

Methodology:

- Personal reflection, group discussions, game

Preparation & Materials:

- Ministry of Health materials on healthy timing and spacing of pregnancy for your country
- Activity card on healthy timing and spacing of pregnancy for newly married and parenting activity
- Flipcharts
- Markers
- Masking tape

Family Planning and Healthy Timing and Spacing of Pregnancy

The trainer should:

Before the training, read the Ministry of Health materials on Healthy Timing and Spacing of Pregnancy Reference guide to familiarize yourself with the material. Share the information with the session participants.

Session 9: Looking in Before Looking Out

Objectives:

- Examine our own fears and hesitancy in providing sexual reproductive health services and information to adolescents
- Demonstrate the need to address the gender attitudes, perceptions and norms that limit adolescents' access to sexual reproductive services
- Discuss consequences of not providing the right information and services to adolescents

1 Hour

Methodology:

- Group discussion and reflection

Preparation/Materials:

- Prep Session 4 "Getting Started" from the SASA! Guide [http://bit.ly/1SDEdqx]

- Introduce the session — Getting Getting Started:

  "For a long time, attempts have been made to address adolescent sexual and reproductive health and rights (ASRHR) by different stakeholders including us. For instance if we asked ourselves; How many people and organizations with experience with SRHR and how many feel reluctant to provide effective services. Many people and organizations working on ASRHR are hesitant to provide certain SRHR services including HIV/AIDS. In this session we will look inside ourselves and/or our organizations/workplaces to understand why this is so and what can be done about it."
- Facilitator asks participants to make two columns in their notebooks, with the headings seen on the flipcharts. Ask participants to take a few minutes to think about any reservations or anxieties they have personally about working on each of these issues and to record their ideas in the appropriate column in their notebooks.
- Facilitator asks participants to share their thoughts/fears/anxieties. Write their contributions on the appropriate flipchart. (Contributions could include: too complicated, afraid of being identified with the issue, don't know how to address it, too medical, don't want to be labeled a feminist, am unclear about my own beliefs, issue comes too close to home, etc.). Discuss the contributions as they are offered by participants.
- Facilitator asks participants: "These are all obstacles to working on ASRHR and HIV/AIDS. How do these obstacles affect our actions?"
- Ask participants to form some groups, depending on the number, and then grouping themselves by number.
- Explain: Each group will be given 5 minutes to identify and discuss the consequences regarding ASRHR and HIV/AIDS, if we avoid addressing the connection between the two.
- Explain: "Each group will be given a sheet of flipchart for documenting their ideas. Divide your flipchart in half, entitled one half 'Consequences' and write your ideas on that half of the paper."
- Give each group a blank sheet of flipchart paper, a marker, and one of the following topics:
  - Rates of violence against adolescent girls?
  - Rates of unsafe abortions?
  - Rates of HIV infection among different people? Girls? Boys?
- Alert the group when 1 minute remains.
- After 5 minutes have passed, call "stop!"
- Ask each group: "Now entitle the second half of your flipchart 'Benefits.' On this half, write the benefits for you personally and/or for your organization/workplace if you, again, avoid addressing the connection between ASRHR and HIV/ AIDS. You will have 5 minutes to write down your ideas."
- Alert the group when 1 minute remains.
- After 5 minutes have passed, call "stop!"
- After all groups are finished, ask: "Do the benefits outweigh the consequences?
- Discuss and debate, inviting groups to share what they wrote on their flipcharts.

Take home ideas:

- Adolescent sexual reproductive health and rights including HIV/AIDS are critical health and human rights issues. We must address them both in order to make a real difference in the lives of adolescents.
- "Obstacles and reluctance is natural, but it must not stop us from addressing these issues."

Session 10: Communicating with and Counseling Individual Adolescents, Young Women and Their Partners

1 Hour

Objectives:

- To empower the VHTs with skills for communicating with adolescents and improve their demand and use of sexual and reproductive health services.
- Explain ways that a VHT can establish trust when communicating with adolescents including married/parenting adolescents.
- Identify the key principles of counseling young women and their partners.
- Explain special considerations for confidentiality and privacy.

Methodology:

- Presentations, group discussions and roles plays

Preparation & Materials:

- Short case studies for role plays

Introduction to Session

The trainer should:

- Begin the session by reminding participants about the feelings of adolescents. Understanding the realities and mind-set of the adolescent client will foster better communication and responsiveness to adolescents' needs. When an adolescent is face-to-face with a provider (or an adult staff member) s/he may feel:
  - Shy about being in a clinic (especially for reproductive health) and about needing to discuss personal matters.
  - Embarrassed that s/he is seeking reproductive health care.
  - Worried that someone s/he knows might see her/him and tell the parents.
  - Inadequate to describe what is concerning her/him and ill-informed about reproductive health matters in general.
  - Anxious that s/he has a serious condition that has significant consequences (e.g. STI, pregnancy).
  - Intimidated by the medical facility and/or the many "authority figures" in the facility.
  - Defensive about being the subject of the discussion or because s/he was referred against her/his will.
  - Resistant to receiving help because of overall rebelliousness or other reasons fostering discomfort or fear.

Role Play

The trainer should:

- Explain that the role play is focused on the importance of the non-medical staff of the clinic and how their actions can impact the adolescent client's experience.
- Select 4 participants (or accept volunteers) for the role play. Two role plays will be enacted:
  - **An adolescent client and an insensitive receptionist.** The adolescent attempts to make sure s/he is in the right place, asks what to do, inquire about procedures, etc. (and is very anxious and uncomfortable). The receptionist is busy, over-worked, believes adolescents should not seek reproductive health care, and is indifferent to the adolescent's needs and sensitivities.
  - **An adolescent client and a trained, sensitive receptionist.** The actors perform the same scenario as above, but the receptionist is understanding and wants to help make the overall clinical interaction a positive and effective experience.
  - Lead a discussion among the participants about what difference each scenario would make in the overall clinical experience of the adolescent. Encourage the actors to express how they felt assuming roles during the role play.

Establishing Trust with the Adolescent

The trainer should:

- Explain that the adolescent is going through dramatic biological and psychological changes in general. Seeking health care may be challenging and difficult for her/him.
- Each staff person who may interact with adolescents must understand these circumstances and feelings and must be prepared to assist in a helpful, nonjudgmental way.

The following are tips for good communication:

- Be genuinely open to an adolescent's question or need for information (ranging from "Where is the toilet?" to "Should I use birth control?").
- Do not use judgmental words or body language that suggest disapproval of adolescents being at the clinic, of their behavior, or of their questions or needs.
- Understand that the young person has various feelings of discomfort and uncertainty. Be reassuring in responding to the adolescent, making him or her feel more comfortable and confident.
- If sensitive issues are being discussed, help ensure that conversations are not overheard.

Explain the three important characteristics of comfort for the adolescent clients:

- **Privacy:** This characteristic relates primarily to the facility and requires a separate space where counseling and/or examination can take place without being seen or overheard and where the interaction is free from interruptions.
- **Confidentiality:** This characteristic relates to the provider and requires that s/he assure the client that all discussions and matters pertaining to the visit will not be transmitted to others.
- **Respect:** This characteristic involves the way that the counselor/provider relates to the adolescent, requiring recognition of the client's humanity, dignity, and right to be treated as capable of making good decisions.

  Respect also assumes that one can be different and have varying/alternate needs that are legitimate and deserve a professional response.

Session 11: Verbal and Nonverbal Communication Exercise

Objectives:

- Make participants aware of nonverbal ways of communicating, particularly when listening to clients, and to demonstrate the power of nonverbal communication.

Methodology:

- Group discussion and role play

Preparation & Materials:

- Flipcharts
- Markers

3 Hours, 30 Minutes

Verbal and Nonverbal Communication

The trainer should:

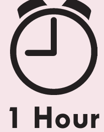
- Ask the Participants to form 6 groups representing communication/ counseling the following adolescents
  - VYA with puberty concerns – two groups
  - A young woman aged 17 years with her partner- two groups
  - An individual adolescent boy or girl with sexual and reproductive health issues- two groups
- Prepare a role play as follows;
  - Each group identifies two people to act out the role plays
  - One person should talk for 5 minutes about a personal problem or concern.
  - The other should try to communicate interest, understanding, and help in any way s/he wishes verbally and nonverbally
  - Have the pairs switch roles and repeat the exercise for 5 minutes.
- Discuss the exercise with the entire group. Some questions to rise are:
  - How did it feel to talk for five uninterrupted minutes?
  - How did it feel to be prevented from talking?
  - Did anyone feel helped? Why or why not?
  - What were some of the positive verbal and nonverbal clues shown during the roles plays?
  - What were some of the negative verbal and nonverbal clues shown during the role plays?
- Quickly summarize using relevant content from health worker training on adolescent health and development.*

* In Uganda we used the National Training Curriculum for health workers on Adolescent Health and development. Ministry of Health October 2011. Pages 34-40

Session 12: Roles and Responsibilities of VHTs in Providing ASRH Services to Adolescents

Objectives:

- List sexual and reproductive health and gender-based violence service delivery points in the community
- Discuss the roles and responsibilities of VHTs in providing family planning services and information to adolescents



1 Hour

Methodology:

- Group discussion and work

Preparation & Materials:

- Flipcharts
- Markers
- Refer to the Curriculum for Health Workers on Adolescent Health for your country

Roles and Responsibilities of VHTs in Providing ASRH Services to Adolescents

The trainer should:

- Divide participants in to small groups of where they come from.
- Ask the groups to:
  - Draw a map of their community
  - List sexual and reproductive health and gender-based violence service delivery points in their community/area
  - Brainstorm the roles and responsibilities of VHTs in providing family planning services and information to adolescents
  - Identify gaps in the existing referral system and recommend ways to strengthen the referral system.
  - Identify strategies for reaching all stakeholders and create supportive environment for ASRH i.e. how to involve religious leaders, local leaders, parents etc.
- Ask each group to select one representative to report back during plenary.
- Facilitate a discussion on the group feedback. Some of the roles and responsibilities that should be discussed are:
  - Mobilize communities to use family planning services.
  - Give correct Information on family planning.
  - Provide Oral Pills, ECP, CycleBeads ®*, condoms.
  - Administer Depo-Provera if trained.
  - Follow up and support family planning users e.g. counseling.
  - Collect family planning data, use and submit family planning data to the health facility.

* In Uganda these are referred to as moon beads.

- Link clients to health facilities for reproductive health services (referral).
- Organize meetings between the health workers and the community on family planning.
- Work with health facility staff to link communities with family planning outreach services.

Session 13: USAID's Family Planning Guiding Principles and US Legislative and Policy Requirements

Objectives:

- Inform participants about the family planning compliance principles

Methodology:

- Presentation and plenary discussion

Preparation needed:

- Review USAID family planning Compliance Principles [http://1.usa.gov/1Tq23pN] before session
- Print USAID family planning Compliance Principles for participants

30 Minutes

USAID's Family Planning Guiding Principles and US Legislative and Policy Requirements

The trainer should explain these points to the participants:

Voluntarism and Informed Choice

USAID's family planning programs are guided by the principles of voluntarism and informed choice. Under these principles:

- People have the opportunity to choose voluntarily whether to use family planning or a specific family planning method.
- Individuals have access to information on a wide variety of family planning choices, including the benefits and health risks of particular methods.
- Clients are offered, either directly or through referral, a broad range of methods and services.
- The voluntary and informed consent of any clients choosing sterilization is verified by a written consent document signed by the client.

The Tiahrt Amendment

In October 1998, Congress enacted an amendment initiated by Rep. Todd Tiahrt (R-KS), reaffirming and further elaborating standards for voluntary family planning service delivery projects to protect family planning "acceptors," that is, the individual clients receiving services.

Summary of Tiahrt Requirements for Voluntary Family Planning Projects

- Service providers or referral agents shall not implement or be subject to numerical targets

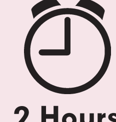
or quotas of total number of births, number of family planning acceptors, or acceptors of a particular family planning method. Quantitative estimates or indicators used for budgeting or planning purposes are permissible.

- No incentives, bribes, gratuities, or financial reward for family planning program personnel for achieving targets or quotas, or for individuals in exchange for becoming a family planning acceptor.
- No denial of rights or benefits such as food or medical care to individuals who decide not to use family planning services.
- Clients must be provided comprehensible information on benefits and risks of the family planning method chosen.
- Experimental methods must be provided only within the context of a scientific study, and participants must be advised of all potential risks and benefits.
- Within 60 days after the USAID Administrator determines that a single violation of requirements (1), (2), (3), or (5) has occurred, or, in the case of (4), a pattern or practice of violations has occurred, the Administrator must submit a report to Congress describing the violation and corrective actions taken to address it.

Session 14: Overview of the Adolescent Health Counseling Flipbook

Objectives:

- Guide participants in understanding the contents and how to use the MOH flipbook
- Participants practice and gain confidence in using the MOH adolescent counseling flipbook
- Participants give feedback and share observations and experiences on the use of the flipbook



2 Hours

Methodology:

- Presentation and Role play

Preparation & Materials:

- Enough copies of the Adolescent Health Counselling flipbook for each participant

Overview of the Adolescent Health Counseling Flipbook

The trainer should:

- Give each participant a copy of the flipbook
- Explain the purpose and content in the flipbook
- Divide participants in to groups of 3:
  - One participant acts as an adolescent
  - One will act as a VHT
  - One will be an observer.
- Allow participants to move out in separate groups to practice how to use the flipbook. Groups are free to pick on any topic in the flipbook for their role play.

- The observer should listen, observe, and write down key points.
- Ask all groups to return to plenary
- Allow participants to give feedback on their experiences with using the flipbook

Session 15: The Space Between Us

Objectives:

- Raise participants' awareness of how power has shaped our lives and experiences

1 Hour

Methodology:

- Participatory exercise

Preparation & Materials:

- This exercise is best conducted with both women and men. In case you do not have at least three women and three men in your group, you will need to provide some participants with pretend identities.
- SASA! Guide Session 1.2: Power and Human Rights [http://bit.ly/1SDEdqx]

- Introduce the session — Power and Human Rights:
- This session is designed to help participants recognize that a person's sex deeply influences their experiences and choices in life. It goes on to explore the impact of this on our enjoyment of human rights as women and men."
- The facilitator explains to the participants:
  - "In a few moments, I am going to ask you to line up in the middle of the room and hold hands with each other. I will then read a series of statements about life experiences."
  - "After each one of the statements you will move one space forward, backward or stay where you are, based on your life experiences. If you begin moving in an opposite direction of the people you are holding hands with, you will have to let go."
  - **Note:** *If someone is in a wheelchair, instead of taking a step, they can move/roll the equivalent.*
  - "If the participant has not heard a statement clearly, s/he calls 'repeat.'
  - "This is a silent exercise. Participants are not allowed comment on their own or others' movements."
- Ask participants to line up side by side across the middle of the room, with sufficient and equal space both behind and in front of them. Ask them to all face one way (toward a wall or a line drawn on the floor) and to hold hands with the people on either side of them.
- Ensure there are no questions. Remind participants that this is a silent exercise.
- Read the statements ("The Space between Us" Activity Statements) provided at the end of these instructions and ask the participants to move after each statement.
- When you have finished reading all the statements, pause. Ask the participants to remain where they are. If some participants are still holding hands, they can now let go of each other.
- Ask the participants to look around to see where they are standing and where others around them are standing. Ask them to take a moment to reflect on their own position and

the position of others.

- Tell to the group: "When I say 'go,' race to the wall/line in front of you."
- Count "one, two, three, GO!"
- Debrief: Gather everyone back in the large circle and debrief the exercise. Make sure that both women and men are contributing their thoughts and that everyone feels safe and respected throughout the discussion.
  - "How did you feel doing this exercise?"
    - How did you feel at the beginning when you were all in the straight line?
    - How did it feel to move forward? To move backward?
    - How did it feel to release the hands of your neighbors?
  - "What did you notice about each other's reactions as the exercise progressed?" (Probe: "Did the tone of the game change from playful to serious?")
  - What did you think or feel when you saw where everyone was standing at the end of the game? Was there anything that surprised you about people's positions?
  - Did any of you adjust the size of your steps (i.e., making them smaller or larger) as the game continued on? Why?
  - Did anyone want or choose to not be honest in the exercise? Why? What does this tell us about our experiences? (Probe: "Is there shame or stigma attached to our experiences of power?")
  - "What was your first reaction when I asked you to race to the wall?" (Contributions could include: too far, too close, ran very hard, knew I couldn't win, what was the point, etc.)
  - "What does this exercise teach us about the power imbalances between women and men?"
  - "What did you learn about your own power? The power of those around you?"

<u>Take home ideas:</u>

- "In our community, women typically have less power than men. This is a social norm — something that is considered normal in our community"
- "The power imbalances between women and men mean that women are at a disadvantage."
- "Violence against women is one way this power imbalance is allowed to continue."
- "It is unjust that women and men do not move through life equally."

The Space Between Us: Activity Statements

1. If you were raised in a community where the majority of police, government workers, and politicians were not of your sex, move one step back.
2. If it is generally accepted for you to make sexual jokes in public about the other sex, move one step forward.
3. If a teacher has ever promised you better school results in exchange for sexual favors, move one step back.
4. If you have never been harassed or disrespected by police because of your sex, move one step forward.
5. If you could be beaten by your partner with little or no reaction from others, move one step back.
6. If most doctors, lawyers, professors, or other "professionals" are of the same sex as you, move one step forward.
7. If people of your sex often fear violence in their own relationship or homes, move one step back.
8. If people of your sex can beat a partner because of unfaithfulness and with general acceptance of this behavior from others, move one step forward.
9. If you were denied a job or a promotion because of your sex, move one step back.
10. If your sex has ever been considered by scientists as inferior, move one step back.
11. If people of your opposite sex are often paid for sexual favors, move one step forward.
12. If you were discouraged from pursuing activities of your choice because of your sex, move one step back.
13. If you commonly see people of your sex in positions of leadership in business, in court, and in government, move one step forward.
14. If you fear being attacked if you walk home alone after dark, move one step back.
15. If you could continue school while your siblings of the opposite sex had to stop, move one step forward.
16. If you share child rearing responsibilities with your partner, move one step forward.
17. If you have never worried about being called a prostitute, move one step forward.
18. If you must rely on your partner to pay for your clothes and food, move one step back.
19. If you have never been offered presents for sexual favors, move one step forward.
20. If you have ever worried about how to dress to keep yourself safe, move one step back.
21. If people of your sex can have different partners and that is generally accepted, move one step forward.
22. If you have taken care of your partner while she or he is sick, move one step forward.

23. If your religious leaders are the same sex as you, move one step forward.
24. If you have ever feared rape, move one step backward.
25. If your name or family name can be given to your children, move one step forward.
26. If you have been touched inappropriately by a stranger in public, against your will, move one step back.
27. If you cannot always expect the same kind of respect from women as from men, move one step back.
28. If you have ever been refused rest by your partner while you were feeling weak, ove one step back.
29. If your sex is the one who usually makes the decisions about household expenditures, move one step forward.
30. If you have never been whistled or hooted at in public by the opposite sex, move one step forward.

Session 16: Conclusion & Post-Test

Objectives:

- To know whether there was an improvement in participants' knowledge on ASRH, contraceptives for young people, Youth Friendly Services (YFSs), skills and attitudes after the four days training

30 Minutes

Methodology:

- Written

Preparation & Materials:

- Post-test
- Final Workshop Evaluation form

Post-Test

The trainer should:

- Give the test to participants after the training.
- Explain that the purpose of the test is to evaluate how good the training was based on whether the participants improved their knowledge of the subject matter.
- Allow participants 15 minutes to complete the post-test.
- Review participants' answers and give them feedback so that they know whether their knowledge has improved or not. Be sure to focus on areas where there was less improvement in the next training.

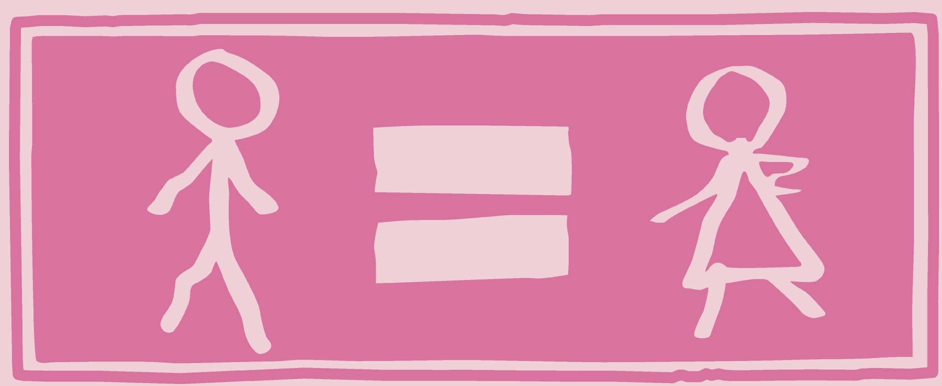
Final Workshop Evaluation

The trainer should:

- Explain that the workshop has now come to an end and the trainers would like to obtain feedback from participants about the workshop.
- Distribute the handout with workshop evaluation questions.
- Allow participants 15 minutes to compete the evaluation.
- Collect all feedback.
- Thank the participants.

Hand out: Final Workshop Evaluation

- Rate your understanding of the workshop content from 1-5, 5 being the highest and 1 being the lowest.
- Which 3 topics were the most applicable to your work?
- Which topics are not applicable at all to your work?
- Which areas were not clear that you would like to be addressed in the next meeting/ workshop?
- What other aspects of the workshop did you like?
- Which aspects didn't you like and how can that be improved in future?



Section C:

Chapter V Tracking Forms

VHT Daily/Monthly Tracking Form

INSTRUCTIONS: Fill this form after every activity. Fill one line for each activity. If you need more lines, use another form(s). Fill in the date, sex and age of each client. Tick the type of session (either group or individual). Tick the type of adolescent (newly married, new parent or other). Tick the topic discussed (family planning, puberty, domestic violence, early marriage, gender roles, alcohol, safety or other). Also tick if the client has been referred to the Health Facility. At the end of the month, sum up the total number of people reached (male/female), the number reached through group or individual level and referrals. Submit to the sub county Health Facility in-charge every month.

Name of VHT: ____________________**Village:** ______________________**Parish:** ___________________________**Sub county/Division:** ______________________

(a)	(b)	(c)		(d)			(e)		(f)			(g)								(h)	
No.	Date	Sex		Age Group			Type of Session		Adolescent Type			Topic(s) Discussed								Is Client Referred to HF?	
	DD/MM/YY	Male	Female	10-14	15-19	Over 20	Group	Individual	Newly Married	New Parent	Others	Family Planning	Puberty	Domestic Violence	Early marriage	Gender roles	Alcohol	Safety	Other	Yes	No
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					

District: __________________**Month:** _________________**Year:** _________________**Name of Health Facility Attached To:** ______________________

Pre/Post Test Assessment

25 Minutes

1. What age range does adolescence refer to? (*Circle one*)

   a. 7-15
   b. 15-19
   c. 10-30
   d. 10-19
   e. 15-24

2. Write down any 3 challenges adolescents face during the stage of growth and development

   1) ______________________________
   2) ______________________________
   3) ______________________________

3. Name three reasons why adolescents in your community do not seek sexual reproductive health services.

   1) ______________________________
   2) ______________________________
   3) ______________________________

4. Having specially trained providers serve adolescents seeking sexual reproductive health services is important because: (*Circle all that apply*)

   a. Communicating with adolescents can require special care with regards to language, tone, and establishing trust
   b. Adolescents are very demanding and require a trained provider to navigate rude attacks
   c. Healthy life-long habits are established in adolescence
   d. Adolescents may ask to see a training certificate
   e. Adolescents are particularly vulnerable to poor sexual and reproductive health outcomes

5. Name three essential characteristics of youth-friendly services:

   1) ______________________________
   2) ______________________________
   3) ______________________________

6. What are the three most important concerns that adolescents have when it comes to sexual and reproductive health and gender-based violence service delivery? *(Circle three)*

   a. Privacy
   b. Nonjudgmental care
   c. Confidentiality
   d. Respect
   e. Television or games at the health center
   f. Brochures that they can take home with them

7. Which of the following are good counseling techniques for adolescent's clients?
   (Circle all that apply)
   a. Ask close-ended questions (yes/no questions) so that the client feels more comfortable
   b. Speak in understandable terms, avoid overly technical language
   c. Look directly at the patient, nod your head, and listen actively
   d. Sit behind a desk or above the patient so there is distance and she knows that she should respect you
   e. Avoid using questions that start with "why" and/or other judgmental language

8. Write three reasons why adolescents should use contraceptives
   1. ______________________________
   2. ______________________________
   3. ______________________________

9. Which is the best way for adolescents to prevent both unintended pregnancy and STIs?
   a. Emergency contraceptives
   b. Implants
   c. Correct and consistent use of condoms, or use of condoms plus another contraceptive method (Called dual method use)
   d. Oral contraceptives

10. Which of the following aspects must be taken into account when counseling adolescent clients on contraception?
   (Circle all that apply)
   a. Risk of sexually transmitted infections
   b. Effectiveness of method
   c. Patient preference for a particular method
   d. Availability and access to methods
   e. Concerns that might be more relevant to adolescents such as weight gain, skin complexion, and discreteness of the method

11. Write three consequences of not providing the right information and sexual and reproductive health services to adolescents
   1. ______________________________
   2. ______________________________
   3. ______________________________

12. How have you handled cases of gender-based violence at the heath facility where you work?

____

____

____

Flashback Worksheet

Flashback Question	Result
1. How old were you when you first had sex?	
2. Was the person you first had sex with a) younger, b) older, c) the same age	
3. Was that person a) a friend, b) stranger, C) relative	
4. Where did you have sex; a) the bush, b) Lodge, c) At a friend's place, D) Latrine	
5. At the time, did you use a condom? a) Yes, b) No ; If not, why not? Did you use any other method of family planning?	
6. How do you think your family would feel if they found out?	
7. Did you have questions about sex? a) Yes b) No	
8. Was there anyone you felt comfortable asking those questions to? a) Yes b) No	
9. Were you concerned about any negative outcomes? a) Yes B) No	
10. Did you go to a facility? a) Yes b) No How were you treated?	
11. Who did you share your experience with; a) Sister, b) Brother, C) Friend, d) Kept quiet	
12. When you had sex, were you , a) forced, b) accepted willingly	
13. Where you given or did you give gifts?	
14. How did you feel the first time you had sex; a) Excited, b) Very proud, c) Worried,/Scared; d) Bored, e) Ashamed	
15. Did you continue with the relationship or end it?	

VHT Final Workshop Evaluation Form

1. Rate your understanding of the workshop content from 1-5, 5 being the highest and 1 being the lowest. (*Circle the number*)

   1 (lowest understanding) **2** **3** **4** **5** (highest understanding)

2. Which 3 topics were the most applicable to your work?
   1. ______________________________
   2. ______________________________
   3. ______________________________

3. Which topics are not applicable at all to your work?

   ____
   ____
   ____

4. Which areas were not clear that you would like to be addressed in the next meeting/workshop?

   ____
   ____
   ____

5. What other aspects of the workshop did you like?

   ____
   ____
   ____

6. Which aspects didn't you like and how can that be improved in future?

   ____
   ____
   ____
   ____
   ____
   ____

Thank you for being a Great Participant.

The Story of Mrs. Lovely: Drama Skit

Mrs. Lovely got married at the age of 15 years to Mr. Lovely who was chosen by her parents. Five cows were given as dowry. She was now pregnant with her ninth child. During her previous pregnancy she had been advised by the health worker at the village clinic not to have any more children, otherwise she risked her life.

Mrs. Lovely was an extremely hardworking and obedient wife. On her husband's farm, she and her daughters produce pineapples, vegetables, and eggs for sale. The husband kept the money in the house in the drawer in the room where they slept.

Although her labor pains started two days before, she could not go to the clinic since her ten months old daughter was sick. On the third day, although she told her husband that she had to go to hospital, he simply went off to meet his village friend to finalize a business deal of selling him his farm products. Seriously short of money, Mrs. Lovely went to see a traditional birth attendant (TBA) whom she could pay in installment as and when she got the money.

Mrs. Lovely was in such a bad state that the TBA refereed her to the village clinic. At the health clinic it was realized that she needed a blood transfusion, which could only be done at the district hospital. Mrs. Lovely said she could not go to the hospital without informing her husband. The health worker informed her that it was a matter of life and death. She had to go to the hospital immediately.

This was a very tricky situation, after a lot of haggling and convincing, Mrs. Lovely was put in the ambulance to the district hospital, but her condition had deteriorated. In order to keep her awake, the nurse started talking to her. She asked her why she had risked her life again (it was the same health worker who delivered her 8th child). Mrs. Lovely replied “you see it is my husband who loves children, if I refused to have more children, he would get from other women, besides I need extra hands at the farm”. By the time she reached the hospital Mrs. Lovely was announced dead. What she had not told the health worker is that her only son had been knocked by a lorry on his way to school the previous year. Mrs. Lovely was only 25 years old at the prime of her life.

GREAT Components

COMMUNITY ACTION CYCLE

Community leaders and mobilizers engage in a process of collective dialogue and action based on planning by communities who first define their current status, what changes they seek to achieve, and how to make this community change happen. Fostering change here hinges on the transformation of social norms and attitudes towards gender, sexual and reproductive health, and violence.

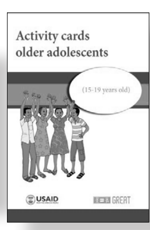
RADIO DRAMA

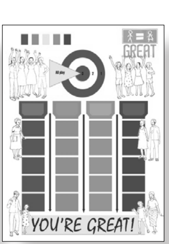
The Oteka Radio Drama is a 50-episode story that is aired on local radio stations in the project area. It tells the stories of several families in the imaginary village of Oteka who are faced with challenging decisions about relationships, sexuality, violence, alcohol, sharing of resources and responsibilities, and parenting. The story generates interest and engagement in community rebuilding and cultural revitalization with respect to sexual and reproductive health, gender equity, and gender-based violence. It motivates adolescents to engage in GREAT activities.

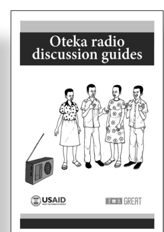
VHT SERVICE LINKAGES

Training is provided to existing Village Health Teams (VHTs) to strengthen their ability to meet the sexual and reproductive health needs of adolescents, reduce stigma associated with seeking sexual and reproductive health services, improve referral systems for adolescents, and provide more gender-sensitive services to all community members. GREAT also provides training and support to facility-based health workers to deliver respectful care.

COMMUNITY GROUPS & CLUBS USING TOOLKITS







The GREAT Toolkit consists of several materials that we designed to be engaging, interactive, fun and – above all – effective. The *Radio Discussion Guides* provide small groups with questions to catalyze active dialogue and reflection on key themes from the weekly Oteka broadcasts. The guides encourage adolescents of different age groups to think about how the radio drama's themes relate to their own lives and experiences. Simple *Activity Cards* tailored to age groups prompt reflection and collective action among group participants. The cards suggest fun and participatory activities that promote discussion, learning, and action on GREAT themes. The GREAT *Community Engagement Game* is a fun and dynamic way for groups to explore gender norms and roles in their communities. The game consists of a large, grain sac 'board' that is placed on the ground. Game cards, tailored to life stages, direct players to move around the board and reflect on, discuss, and act upon GREAT themes. Finally, *Coming of Age Flipbooks* (one for girls, one for boys) use the Oteka Radio Drama characters to help very young adolescents understand puberty, explore gender norms and adopt more equitable behaviors.

Chapter VI:
The GREAT Toolkit

Section A:
Overview

GREAT Component 4: **The GREAT Toolkit**

WHAT

The GREAT Toolkit (see the table below for a summary) is the collective term for several interactive materials—a board game, flipbooks, activity cards and discussion guides—that adolescents can use with their peers to learn about and take action on sexual and reproductive health, gender, equity, and gender-based violence. We developed the toolkit materials drawing on our formative research in Amuru and Lira, Uganda and each item in the Toolkit is designed for use by an age sub-group. We tested the materials extensively with adolescents and published them in English, Acholi and Lango dialects. The Toolkit materials complement the other GREAT components: the Community Action Cycle, the Oteka Radio Drama, and VHT links.

Copies of the toolkit can be downloaded in PDF format.

- English [http://irh.org/resource-library/great-scalable-toolkit/]
- French [http://irh.org/resource-library/great-scalable-toolkit-french/]
- Portuguese [http://irh.org/resource-library/great-scalable-toolkit-portuguese/]
- Acholi [http://irh.org/resource-library/great-scalable-toolkit-acholi/]
- Lango [http://irh.org/resource-library/great-scalable-toolkit-lango/]

WHY

The results of our GREAT project showed that the Toolkit was popular with adolescents and led to reflections on gender, equity, sexual and reproductive health, and gender-based violence. The Toolkit gives adolescents a constructive way to spend free time, and offers examples of what positive relationships and good sexual and reproductive health look like. By providing space and structure to explore real-life issues and practice positive behaviors, the Toolkit helps adolescents change the way they see themselves and relate to others in their community.

WHEN

After mapping the community groups and school-based clubs and after toolkits have been printed, so between the second and third months of the project. Groups can then use the toolkits from months four to 12.

WHO

Project staff and field workers orient the community groups and school-based clubs (see Chapter VI, Section B for a guide on the toolkit orientation) on how to use the materials. The training can be 1 full day with leaders of each group or club.

HOW

The simplest way to orient the groups to the toolkit is to play the game and use the materials with them. In this way, they are getting a guided, hands on experience of how to use the materials properly and have the confidence to use them on their own. For this to be effective, project staff and field workers have to be fully comfortable with the materials before introducing them to the groups. During the orientations, you may also inform group leaders of the reporting tools that will be used.

Step 1: Print the Toolkit

Each item in the Toolkit is available on the GREAT website [links above] as a high-resolution PDF. Printing instructions are also on the site. Any professional printer should be able to use these files and their instructions to produce a high quality, durable toolkit that will look good and last a long time.

Step 2: Familiarize Yourself with the GREAT Toolkit

Adolescents can use each of the tools to:

- Learn about their bodies, gender, equity, sexual and reproductive, and gender-based violence.
- Talk about growing up with good sexual and reproductive health, safety from gender-based violence, and equality between boys and girls;
- Take actions that support healthy behaviors with respect to puberty, sexual and reproductive health, equality, and gender-based violence.

Each tool listed in the table is available in English, Acholi and Lango. A checkmark indicates that the referenced theme is covered for that age group.

Step 3: Introduce, Demonstrate, and Encourage Use of the Toolkit

We designed the GREAT Toolkit so that anyone who can read can use it, without the need for training (each game and activity includes instructions for use). However, our experience showed that it is beneficial to offer orientation on use of the tools. Plan to demonstrate to leaders how to use each of the components using actual materials and the activities from the toolkit. You may orient leaders individually or gather groups of leaders together for orientation sessions

The introduction and demonstration exercise will take a maximum of 2 hours for all toolkits to be demonstrated to each group. While encouraging the groups to use the toolkits, emphasize that there is no prescribed order or frequency of using the various materials. They have the freedom to choose any toolkit product and topic each time they want to use the toolkit according to their preference or the topics they wish to discuss in their group

Step 4: Track Use of the Toolkit

Provide support to groups via field staff or other people like VHT members, Gender officers, Health worker etc. If you would like to gauge which tools that groups are using and their thoughts on the various materials, orient them to the simple tracking tool in Chapter VI, Section C.

Section B:
Chapter VI Activities
GREAT Toolkit
Orientation for Leaders of Community Groups and School-Based Clubs

Purpose of the GREAT Toolkit Orientation for Leaders of Community Groups and School-Based Clubs

The purpose of the full day orientation is to expose group leaders to the stories, activities, and games in the toolkit; demonstrate their proper use; and allow leaders the chance to use the tools in the presence of the extension workers so they have the opportunity to ask clarifying questions. While the GREAT toolkit was designed to allow users to pick it up and use it directly without a training, experience has shown that this simple full day orientation greatly improved platform leaders' self-efficacy and ability to use the tools properly on their own. This training is not meant to be a long training in which extension workers read through each flipbook story, activity card, and play the entire community game. Instead, this training serves to expose the platform leaders quickly to the toolkit to ensure they understand its' proper use so they feel confident experimenting with the toolkit on their own with their platforms.

Suggested Sequence/Schedule for GREAT Toolkit Orientation for Leaders of Community Groups and School-Based Clubs:

Session	Session	Session
1. Introduction to GREAT and the GREAT Toolkit	Icebreaker	9:00-9:30 am
	Introduction to GREAT	9:30-11:00
	Introduction to the Toolkit	11:00-11:30
2. Demonstration and Practice Using the Toolkit	Flipbook	11:30-12:00
	Activity Card	12:00-12:30 pm
	Lunch	12:30-1:30
	Community Board Game	1:30-2:00
	Radio Discussion Guides	2:00-2:30
	Clarifying Questions and Wrap-Up	2:30-3:00
Summary and Closing		3:00-3:30

Immediately following the descriptions of orientation activities, there is additional content concerning facilitation tips that organizers will find helpful for using this guide.

Session 1: Introduction to GREAT Toolkit

Objectives:

- To briefly orient platform leaders to the different tools and activities in the toolkit
- To model proper use of the tools

2 Hours, 30 Minutes

Methods:

- Demonstration
- Experiential learning and practicing
- Feedback

Preparation & Materials:

- Bag of toolkits
- Toolkit Instructions
- Boys and girls puberty flipbooks
- Older adolescent “Preventing Pregnancy Story” activity
- Marriage and Parenting “How Alcohol Feels Game” activity card
- Community game instruction cards
- Radio discussion guides (Instructions, Safe relationships, Boys and girls can be great)
- Fact cards
- Toolkit bags

Introduction

The trainer should:

- Greet participants and introduce yourself.
- Ask participants to pair up.
- Ask participants to spend 10 minutes interviewing each other (5 minutes for each interview). Participants may ask the following questions that will help them be able to introduce their partner to the rest of the group including;
  - Her/his name and its meaning
  - Where she/he comes from (Village or parish)
  - One thing she likes about working with adolescents
  - One thing she hates about working with adolescents.
  - What her/his biggest concern was when s/he was an adolescent.
- At the end of 10 minutes, ask each participant to introduce their partner to the rest of the group.

Introduction to the Toolkit

The trainer should:

Lay out all the materials in the toolkit and explain that there are specific tools for different age groups. Use the text below to explain the purpose of the toolkit, how they can be used, a description of each tool, and how they are organized per age group.

Overall Purpose of the Toolkit

The toolkit is for groups in the community to learn, discuss, and initiate action to improve the lives and health of adolescents. When groups use the materials, people will:

- Learn about their bodies, reproductive health, gender-based violence, and gender roles;
- Think and talk about how to grow up, or support young people to grow up with good reproductive health, safety from gender-based violence, and equality of boys and girls, especially as it relates to reproductive health;
- Start discussions with and between young people;
- Take positive action to make families and communities supportive of young people.

Use of the Toolkit

The toolkit can be used by groups in the community such as: youth groups, music, dance & drama clubs, farmer's associations, village savings and loan groups, religious groups, and other interested groups of people. The toolkit is flexible. Groups can select the activity to use based on their ages, needs and interest. Groups can organize the activities according to their schedule and preference: during regular meetings, social gatherings, and/or community events. A trained facilitator is not necessary; any person(s) in the group who can read is welcome to lead the activity.

Materials in the Toolkit

The following materials are included in each toolkit. See each material for detailed instructions on use.

Component	Purpose
Growing Up GREAT Flipbook	The toolkit includes two flipbooks in story format to help very young adolescents learn about growing up GREAT, understanding body changes and seek advice on how boys and girls can live more equally: one flipbook is for girls from 10 to 14 years of age and one flipbook is for boys from 10 to 14 years of age. The flipbooks are intended to be read by senior woman or senior man teacher or even the group leaders themselves to groups of very young adolescents. The groups could be all girls, all boys, or mixed girls and boys.
Activity Cards	The toolkit includes three sets of activity cards: one set of cards for girls and boys 10 to 14 years of age, one set for unmarried boys and girls aged 15 to 19 years of age, and one set for newly married and parenting young people from 15 to 19 years of age. Each activity card is meant to be used on its own to stimulate a fun group activity that includes a discussion on equality, reproductive health, and safety from violence. The activity cards are intended to be used by any group. Groups could be all girls or young women, all boys or young men, mixed groups of girls and boys, or mixed groups of young women and young men.

Component	Purpose
Radio Discussion Guides	The toolkit includes 13 guides that groups can use to discuss specific topics and characters from the GREAT radio drama. The guides allow people to talk first about those stories and characters they most enjoy, and then focus the groups' attention on themes in the drama. Finally, the guides encourage groups to talk about how these same issues affect their own communities and how they could be addressed. The guides are for use by people who listen regularly to the drama, but they do include short summaries of the storylines so people who are not regular listeners can also participate in the discussion.
GREAT Game	The toolkit contains one life-sized canvas game board and four sets of game cards. Each game card set has four categories of questions which help people learn and discuss reproductive health, safety, equality, and being GREAT! The game can be played by small or large groups. It could be played by groups of girls or women alone, boys or men, or mixed-sex groups. It is intended to be a fun learning experience for the players, and the audience.

Toolkit materials also depend on the age cohort of the group, as per table below:

Toolkit product	Very Young Adolescents (10-14 years old)	Older Adolescents (15-19 years old)	Newly married and parenting Adolescents (15-19 years old)	Community Members
Growing Up GREAT flipbooks for boys and girls	✔			
Board game and game cards	✔	✔	✔	✔
Activity cards	✔	✔	✔	
Radio discussion guides	✔	✔	✔	✔

Session 2: Demonstration and Practice Using the Toolkit

Objectives:

- To model proper use of the tools
- For platform leaders to practice using each of the tools

Methods:

- Demonstration
- Experiential learning and practicing
- Feedback

Preparation & Materials:

- Bag of toolkits
- Toolkit Instructions
- Boys and girls puberty flipbooks
- Older adolescent "Preventing Pregnancy Story" activity
- Marriage and Parenting "How Alcohol Feels Game" activity card
- Community game instruction cards
- Radio discussion guides (Instructions, Safe relationships, Boys and girls can be great)
- Fact cards
- Toolkit bags

3 Hours, 30 Minutes

Explain to the platform leaders that you will not walk through every single tool, but you will demonstrate how each one is supposed to be used. The staff from the user organizations can demonstrate the tools in the following ways:

Flipbook Demonstration

The trainer should:

- Explain you are going to demonstrate how to use the flipbooks, then you will ask a volunteer to practice using them with the group.
- Read the first 5 pages of Story 1 in the girl's flipbook.
- Ask 1 volunteer to read the first 5 pages of Story 1 of the boys flipbook
- Test reflection dialogue
- Clarify any questions on how to use the flipbook

Activity Card Demonstration

The trainer should:

- Explain that you are going to demonstrate how to use one Activity Card, then you will ask a volunteer to practice using another one with the group. (Note: you might not get to finish the whole activity card, but we want to see some person is able to follow all the steps)
- Read the older adolescent "Preventing Pregnancy Story" activity card to the group and go through the steps with the group

- Ask a volunteer to read through the Married and Parenting "How Alcohol Feels Game" activity card and go through an actual reflection dialogue with the group as an example to using the activity cards
- Clarify any questions on how to use the activity cards.

Community Board Game Demonstration

The trainer should:

- Explain you are going to demonstrate how to use the community game with the group, then you will ask a volunteer to practice using the game with the group. (Note that you will not get to play the whole game, but you will practice throwing the stone and 1 card from each theme).
- First demonstrate how to read through the instruction card. Read through the 6 steps and follow the steps to form team.
- Using the Community Game Cards, practice 2 questions from each of the 4 colors.
- Ask a volunteer to come and facilitate and read 2 questions from each of the 4 colors.

Radio Discussion Guides Demonstration

The trainer should:

- Explain that you will read through one radio discussion guide and then ask a volunteer to practice using one.
- First, read the "How to use the radio discussion guides" 1-page explanation to the group.
- Demonstrate the "Safe relationships" discussion guide (to be used after radio drama #4).
- Ask a volunteer to facilitate the use of the "Boys and Girls can be GREAT" radio discussion guide (to be used after radio drama 9).

Note: it's important that a separate sessions be held with the VYAs since the information in the OA and NM/P adolescent toolkit is not appropriate for them.

Clarifying Questions and Wrap-Up

The trainer should spend the last 30 minutes allowing the platform leaders ask questions and responding to their questions.

Facilitation Tips

Introduction to Session Facilitation

When you conduct action sessions, you will need to use good **facilitation techniques**. But, what are these facilitation techniques?

We all use some facilitation techniques in our daily life, even though we don't call them that. For instance, when we are talking with a group of friends we ask questions, provide information, and listen to others in such a way that very enjoyable conversations can result, this in example of using facilitation techniques.

Now, as an action session facilitator you will develop and practice new ways of working with groups to guide discussion. If done well, these discussions will be a lot like conversations in which everyone feels comfortable participating and saying what they think.

Remember, participants are the center of the groups. Your job as facilitator is to encourage, guide, support, and motivate them. It is easy to take over the discussion, so be careful, and let participants do most of the talking while you observe and offer support.

As suggested earlier in this handbook, good action sessions will help people see the connections between what is happening in the serial drama and elsewhere and what is happening in their own lives. Good discussion will allow people to come up with their own ideas about how they can prevent HIV infection, or, if they are already infected, how they can lead a good life and maintain good relationships nonetheless. Good discussion will also help you, the facilitator, identify any areas of misunderstanding or misinformation, so that you can present accurate information.

So you see, discussion is very important. But there is more. We learn better (and faster!) when we have to do things ourselves. If we want to learn how to cook a different kind of food, we will not just read a book about cooking, or just discuss cooking. We need to practice preparing the food. It is the same with preventing HIV! In your action sessions you can provide an opportunity for people to practice the skills they need to prevent HIV, especially how to communicate about difficult topics. As people practice communicating, they will become more confident in their ability to discuss HIV outside of the group

In this section you will find techniques that will help you:

- Facilitate group discussion and connect behavior change ideas to people's lives
- Facilitate the development of communication skills and the confidence to use them
- Provide accurate information in the context of a group discussion

The key to being a good facilitator is practice. Do not be discouraged if some of the techniques do not come easily at first. Every time you meet with your group, you will have another opportunity to practice. You may want to invite another facilitator to observe your group, and tell you how you are doing.

A note about creativity: This section includes many suggestions for how to work with your group. But there are many other ways and styles which are not mentioned here and each of us has our own strengths and weaknesses as facilitators. As you work, you will come up with new ways of facilitating discussion that are best suited to you and your group. Feel free to use your creativity and to check with your supervisors for new ways of doing things!

Session Facilitation: Asking Good Questions

The type of questions you ask will determine the kind of response you get. Ask clear, simple questions that allow people to give their opinions. Here is a guide to different types of questions and how they are used:

OPEN QUESTIONS are questions that get people to express their own opinions. These are often questions with no right or wrong answers. They allow people to express their own ideas and find their own solutions without fear of giving a 'wrong' answer. Some examples of open questions:

> ***"What do you think about [a drama character's] decision?"*** OR
>
> ***"What would you do if you were in that situation?"***

Because these are asking about one's personal opinions or about how one would behave if he or she were in a particular situation there is no right and wrong answers.

CLOSED QUESTIONS are questions that get people to give a specific, short answer or a simple Yes/No. These questions may be useful if you are trying to understand exactly what someone knows. However, they are not usually good for promoting discussion. Participants will be more concerned with providing the 'right' answer than with saying what they think. In general, try to avoid using closed questions unless you can follow it up with a good open question. An example of a closed question:

> ***"Is there a clinic in the village where one can be tested for HIV?"*** OR
> ***"Did you listen to the serial drama this week?"***

Because these questions ask for facts rather than opinions, answers will probably be very brief and it is hard to start a good discussion with them. To make these more open questions, you might ask "Do you think we should have a clinic that could test for HIV here? Why?" OR "What do you think was the most interesting thing that happened in the serial drama this week?"

REPHRASING is putting what someone has said in your own words. This helps to clarify what was said and it allows the first speaker to correct any misunderstanding. When you rephrase, make sure to do two things - 1) verify with the speaker if you have understood correctly, and 2) see if others want to add something or get further clarification. Here is an example of rephrasing:

> **Participant:** *"Married people are together permanently and don't need to bother with outside protection."*
>
> **Action Session Facilitator:** *"What I heard you say is that you think married people who are faithful to each other do not need condoms. Do I understand you correctly?"* If the Participant agrees that the Facilitator has understood correctly, the Facilitator might then ask: *"Is everyone clear on what [the Participant] is saying? Does anyone wish to add anything?"*

REDIRECTING is a way of using one person's answer in order to involve others in the discussion. Sometimes, if misinformation or confusion is expressed by one participant, someone else in the group might offer correction or clarification if given the opportunity. Here are some examples of redirecting:

> **Action Session Facilitator:** *"She said that the woman in this situation is doing the right thing. What do others think?"*
>
> **Action Session Facilitator:** *"He says that condoms do not protect against HIV. Does anyone think differently?"*

Note that these examples begin by rephrasing what someone has said. This makes it easier for others in the group to agree or disagree or to clarify. It is important that the first speaker does

not feel that he or she is wrong – only that others may have reasons for thinking differently.

PROBING is asking follow-up questions to get more information. Probing draws out more details. Some examples of probing:

> **Participant:** *"Girls are always having to avoid dangerous situations with boys."*
>
> **Action Phase Facilitator:** *"Could you tell me more about that?"* OR *"Could you give me an example?"* OR *"What do you mean when you say 'dangerous'?"*

By probing, you show you value what the participant is saying and that you think it is useful. You might also probe to get clarification or to encourage more discussion.

REWORDING means restating your point in another way. You may need to restate your question or your response to someone else's question if you think that people have not understood you. Choose words that participants are familiar with, and provide examples if possible. An example of rewording:

> **Action Phase Facilitator**: *"What are some ways we can prevent mother-to-child transmission?"*

If participants don't respond, or look confused, try rewording in this way:

> **Action Phase Facilitator:** *"What are some of the things that can be done to prevent HIV from being passed from a mother to her baby?"*

Remember: Wait for responses. Ask your question and then pause. Give people time to think about their answers.

Session Facilitation: Active Listening

Listening is as important as asking questions. It is only by listening carefully that we can know how participants are understanding the topics raised in the Action session.

Are you an "active listener?"

Listening makes people feel you appreciate what they have to say and gives them the confidence needed to speak in front of a group. But most of us are poor audience members. We think we listen, but often we only hear part of what is said, or we shut out things we don't want to hear, or we focus on what we want to say in reply and so we don't hear what is being said. Listening is hard work. We need to control our love to talk - and instead focus our attention on what the speaker is saying and try to figure out why he or she is saying it. This is sometimes called "active listening."

Hints on how to be an active listener

- **GIVE EACH SPEAKER YOUR FULL ATTENTION.** Use your eyes, face, and body to express interest and concern. Concentrate on what the speaker is saying.
- **NOD YOUR HEAD AND USE WORDS TO ENCOURAGE PEOPLE TO CONTINUE TO TALK -** "Yes", "I see", "that's interesting," but don't interrupt.
- **REPHRASE WHAT THE SPEAKER SAYS** in your own words to show her you value what she said, to help clarify it, and to help others add on their own ideas.
- **SUMMARIZE:** Listen carefully, summarize what was said, and ask appropriate follow-up questions

- **WITHHOLD YOUR REACTION –** Rather than immediately getting excited by what the participant seems to be saying, withhold your comments until you understand the participant's point.
- **LISTEN FOR IDEAS –** Do not get unnecessarily worried about facts and details; focus on central ideas.
- **RESIST DISTRACTIONS –** Do not look out of the window or at passers-by when a participant is talking to you. It suggests to the speaker that you are not listening.
- **KEEP YOUR MIND OPEN –** Sometimes, we get overly-emotional when we hear things we do not want to hear. Even if what is being said is not what you want to hear, try hard to listen and understand why the speaker is saying it.
- **WORK AT LISTENING –** Spend some energy. Do not pretend you are paying attention. Be interested. Good listening is hard work, but the benefits outweigh the costs.
- **PRAISE CONTRIBUTIONS.** People like to feel their ideas are appreciated. But don't be falsely appreciative - people don't want to be treated like children.
- **DON'T IGNORE WHAT PEOPLE SAY.** If people say they have a concern, don't try to convince them they have no problem even if you do not think it is important. Take their concerns seriously, acknowledge the problem, and help them look for solutions.

Session Facilitation: Important Points about Facilitation

Talk with your body

Use your hands and body to encourage people to talk. Your facial expressions are also important and a smile will make people feel more comfortable.

Posture

When possible, avoid standing in front of the group because this can make people feel they are in school, and you are the teacher. Instead, try sitting with the group, in the same kind of chair. This will put you at their level and encourage conversation.

Be friendly, relaxed, positive, supportive, and energetic

- Don't be too formal - talk in a conversational tone.
- Create an open atmosphere in which people feel free to talk.

Make everyone feel comfortable and part of the group

- Break the ice and put participants at ease right from the very beginning.
- Learn their names, be informal, use games and/or jokes.
- Respect everyone's ideas. Do not make fun of participants' contributions.
- Be aware of gender, and make sure that both men and women have opportunities to talk.
- Get to know participants and take an interest in them.

Treat people as equals

- Accept criticism and try to learn from it.
- Be encouraging and supportive, rather than disrespectful of participants' contributions.
- Do not interrupt participants when they are speaking – a good way to avoid interrupting is to wait several seconds after each person has spoken before you start speaking.

Watch the timing and pacing

- Be a good time manager. Estimate how much time you need for each session/activity.
- Do not go too fast. Let the group help you set an appropriate pace.
- Close on time! Do not drag things on forever at the end of the day.
- Be flexible. Be prepared to change the programme to fit the circumstances.

Use language everyone understands

- Avoid technical terms (like vertical transmission) unless you are sure that participants understand.
- Don't use complicated vocabulary or words that participants may not understand.
- Avoid abbreviations (like PMTCT) unless you have previously explained them.

Session Facilitation: Common Difficulties

When facilitating an activity, you should expect to encounter certain problems. It is important that you do not ignore them, but that you anticipate problems and their solutions when they arise. Below is a list of some of the possible situations you may face and what you should do when they happen.

Everyone talks at once

This is a good problem to have. It means that you are getting people interested in the discussion. Praise people's enthusiasm, but request that they speak one at a time. Some methods that can help:

- Simply go around in a circle, giving everyone a turn.
- Ask people to raise their hand. Be careful with this approach because it may make some people feel as if they are not being treated with adequate respect.
- Ask people to stand when they wish to speak—again, you must be careful that this is an appropriate thing to ask.

Someone talks too much

Sometimes one person may dominate the conversation.

- When asking your next question look at someone else who hasn't spoken and invite him or her to comment.
- Say politely: "You clearly have a lot of good ideas. I'd like to hear from some of the people we haven't heard from. Does anyone else have a contribution?"

Someone is always off topic

- Re-explain topic or rephrase question
- Try to get the person back on topic by finding a way to connect something he or she has said with something that someone else has said. For instance, as a facilitator you might say "What you're saying about your brother reminds me of what [another person] said earlier about how difficult it is for families to communicate openly about sex. Do you think this is true in your family as well?"
- Acknowledge what the person has said, but then ask a specific question related to the topic that does not give the person the opportunity to stray from the target. For instance, as the facilitator you might say: "Yes, the price of sorghum has really gone up this year, but tell

me, since we're talking about myths about condoms, which of the myths we have discussed have you personally heard?"

An argument arises

Disagreement is not necessarily bad; in fact, it often forms the basis for very good conversations. Topics related to sexuality are often about what people think is good or bad, acceptable or unacceptable ways of being and behaving. Opportunities for disagreement can really help people understand how their beliefs are helpful or unhelpful to their health and wellbeing. Disagreement is only a problem when it becomes an argument and people begin to insist on their point of view or start to get angry. If this occurs there are several things you can do:

- Very often arguments arise because the two sides are not listening to one another. Ask each participant to rephrase the other person's point of view. Then ask the other person if he or she agrees that the rephrasing of their view is accurate. The disagreement might remain, but at least each person knows he or she has been understood and their anger will lessen.
- You might ask each person to imagine a situation in which they would accept the other person's view as correct. For instance, if one person is arguing that women do not get respect they deserve in XXXXXX and the other person is arguing that women's views are greatly respected in XXXXXX, ask the first person "Can you think of a situation in which women's views are generally respected?" Then ask the second person "Can you think of a common situation in which women are not respected?" This sort of exercise shows each person that the other person is reasonable and does not completely reject their point of view. Again, most people just want to be understood and respected and this can help lessen any feelings of anger.
- Try to make a game of it by encouraging each participant to **persuade** the other by explaining their beliefs.
- If the issue is significant and relevant to the group, you can organize a debate with two teams.
- If the argument cannot be solved, or if it comes down to differences in religious beliefs, try to end it by changing the topic. To bring the debate to an end, you might say something like "we will need to include both of these points of view in our discussions. Now let's move on to another topic."
- Ask for the view of other participants who are not participating in the argument.

Few people are talking

There are many reasons why people don't talk in a group. Try to find out why. If people are tired, try an energizing game or icebreaker or give people a five-minute break. If people are shy, try breaking into small groups. Below are several other reasons why people may be quite.

People seem confused

Sometimes people may not understand your question and may not understand what you have asked them to discuss. In such a situation rephrase the question. If they are still confused, give an example of what you are looking for or get another person to ask the question their way. This often helps to clarify the question.

People look bored

One of the important skills of a facilitator is timing and pacing. If people seem bored:

- Change methods, try brainstorming
- Restate the topic
- Call on an individual to contribute
- Say something like "It seems like people aren't interested in this topic…why is that?"

A member is attentive, but silent

- Call member by name and encourage him/her to talk
- Ask for his/her opinion on topic – "Solomon, what do you think about this"?
- Show appreciation for and interest in what he/she has to say
- Ask the participant after the meeting if s/he feels comfortable in the group

Discussion is too general

People often give general responses to a question – e.g. "The man is bad." Ask them for details, probe, and encourage them to be more specific or give an example of "what is bad." Asking for an example helps clarify people's thinking.

People are distracted

This can be a problem, especially when meeting in an open area. You may consider changing the meeting place. A school or clinic may be better. You may suggest meeting at a different time, when there will be fewer distractions.

Off-track discussion

Remember that it is natural to get off track sometimes; it means people are engaged in the discussion and are connecting the discussion to other things in their life. The LDG guides are designed to help you stay focused on the topic, but if a good discussion is happening you need not worry about following the guide exactly. However, if discussion is not at all relevant you can bring the focus back to the guide, and suggest that participants can talk after the session. To bring the discussion back on track, repeat the last question. Or praise the point and relate it to another topic, e.g., *"That's an important point. Let's remember that when we bring up this issue in the future. In the meantime, let's finish with this first topic"*.

There is not enough time to complete the entire activity

Again, remember that following the guides is not more important than using your common sense and your sense of audience involvement. The quality of the discussion is more important than covering all of the questions in the guide. If participants agree, you can postpone unfinished topics to next meeting. If time becomes a recurrent problem, assign time limit on each section and keep track of time. You may choose someone in the group to help you keep track of time. Another idea is to break up a LDG session into two sessions and deal with the remaining topics later in the week.

Session Facilitation: Presentation Tips

Presenting information will not be a central activity in most of the activities. Remember that if you want to encourage others to speak, your job is largely to facilitate and track those discussions. But you will sometimes be called upon to present information. In these cases, it's important that your presentations be clear. For instance, participants must be able to hear and understand what you are saying. You must also draw and keep their attention. Below is a list of helpful tips to ensure the success of your presentations:

- The most important tip is to **be prepared**! Carefully review the activity guide for the session and any relevant fact sheets. If there is any information you are unsure about, try to get clarification from a supervisor or from some else you trust.
- Be **confident** and **enthusiastic!** Realize and communicate the importance of what you have to say.
- Start with a **clear introduction**, including an **explanation of why** the information you're presenting is important to your audience.
- Make sure **your voice is loud and clear**. Do not talk too fast. Vary your tone when appropriate for emphasis.
- Monitor your language – no big words – keep it **simple and familiar.**
- Use **body language – smile**, relax, and use appropriate gestures for emphasis.
- **Do not stand like a statue** fixed in one place – move around, but don't move around so quickly that you make people dizzy!
- Make a conscious effort to **look at all participants**; don't inadvertently focus on just a few.
- Use **lots of examples** to help explain your more general points.
- Check from time to time to see **whether participants understand you**. Some ways to do this are to: (1) ask them if they have any questions; (2) ask them a direct question about what you've said and see if they can answer it.
- **Respect your audience.** Do not talk to them like children. Remember they have experience and ideas too, so do not talk down to them. If someone says something with which you disagree, it is appropriate to say so and why, but do it respectfully and fully explain your reasons for thinking differently. Do not expect that everyone has to share your views. Under NO circumstances should anyone be made to feel embarrassed!
- **Manage time well –** do not ramble on and on, otherwise people will lose interest. Do not to rush through either!
- Do not be afraid to **admit when you do not know** something. If a question arises for which you do not know the answer, say "That is a very good question. I am not sure of the answer. Let me find out and I will tell you at our next meeting"

Session Facilitation: Correcting Misinformation

During discussions, you may hear participants say things that you think are incorrect. In that case you will need to present the correct information, but be careful to do this in a way that will not make your participants feel uncomfortable. Here are some suggestions for how to correct misinformation:

- **Do not interrupt individual participants** while they are talking in order to correct them. Wait until they have finished speaking before commenting on what they have said.
- **Ask other participants to correct misinformation.** Sometimes the best way to correct one participant's misunderstanding is to ask if other participants think that what has been said is true. If other participants can express the correct information, then you as the facilitator can confirm what they have said. This may also increase the credibility of the correct information.
- **Wait until a number of people have spoken.** Sometimes you may want to wait until the end of a discussion to correct misinformation expressed by the participants. There are several reasons to wait: it ensures that you will better understand the reasons for your participants' beliefs, and you will be able to give a better explanation. Because you are responding to a number of people rather than a single person, it allows you to correct misinformation without directly correcting an individual. For instance, after a discussion is over you could say "In today's discussion I heard some people saying that they believe that one reason not to use condoms is that they can get stuck inside the woman. Actually this is not true because…"
- **Do not directly say that someone is "wrong."** It is not necessary to tell anyone that they are wrong. Even if they are incorrect, you can correct misinformation and provide accurate information without making anyone feel uncomfortable. Instead of saying "No, what you are saying is wrong," you can say, "Some people believe that HIV can be transmitted by condoms. But there is no evidence that this has ever happened. It is not true that condoms transmit HIV." You might also say more generally "It's easy to see why we might think that this is true, but I don't think the evidence supports this."

Section C:
Chapter VI Tracking Forms

Group Leader Tracking Form

INSTRUCTIONS: This form is supposed to be filled out/completed by the Group Leader each time there is a GREAT activity. Please fill it out completely and don't skip any questions. Give the completed form to the NGO staff supporting you with GREAT at the end of each month. Try to give him/her the form before the 5th calendar day of following month.

SECTION 1: FORM COMPLETED BY

Name:	Position:
Signature:	Date:

SECTION 2: IDENTITY OF THE GROUP

Group Name:____

Group type:____

(e.g. VSLA, CRC, Debating Club, MDD, etc.)

District:	Sub county:	
Parish:	Village:	
School:	Date of Meeting:	
Group Members are:	Number of Males	Number of Females
☐ VYA (10-14 years)		
☐ OA (15-19 years; not married and not parenting)		
☐ NM/NP (15-19 years; married or parenting)		
☐ Adults (20+ years)		

GREAT Products Used During the Meeting:
What Components of the Toolkit Did You Use Today? (Tick All Components Used):

☐ Oteka Radio Drama Discussion Guide

☐ Community Board Game

☐ Activity Cards

☐ Boys' Flipbook

☐ Girls' Flipbook

Which topic(s) did you discuss?

____

____

____

____

____

____

____