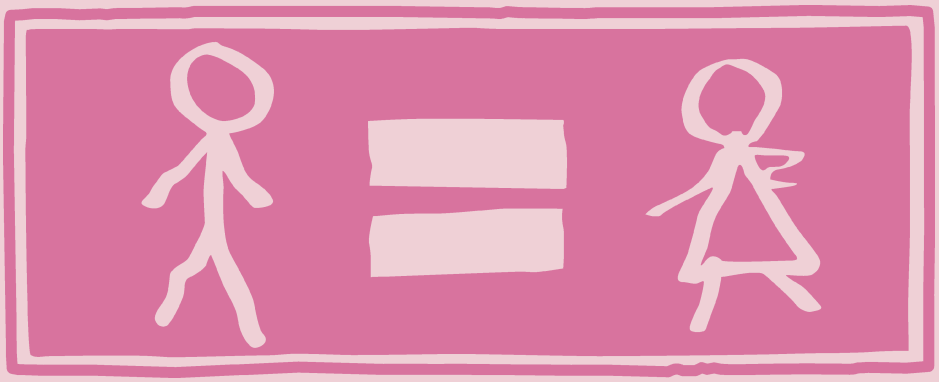
Chapter V:
Village Health Teams and Youth-Friendly Services



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.

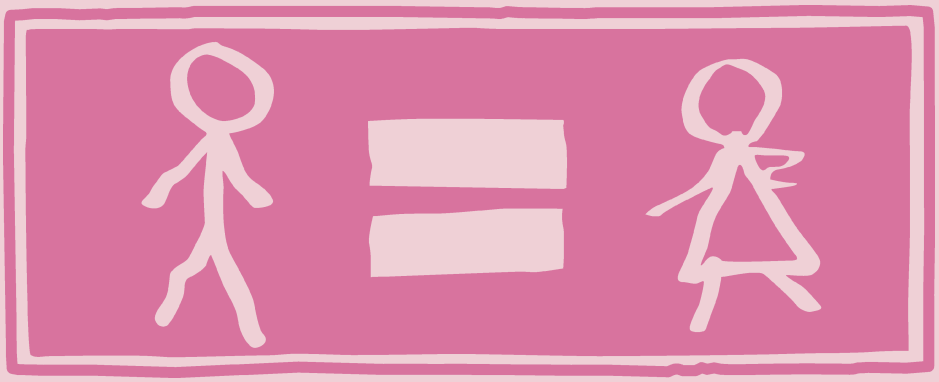
Links Between VHTs and Community Leaders

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

Chapter V

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

Chapter V

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

Objectives:

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

1 Hour, 30 minutes

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

The trainer should:

- 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

1 Hour

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

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.

1 Hour

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.

3 Hours, 30 Minutes

Methodology:

- Group discussion and role play

Preparation & Materials:

- Flipcharts
- Markers

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

30 Minutes

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

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

<u>The trainer should:</u>

- 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.

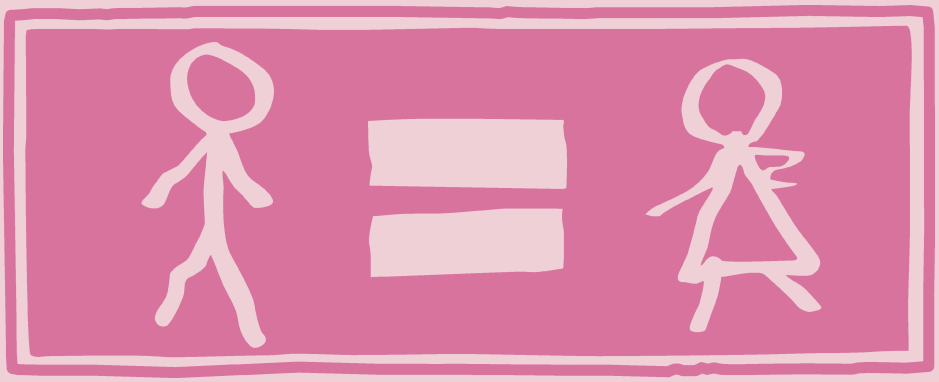
Final Workshop Evaluation

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

Chapter V

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	**2**	**3**	**4**	**5**
lowest understanding				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.

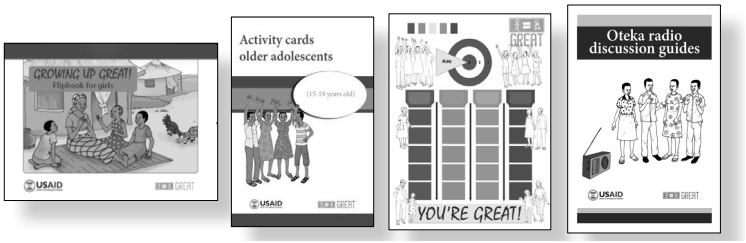
RADIO DRAMA

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.