



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?	<b>0782969553</b>
How is the group organized?	<b>Committee</b>
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
<i>In this Chapter</i>	<i>See Chapter III</i>	<i>See Chapter IV</i>	<i>See Chapter V</i>	<i>See Chapter VI</i>
<b>GREAT Core Training</b>	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 table of contents for a list of the components and corresponding chapters in this How-to-Guide.

	<p><b>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.</b></p>
<p><b>Objectives</b></p>	<p>By the end of this training participants shall be able to:</p> <ul style="list-style-type: none"> <li>● identify power gaps to be addressed for the various actors to bring about improvements in sexual and reproductive health &amp; rights situation of adolescents in their localities;</li> <li>● work effectively with communities and create enabling conditions for empowerment of community members including adolescents;</li> <li>● plan with communities how to address ASRH &amp; rights including HIV/AIDS in their respective localities;</li> <li>● apply effective community mobilization skills;</li> <li>● undertake participatory tracking activities with community members</li> </ul>
<p><b>Materials</b></p>	<p>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</p>
<p><b>Methods</b></p>	<p>Participatory learning methods that promote adult learning and reflection, including:</p> <ul style="list-style-type: none"> <li>● Brainstorming</li> <li>● Small group discussions</li> <li>● Case studies</li> <li>● Person to person engagement</li> <li>● Field work assignment</li> </ul>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>● GREAT Components handout</li> <li>● GREAT how-to guide</li> <li>● SASA! Toolkit by Raising Voices [<a href="http://bit.ly/1SDEdqx">http://bit.ly/1SDEdqx</a>]</li> <li>● ISOFI (Inner Spaces, Outer Faces Initiative) Toolkit by CARE, ICRW [<a href="http://bit.ly/1TaEzL9">http://bit.ly/1TaEzL9</a>]</li> <li>● Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings Workshop Module, the Acquire project [<a href="http://bit.ly/1VYch7">http://bit.ly/1VYch7</a>]</li> <li>● IPPF- from Choice, a World of possibilities [<a href="http://bit.ly/1VXlwmV">http://bit.ly/1VXlwmV</a>]</li> <li>● Assessment manual by Pathfinder [<a href="http://bit.ly/1rFWjCc">http://bit.ly/1rFWjCc</a>]</li> </ul>





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
<b>Day 1</b>			
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.	

# Chapter II

Time	Session/Topic	Objective(s)	Org./Person Responsible
<b>Day 2</b>			
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:

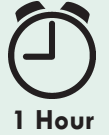
- Review Chapter I of How-to-Guide
- Handout on GREAT Components

- 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



### 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.

### 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>]



1-2 Hours

- 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?”

#### Take home ideas:

- “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: 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, 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

### 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>]



1 Hour

- 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

### **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.



**45 Minutes**

## 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



2 Hours

### 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?
<b>How are adolescents different from adults?</b>	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.	✓
<b>Why is adolescence a critical age for risk taking?</b>	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.	✓
<b>How is adolescence an opportune time for professional interventions?</b>	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.	✓
<b>Why does special training allow providers to be more responsive to the needs of adolescents?</b>	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)
<ul style="list-style-type: none"> <li>• Onset of puberty and rapid growth</li> <li>• Impulsive, experimental behavior</li> <li>• Beginning to think abstractly</li> <li>• Adolescent’s sphere of influence extends beyond her/his own family</li> <li>• Increasing concern with image and acceptance by peers</li> </ul>	<ul style="list-style-type: none"> <li>• Continues physical growth and development</li> <li>• Starts to challenge rules and test limits</li> <li>• Develops more analytical skills; greater awareness of behavioral consequences</li> <li>• Strongly influenced by peers, especially on image and social behavior</li> <li>• Increasing interest in sex; special relationships begin with opposite sex</li> <li>• Greater willingness to assess own beliefs and consider others</li> </ul>	<ul style="list-style-type: none"> <li>• Reaches physical and sexual maturity</li> <li>• Improved problem-solving abilities</li> <li>• Developing greater self-identification</li> <li>• Peer influence lessens</li> <li>• Reintegration into family</li> <li>• Intimate relationships more important than group relationships</li> <li>• Increased ability to make adult choices and assume adult responsibilities</li> <li>• Movement into vocational life phase</li> </ul>

## 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: <ul style="list-style-type: none"> <li>• Contraceptive information, counselling and services.</li> <li>• Prenatal, postnatal and delivery care.</li> <li>• Healthcare for infants.</li> <li>• Prevention and treatment of reproductive tract infections.</li> <li>• Post abortion care.</li> <li>• Prevention and treatment of infertility.</li> </ul>	✓
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

### 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).



3 Hours

### 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.

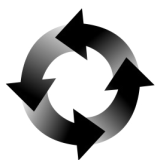
Mrs. Lovely was an extremely hardworking and obedient wife. On her husband's farm, she and her daughters produce pineapples, vegetables, and eggs for sale. The husband kept the money in the house in the drawer in the room where they slept.

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.

