

JUNE 2020

# Growing Up GREAT! Implementation Guide



Passages

Prepared by Save the Children

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**Recommended Citation:**

Growing Up GREAT! Implementation Guide. June 2020. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

This guide was prepared by Save the Children under the Passages Project. This guide and the Passages Project are made possible by the generous support of Bill & Melinda Gates Foundation and the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. AID-OAA-A-15-00042. The contents in this guide are those of Save the Children and do not necessarily reflect the views of Georgetown University, the Bill & Melinda Gates Foundation, USAID, or the United States Government.

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## ACKNOWLEDGEMENTS

This guide was written by Jennifer Gayles with input from many collaborators. In particular, we are indebted to Save the Children's Growing Up GREAT! team in the Democratic Republic of Congo. Many of the tools and resources included in this guide were developed, tested and refined under this team's leadership during the project's pilot and subsequent implementation periods. We are also grateful to our numerous partners, whose staff provided support and technical expertise throughout every stage of this project, from conception to pilot implementation, to scale up: Association pour le Bien Être Familial et les Naissances Désirables (ABEF), ACHREDDEF, Associations des Défenseurs des Droits Humains pour le Développement Communautaire (ADDHDC), Association pour le Développement des Droits de la Femme (APDF), Groupe Eldorado, Réseau des Adolescents et Jeunes Congolais pour la Population et le Développement (RAJECOPOD), Union Féminine du Millénaire (UFEM) and the Union des Jeunes Cadets (UJC). Many others generously gave their time to review early versions of this guide, including Susan Igras, Léa Satta, Callie Simon and Rudo Kashiri. We are also grateful for the talent of Tessa Magnuson of Align Graphic Design, whose vision and design skills allowed us to create a beautiful and practical final product.

## A NOTE ON CONTENT

The Growing Up GREAT! intervention design and materials were developed in partnership with the government of the Democratic Republic of Congo (DRC) and many other local partners who were deeply embedded in and trusted by intervention communities. Content was developed in consultation with many government ministries, most notably the Ministry of Education and Ministry of Health, to complement their joint strategic priorities and make incremental progress towards achieving key objectives for adolescent health as laid out in the multi-sectoral National Adolescent Health Plan. Government and civil society partners were engaged from the earliest stages of formative research and adaptation through the pilot period and evaluation via a multi-sectoral Stakeholder Reference Group that provided critical review and expert input on multiple aspects of intervention design and implementation. This collaborative framework ensured that content was culturally appropriate and aligned with local values and government priorities.

Organizations using this Guide to implement Growing Up GREAT! in new contexts should follow a similar process—consulting with key government and civil society stakeholders to adapt content to reflect appropriate local systems, values and terminology. For more information on how Save the Children adapted content for DRC and convened the Stakeholder Reference Group, see the *Growing Up GREAT! Adaptation Guide* (Annex A) or [Section 2: Preparatory Activities](#).

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# LIST OF ACRONYMS AND KEY PHRASES

AFHS	Adolescent friendly health services
ASRH	Adolescent sexual and reproductive health
CBO	Community-based organization
DRC	Democratic Republic of Congo
GBV	Gender-based violence
GEAS	Global Early Adolescent Study
MEL	Monitoring, evaluation and learning
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental organization
PTA	Parent teacher association
RECOPE	Community child protection network ( <i>Reseau communautaire pour la protection des enfants</i> )
SNET	Social norms exploration tool
SRH	Sexual and reproductive health
TAG	Technical Advisory Group
VYA	Very young adolescent

# INTRODUCTION

## THE CHALLENGE AND OPPORTUNITY

Adolescents face a unique set of challenges in living healthy and productive lives. Inequitable gender norms and gender-based violence (GBV) limit women's and girls' access to information and services. Social norms create barriers to sexual and reproductive health (SRH) information as well, prohibiting discussion of sensitive topics like sexuality and contraception with adolescents, especially those who are young and/or unmarried. When combined with supply-side challenges such as limited method mix, lack of trained providers, and provider bias in serving adolescent clients, these norms contribute to a deeply unsupportive environment for adolescent sexual and reproductive health (ASRH).

## WHY VERY YOUNG ADOLESCENTS

Until recently, very young adolescents (VYAs) have not been prioritized in global health programming. Early adolescence is generally a healthy age and therefore an opportunity for health promotion and prevention of negative SRH outcomes. However, because most VYAs have not yet begun their reproductive lives, most ASRH programs focus on older adolescents who have experienced the onset of puberty and already have urgent health needs related to sexual health and contraception. Yet early adolescence is a period of rapid growth and development during which VYAs experience rapid physiological changes while also learning to navigate shifting societal expectations about their behavior and roles. As such, ASRH programs for this age group provide an unparalleled opportunity to capitalize on the protective potential of early intervention and multiply health benefits by equipping VYAs with information, developing their skills, and connecting them with services so that they can understand and avoid risky health behaviors and seek care proactively. Likewise, programs that support VYAs to explore and shift harmful gender and social norms before they are internalized during this formative stage may decrease adverse health outcomes during early adolescence and throughout the life course.

## GROWING UP GREAT!: AN INNOVATIVE SOLUTION

Growing Up GREAT! addresses the persistent challenge of poor ASRH by intervening early with VYAs 10–14 years to **address barriers that contribute to undesirable ASRH outcomes**. The intervention employs social norm theory to develop a scalable intervention that supports VYAs and their communities to question and break down entrenched social barriers to ASRH.

Growing Up GREAT! integrates many of the key attributes that make norms-focused interventions successful.<sup>1</sup> A central tenet of this approach is its socio-ecological design, which acknowledges the many actors at different levels who can influence attitudes, perceptions and decisions about VYAs' health. **Efforts to create lasting normative change must include these actors—parents, caregivers, teachers and influential community members—who are responsible for engendering a supportive normative environment for change.** Growing Up GREAT! intentionally engages numerous community groups in reflective dialogue about topics related to ASRH and connects VYAs to services.

It also creates opportunities for **critical reflection within peer groups** that go beyond outreach and messaging. Discussions in VYA clubs and during caregiver testimonial videos and community reflection sessions allow participants to explore and question existing norms within safe spaces and challenge them to engage others in this reflection through a process called **organized diffusion**. Organized diffusion ensures that new ideas and ways of thinking spread beyond participants into the wider community, which is crucial in overcoming social barriers and realizing normative change. Importantly, this process also encourages communication between VYAs and their caregivers by proactively creating opportunities for exchange and mutual learning.<sup>1</sup>

Intervention content and facilitation techniques also reflect the norms-shifting goal of Growing Up GREAT! The VYA Toolkit materials **confront power imbalances** related to gender and age and **create positive new norms** by presenting strong VYA role models who express positive SRH attitudes and demonstrate ideal behaviors like asking their parents and other caregivers questions and advice and calling out gender stereotypes among peers. Two health linkage activities also normalize adolescent service-seeking. Likewise, caregiver video testimonials confront age and gender-based power differentials within the family and spotlight model caregivers in participants' own communities. Each session ends with a concrete call to action that invites participants to try out new behaviors that reflect positive norms.

## FROM PILOT TO SCALE

Growing Up GREAT! was designed and implemented by Save the Children in collaboration with the Democratic Republic of Congo (DRC) Ministry of Education (MOE) and Ministry of Health (MOH) and eight local implementing partners. Development of the intervention package took place in 2016–2017 and was directly followed by implementation in 2017–2018. Growing Up GREAT! was evaluated by the [Global Early Adolescent Study](#) following approval of the protocol by the Johns Hopkins University and Kinshasa School of Public Health Institutional Review Boards and shown to be effective at shifting several of the key attitudes and norms targeted in Kinshasa, DRC. Results varied among girls and boys, older and younger VYAs, and in- and

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<sup>1</sup> Yaker, R. 2017. Background Paper: Identifying and Describing Approaches and Attributes of Normative Change Interventions. Learning Collaborative to Advance Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health. Institute for Reproductive Health, Georgetown University.



out- of-school VYAs. Growing Up GREAT! increased SRH knowledge among in-school and out-of-school VYAs, awareness of where adolescents can access condoms and other methods of contraception, and communication between VYAs and caregivers about contraception and sexual relationships, most notably among out-of-school and younger VYA girls (under 12 years). These improvements directly supported progress towards meeting several of the government's key goals related to adolescent health, as indicated in their National Adolescent Health Plan. Results also indicated that the intervention was successful in shifting norms related to gender-equal sharing of household chores, particularly among out-of-school VYAs and girls, though it did not show evidence of shifting other related gender norms. Several rapid participatory studies led by the Institute for Reproductive Health with the Kinshasa School of Public Health revealed meaningful change at the community level as well, including increased self-reported confidence and empowerment among VYAs, increased caregiver-VYA communication and improved capacity of teachers to teach topics from the National Family Life Education curriculum.

Growing Up GREAT! was scaled up starting in 2019. The MOE institutionalized several core components of the intervention for in-school VYAs while the MOH institutionalized health linkage activities and took up caregiver sessions through its community health program. Four new local organizations implemented community-based components for out-of-school VYAs and community members.





# HOW TO USE THIS GUIDE

The Growing Up GREAT! Implementation Guide provides step-by-step guidance for other organizations who wish to adopt the intervention. It offers guidance for planning, implementing, supervising and monitoring the four components of the norms-shifting approach to improve gender equity and SRH for VYAs. It also presents the tools and materials that were developed, tested and used to implement Growing Up GREAT! Throughout, the Guide explains to the reader what Save the Children and local partners did and makes suggestions based on lessons learned and outcomes. The guide is comprehensive—it contains everything you will need to adapt the intervention in the field—but it is not inflexible.

## IN THE GUIDE, YOU WILL FIND THE FOLLOWING SECTIONS:

**Section 1: Overview of Growing Up GREAT!** provides a summary of the intervention design and materials, and the social norms they target. It also describes how Growing Up GREAT! was implemented in Kinshasa, DRC.

**Section 2: Preparatory Activities** provides a brief overview of the preparatory work that should be undertaken before implementation begins. It includes basic guidance on engaging stakeholders, adapting the intervention to your local context and evaluating the organizational capacity of partners. A separate adaptation guide (Annex A) provides additional in-depth guidance on adaptation.

**Section 3: Implementing the Intervention** provides step-by-step guidance and important considerations for implementing each of the four components of the intervention.

[Component 1:](#) VYA Group Learning Sessions describes how to implement school-based VYA clubs and classroom-based lessons, as well as community-based VYA clubs for out-of-school adolescents.

[Component 2:](#) Caregiver Testimonial Videos describes how to screen caregiver testimonial video sessions and facilitate reflective dialogues with caregivers.

[Component 3:](#) Community Reflection Groups describes how to implement community dialogues.

[Component 4:](#) Health System Linkages describes how to collaborate with and train health providers to implement health linkage activities for VYAs.

**Section 4: Monitoring & Learning** provides useful guidance on monitoring and learning activities to accompany implementation. These include a description of the different types of monitoring tools that are available and proposed learning questions for future implementers.

# SECTION I: OVERVIEW OF GROWING UP GREAT!

## DEVELOPMENT OF THE INTERVENTION

- Growing Up GREAT! was designed to be an application of a consolidated intervention package based on three other evidence-based programs:
- The [Gender Roles, Equality and Transformation \(GREAT\) Project](#) developed and tested a scalable, life-stage tailored set of interventions to advance gender norms, increase contraceptive use, reduce gender-based violence and promote gender-equitable attitudes among adolescents (ages 10–19) in rural Uganda.
- [GrowUp Smart](#) is a curriculum-based package of interactive puberty and body literacy materials for VYAs and their parents delivered by trained facilitators during weekly educational sessions. It was developed and implemented in peri-urban and rural Rwanda.
- [Choices, Voices, Promises](#) is a norms-transformative intervention that uses a socio-ecological approach to engage VYAs, their parents, and communities in dialogue around gender norms. It was developed in Nepal and has since been adapted to over ten different countries around the world.

The resulting Growing Up GREAT! design is a multi-level intervention for VYAs, their parents and caregivers, teachers, health providers and other influential community members. It uses an ecological approach to provide information and address social and gender norms related to ASRH at each of these levels, with the goal of improving both in-school and out-of-school VYAs' SRH outcomes. Specifically, Growing Up GREAT! aims to increase:

1. VYAs' knowledge of puberty and sexuality development;
2. VYAs' and caregivers' communication and expression of gender-equitable behaviors;
3. Community discussion and support for addressing VYAs' SRH needs.

Ultimately, it is expected that these short-term outcomes will lead to increased use of SRH services and decreased rates of GBV and adolescent pregnancy as VYAs age into older adolescence.

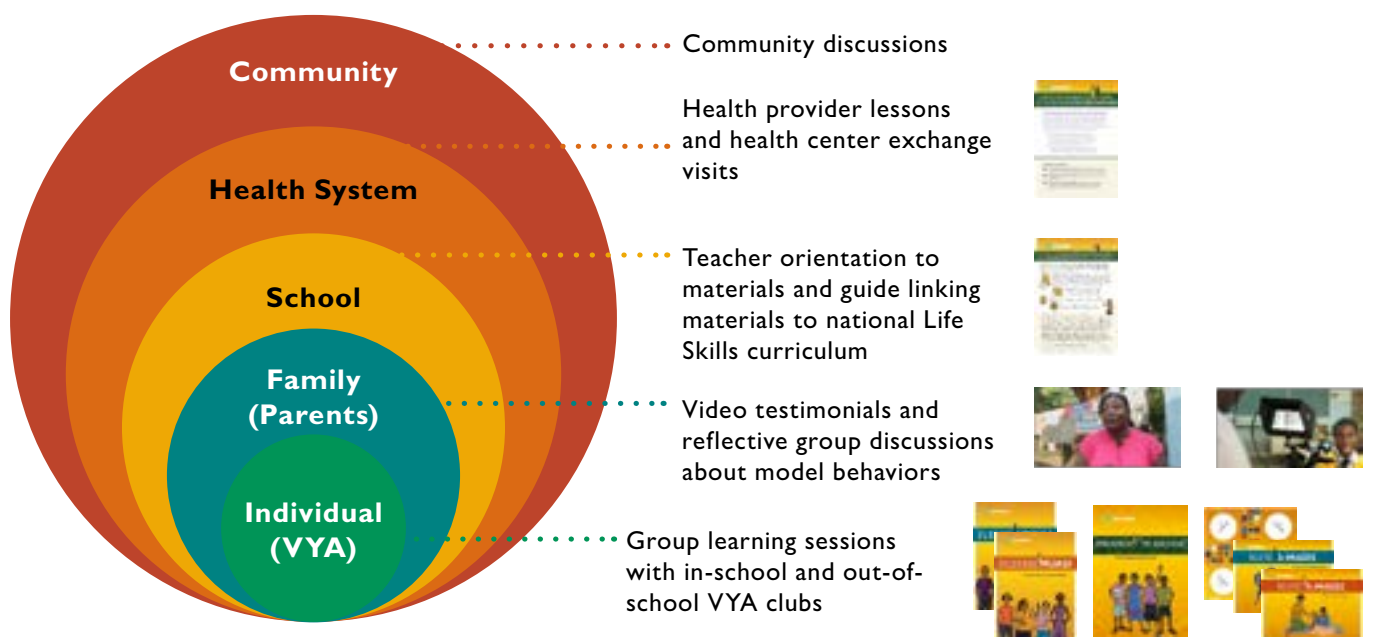
## WHICH SOCIAL NORMS?

Many factors influence the ASRH environment. Growing Up GREAT! addresses numerous dimensions of this environment, but includes a special focus on how social and gender norms influence VYAs' health knowledge, attitudes, decisions and behaviors. Save the Children conducted a social norms exploration to identify the norms that most influence ASRH in Kinshasa, DRC. The findings pointed to several important norms, which became the focus of our intervention:

1. **Topics related to puberty, sex, sexuality and contraception are taboo.**  
Adolescents who ask their caregivers for information about these topics are considered disrespectful and may be suspected of promiscuity. They may be reprimanded or even physically beaten. This norm reinforces a culture of silence about ASRH which directly contributes to poor SRH knowledge.
2. **Adolescents who use health services are engaged in inappropriate behavior** (i.e. they are sexually active). Many communities held a shared belief that adolescents who visit health centers only seek contraception or abortion. They were quick to express disapproval and judgement, which also extended to adolescents' caregivers. Adolescents are acutely aware of these impressions, which effectively discourage them from accessing health services.
3. **Violence is an acceptable way to resolve conflict and to discipline children,** especially girls, whose behavior is closely monitored by caregivers and extended family members. Communities felt that physical violence was an appropriate way to correct girls' behavior, and this attitude bled into peer and romantic relationships, reinforcing a norm of gender-based violence as an acceptable means of interaction.
4. Our intervention addressed other **inequitable gender norms** as well, such as those that **prioritize boys' education over girls'** and **divide household chores and free time** unevenly between girls and boys. These norms create gendered limitations for VYAs' aspirations and opportunities, which can in turn limit knowledge, lead to unhealthy behaviors and negatively impact life trajectories.

## INTERVENTION APPROACH

Figure 1: Growing Up GREAT!'s norms-aware approach



Here we offer a broad overview of Growing Up GREAT! as it was implemented in Kinshasa, DRC. This section presents a simple, linear narrative of the package's four components, indicates how they are sequenced and build upon one another, and illustrates the multi-level norms change approach. Organizations that wish to implement Growing Up GREAT! should plan to implement all four components of the package, in the sequence presented in this guide, as each has a unique and necessary role to play in the normative approach.

## COMPONENT I: VYA GROUP LEARNING SESSIONS

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### SCHOOL CLUBS AND CLASSROOM LESSONS

**School-based activities include 25 weekly meetings of school clubs and teacher-led classroom lessons using Growing Up GREAT! materials to enrich the national family life (or sexuality) education.** Building on the existing education system consolidated program efforts to reach many VYAs with relative ease, but it also required planning and coordination. We worked closely with the central, provincial and district MOE offices to select intervention areas and identify schools with the greatest need. Then, in collaboration with two local community-based partners, we held introductory meetings with school leadership to ensure their willing and engaged participation in project activities. School directors nominated teachers to receive training on the approach and serve as focal points for school club activities. These teachers attended a 3-day training on the Growing Up GREAT! approach and toolkit for in-school VYAs. Though all of them were assigned to teach Family Life Education, many had not yet been trained on the curriculum, so we included an additional day of training for this content. Teachers were encouraged to integrate VYA toolkit materials into Family Life Education lessons, though this nationally-mandated curriculum was implemented unevenly across participating schools.

Simultaneously, project staff mapped all schools in the intervention area and confirmed enrollment lists. The mapping revealed very few existing school clubs to use as platforms so local partner organizations helped form school clubs of 25–30 VYAs in each participating school. Each school club nominated a six-person Club Committee comprised of VYAs from their membership to receive a half-day orientation on the toolkit. Committee members led subsequent school club meetings and completed monitoring forms. All members of the school club were encouraged to share learning and intervention messages with other students in the school to ensure diffusion of new information. Clubs were meant to meet on weekdays after the end of the school day, but due to overcrowding, many schools ran two full school days over the course of each day, which made afternoon meeting times impractical. As a result, school clubs met on school premises on Saturdays. Focal point teachers who had been trained on Growing Up GREAT! attended these sessions to observe, ensure child safety and to answer questions, but they did not facilitate sessions.

## COMMUNITY-BASED CLUBS

**Community-based activities include 28 weekly meetings of community-based clubs for out-of-school VYAs.** Kinshasa is home to many out-of-school VYAs, including a high number of street children. However, given the limited scope and materials of Growing Up GREAT!, which are not designed to address the extensive and interconnected needs of that group, we chose to work with out-of-school VYAs living with family. Local child protection networks supported recruitment of these adolescents through a combination of consultations with community leaders and door-to-door visits. They also helped identify safe spaces in the community, such as churches or other well-known gathering places, for club sessions to take place. Six local community-based partners who were already embedded in and trusted by communities formed clubs of 18–20 VYAs in each intervention neighborhood. Staff from these partners attended a 4-day training on the Growing Up GREAT! approach and VYA toolkit and served as facilitators for weekly club meetings. Clubs met in pre-identified community spaces on whatever day of the week was most convenient for members.

## COMPONENT 2: CAREGIVER TESTIMONIAL VIDEOS

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**Caregivers of school and community-based VYA club members participate in 6 critical discussion sessions on positive and gender-equitable behaviors featured in a series of video testimonials.** Caregivers of VYA club members were purposefully targeted for these sessions with the aim of creating a supportive home environment for emerging attitude and norm shifts among VYAs. Caregivers of in-school VYAs were identified through coordination with school-affiliated parent committees (PTAs) while caregivers of out-of-school VYAs were identified by community-based partners. When present in the home, parents were prioritized for participation; otherwise, the principal caregiver, often a grandparent or aunt, was invited to participate. Video sessions took place each month in community spaces like churches, schools or other communal meeting spaces on weekday evenings or weekends. They were facilitated by trained staff from local community-based partners. The first video session took place before VYA club meetings began and included a special introduction to ensure that caregivers understood intervention content and supported their child's participation. During subsequent sessions, caregivers viewed testimonial videos showing peers from their own neighborhoods who had adopted key behaviors targeted by the project and, through a structured discussion guide, engaged in a reflective discussion about social norms that underlie the behavior.

Figure 2: Growing Up GREAT! Materials

## VYA TOOLKIT



### Puberty Books

Provide information and space for individual reflection on puberty, body changes, gender roles and equality, and life goals for boys and girls.



### Activity Cards

Present opportunities to learn and critically reflect on topics related to puberty and sexual and reproductive health through a series of fun and dynamic activities.



### Storybooks

Explore puberty, menstruation, changing gender roles and expectations, and relationships through realistic stories that reflect the lives of program participants.



### Game

Provides an opportunity for VYAs and community members to test and share their knowledge and sparks dialogue about gender and social norms in an interactive and collaborative way.

## SUPPORT MATERIALS FOR CAREGIVERS, TEACHERS & HEALTH PROVIDERS



### Caregiver Testimonial Videos



Engage parents/caregivers and community members in reflective dialogue about existing norms

and practices and model supportive behaviors.



### Health Exchange Materials

Address VYA apprehension associated with seeking health services, provide an opportunity to ask questions, and create a link to health service providers and service points.



### Teacher Resource

Maps the VYA Toolkit materials to the relevant sections of the national Family Life Education curriculum to facilitate use in the classroom.



### Community Materials

Include adult versions of the game cards to foster dialogue and reflection about social norms.



## COMPONENT 3: COMMUNITY REFLECTION SESSIONS

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**A wide cast of other community members are invited to discuss behaviors and norms related to ASRH during monthly community reflection sessions.** These diverse groups included parents and grandparents of adolescents, older adolescents, religious and traditional leaders, and other community leaders. Child protection networks embedded within communities raised awareness of these sessions through their regular channels and through special invitations for notable community members like religious leaders and civic authorities. Members of the child protection networks also facilitated community reflection sessions, which used the caregiver testimonial videos and a participatory game to spark reflection and conversation on norms and behaviors related to VYA SRH. Approximately two community sessions were held in each neighborhood directly surrounding participating schools (those with VYA clubs) and in neighborhoods hosting community-based clubs for out-of-school VYAs. However, given the proximity and even overlap of some of these neighborhoods, it is possible that some community members participated in additional sessions.



# COMPONENT 4: HEALTH SYSTEM LINKAGES

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**Health linkage activities include one health provider-led session and one exchange visit to a nearby health center for each school or community-based VYA club.** This pair of activities built VYA trust in facility-based health providers and normalized information and service seeking by VYAs. Project staff coordinated closely with health centers in the intervention area to ensure that providers trained in the provision of adolescent-friendly health services were available and willing to support these activities. Health centers were selected in consultation with the MOH and local health zone teams according to their proximity to participating schools (those with VYA clubs) and their ability to meet minimum standards for safety and quality. Two health providers at each health center—the head doctor and nurse—were selected based on their existing skills, level of authority and likelihood of providing services to adolescents, to participate in an adolescent friendly health service (AFHS) training led by a local partner organization with expertise in service delivery. This was followed by an additional half-day orientation on the Growing Up GREAT! health linkage materials, which include a guide for the provider-led club lessons and for the health center visit. Health provider-led lessons emphasize VYAs’ right to good health and to confidential services while the health center visit familiarizes club members with the process and individuals they will encounter at health centers. It also helps de-stigmatize adolescent use of health services. Brief informational sessions ensured caregivers were aware of and approved of their child’s participation in these activities before they took place.

# SECTION 2: PREPARATORY ACTIVITIES

This section on **Preparatory Activities** provides a brief overview of the preparatory work that your organization should consider undertaking before implementation begins. A preparatory phase will provide time for your organization to complete important steps that are necessary prior to staff training and launch of intervention activities. These steps include meetings and relationship-building work to garner the support of local stakeholders and to inform the selection of intervention communities and schools. These actions will lay the foundation for collaborative and sustainable implementation. The preparatory phase should also include adaptation of materials to ensure that they are culturally appropriate and acceptable.

The preparatory phase should occur prior to the twelve-month implementation period. It may last anywhere from six to eighteen months depending on how intensive your materials adaptation process is. Regardless of the time required, you should align the preparatory period to the school year so that implementation can begin in tandem with the beginning of the school year.

## CHOOSING YOUR TARGET POPULATION

Growing Up GREAT! was implemented with both in-school and out-of-school VYAs in Kinshasa. These two groups required different resources and approaches given their divergent realities. For example, in-school VYAs had sufficient literacy skills to read VYA toolkit materials and facilitate their own groups while out-of-school VYAs required an adult facilitator. Their availability to participate in activities also differed, with out-of-school VYAs widely available while in-school VYAs were only free after school and on weekends.

You may choose to implement Growing Up GREAT! with in-school VYAs, out-of-school VYAs or both, depending on your context, organizational goals and capacity, and available resources. It is important to have a clear idea of your target population before you begin the activities below because your decision will affect many aspects of preparatory work, including which key stakeholders to engage, which materials to adapt and how, and critical characteristics of organizational capacity to evaluate.

## HOLD INTRODUCTORY MEETINGS WITH KEY STAKEHOLDERS

As with any community-based programming, your preparatory activities should include introductory meetings with national and local government officials, as customary in the context, and other key persons such as religious or traditional leaders, elders, health providers, teachers and school administrators, and other important community members. Engaging these

stakeholders early in the adaptation process and throughout implementation will help increase support and minimize social pushback.

## CONVENE A TECHNICAL ADVISORY GROUP

A Technical Advisory Group (TAG) is a body of key stakeholders and technical experts who engage in project development and implementation, provide high-level technical guidance, and identify opportunities to integrate the intervention into other broad public health frameworks. The TAG is essential for ensuring stakeholder approval of project materials, messages, and approaches, and for facilitating long-term institutionalization and scale-up. Ideally, this group should be convened just as you begin adaptation to provide technical input before formative research begins and should continue to provide input on a quarterly or semi-annual basis throughout implementation.

A strong TAG is comprised of government representatives, United Nations agencies that work closely with adolescents, like UNICEF and UNESCO, civil society organizations who are responsible for creating national norms and delivering services related to ASRH, and adolescents or youth. Members might include:

- The Ministry of Health, including representatives of the departments responsible for reproductive health, health communication or community health and adolescent or youth health, if one exists;
- The Ministry of Education, including representatives of the departments responsible for curriculum development and sexuality or family life education, if one exists;
- The Ministry of Social Affairs (or a similar Ministry);
- The Ministry of Women, Families and Children (or a similar Ministry);
- The Ministry of Youth
- United Nations Agencies, including representatives of UNFPA, UNICEF and/or UNAIDS
- International NGOs with related programming
- Local NGOs with related programming or intervention populations

For more information about convening the TAG, refer to the ***Growing Up GREAT! Adaptation Guide*** (Annex A).

## CONDUCT A SOCIAL NORMS EXPLORATION

A social norms exploration is an important step in ensuring that project design and materials address the most influential norms in your intervention community and engage the individuals and groups responsible for maintaining those norms. It also provides a valuable opportunity to ensure that project staff understand social norms and the unique challenges and advantages of norms-shifting approaches.

There are several publicly available tools for rapid analysis of social norms, but we recommend using the [Social Norms Exploration Tool \(SNET\)](#), which was developed by the Passages Project for use with Growing Up GREAT!. The SNET is a flexible tool that employs participatory approaches to explore norms and their foundations with communities. It includes step-by-step guidance, exercises, and templates to help program implementers understand social norms theory and concepts, engage community members to identify reference groups and explore social norms influencing behaviors, and analyze and use findings to inform the design of norms-shifting activities.

## ADAPT MATERIALS

The tools and materials presented in this guide were designed for Growing Up GREAT! as implemented in urban Kinshasa, DRC. Those tools in turn were adapted from a package used in rural Uganda and other materials used in Nepal and Rwanda. It is strongly recommended that you adapt tools and materials, including the VYA Toolkit, caregiver testimonial videos and other supporting materials, to the specific context in which you will implement. The **Growing Up GREAT! Adaptation Guide** (Annex A) provides practical, step-by-step guidance for this process. It also provides considerations for programmers who wish to integrate the approach into ongoing local health, education and social protection programs.

## EVALUATE ORGANIZATIONAL CAPACITY

It is important to identify partners who are both willing and adequately resourced to carry out the activities of this norms-shifting approach. These may include community-based organizations (CBOs), non-governmental organizations (NGOs) or government ministries. A rapid mapping of potential partners and evaluation of their organizational capacity can help accomplish this. Mapping may include stakeholder interviews with individuals who have knowledge of local and community partners or an open call for expressions of interest from potential partners, which can help to gather information on applicants' mission, target beneficiaries, technical areas of work, and administrative and financial capacity. The **Organizational Capacity Checklist (Preparatory Tool I)**, which we used to evaluate potential partners during Growing Up GREAT!, provides additional guidance.

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# PREPARATORY TOOL I: ORGANIZATIONAL CAPACITY CHECKLIST

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## ORGANIZATION NAME & CONTACT INFORMATION

Organization Name	
Acronym (if applicable)	
Date of Founding	
Physical Address	
Email Address	
Telephone Number	
Name and Title of Legal Representative	
Type of Organization (NGO, LLC, etc.)	
Sector(s) of Intervention	
Website	
Legal Status and Documents (Registration)	

## MISSION AND SECTOR OF INTERVENTION

Mission of the Organization	
What does your organization know about the following concepts: social norms, gender, norm change, social change	
Have you ever implemented activities aimed at changing social norms and promoting adolescent sexual and reproductive health? If yes, describe this experience.	
What are the sectors in which your organization intervenes? Does your staff have technical competencies in other sectors?	
What areas or sub-sectors of this sector do you program in?	
Who are your main beneficiary groups?	
If adolescents are one of your target beneficiary groups, describe what activities they benefit from.	
What are the organization's strategic goals for the future?	
What is the organization's relationship with civil society and/or other similar organizations?	
What is the organization's relationship with the public sector?	
What is the organization's relationship with the private sector?	

## ACCOMPLISHMENTS, PRODUCTS AND SERVICES

What are the main programs or actions the organization has implemented in the last two years? In what domains? Please attach narrative reports.

## RESOURCES

### HUMAN RESOURCES

Does the organization have an organigram? If yes, please attach a copy.	
Does the organization have a staff training plan?	
If yes, please attach a copy.	
How many senior staff does the organization have? Note the number, function and qualifications of these positions.	
How many technical staff does the organization have? Note the number, function and qualifications of these positions. Also note if they are permanent staff, consultants or other employment status.	
Does the organization have technical staff who are trained in the sexual and reproductive health of adolescents? If yes, note the number, function and qualifications of these positions.	

## RESOURCES

### HUMAN RESOURCES

How many administrative staff does the organization have? Note the number, function and qualifications of these positions.

How many support staff does the organization have? Note the number, function and qualifications of these positions.

### MATERIAL RESOURCES

For each item, note the quantity, state and whether it is owned or rented

Projector(s)

Projector screen(s)

Computer(s)

Printer(s)

Photocopier(s)

Scanner(s)

Easel(s)

Other office equipment

## RESOURCES

### INFRASTRUCTURE

For each item, note the quantity, state and whether it is owned or rented

Office	
Meeting room	
Bathrooms	

### FINANCIAL RESOURCES

Internal (unrestricted) funding		
External funding		
Note the source (country or donor) of funding and the type of funding (grant, donations in kind, technical assistance, etc.)		
Has the organization ever received funding from [specific donor]? If yes, note the project and activities financed.		
Annual budget for the current year	Internal funding:	External funding:
Annual budget for the previous year	Internal funding:	External funding:

## MANAGEMENT PROCEDURES

What kind of internal management systems does the organization have?		
What are the organization's strengths and weaknesses in terms of management?	Strengths:	Weaknesses:
What are the organization's internal opportunities and threats?	Opportunities:	Threats:
Please provide three references that can attest to the work your organization has done. Please include a contact name, address, email and telephone number.		
Other comments ?		



# SECTION 3: IMPLEMENTATION

## TIMELINE

The timeline below illustrates how the four components of Growing Up GREAT! build upon and reinforce one another over a period of 12 months. The preparatory phase, which includes activities such as social norms diagnosis, adaptation and organizational capacity evaluation, is not included below because the time required for these activities may vary based on context. Organizations should set aside a minimum of six months for this phase. However, they should also consider how other context-specific needs, like translation of materials into local language, partners who require significant additional training or other needs may extend the length of this phase.

Note that several components begin concurrently in Months 2–3, which may require careful planning and coordination. This timeline is illustrative only, and assumes a 9-month school year with limited access to teachers during vacation periods; it may need to be adjusted for application in different education systems.

**Figure 3: Timeline for implementation of Growing Up GREAT!**

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>Staff Training</b>												
<b>I VYA Group Learning Sessions</b>												
<b>Ia VYA School Clubs</b>												
Mapping and selection of schools			✓									
Teacher training			✓									
Creation of school clubs			✓	✓								
Selection of Club Committees				✓								
Weekly club sessions				✓	✓	✓	✓	✓	✓	✓	✓	✓
Classroom lessons			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Ib VYA Community-based Clubs</b>												
Identification of OOS VYAs		✓	✓									

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
Creation of community clubs			✓									
Planning sessions			✓									
Weekly club sessions				✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>2 Caregiver Testimonial Videos</b>												
Identification of caregivers			✓	✓								
Video sessions				✓	✓	✓	✓	✓	✓			
<b>3 Community Reflection Groups</b>												
Community sessions						✓	✓	✓	✓	✓	✓	✓
<b>4 Health System Linkages</b>												
Health provider orientation						✓						
Provider lesson for school clubs							✓	✓				
Provider lesson for community-based clubs							✓	✓				
Clinic visit for school clubs									✓	✓		
Clinic visit for community-based clubs									✓	✓		

## STAFF TRAINING

### WHY

An initial training will provide program staff with an understanding of the conceptual underpinnings of Growing Up GREAT! as well as the technical aspects of implementation. This five-day training includes an exploration of how gender and social norms influence ASRH, an overview of the unique norms-shifting attributes and goals of the approach, an opportunity to master to the VYA Toolkit and other materials, and an introduction to the critical components of child protection.

## WHO

The training is for program staff within your organization leading Growing Up GREAT! activities, including those who will train and mentor teachers and health providers as well as those who will directly facilitate community-based VYA clubs, caregiver testimonial videos and discussion sessions and community reflection sessions. Key senior level and management staff should also participate to ensure there is understanding of and support for the intervention at all levels of the organization.

## WHEN

Staff training should take place during the first month of the twelve-month implementation period after all preparatory work has been completed.

## WHAT

Staff training will introduce key project and support staff to the basic social norms concepts and materials they will use during implementation. It includes content on the unique norms-shifting approach and tools of Growing Up GREAT! and practical sessions to help staff become comfortable using project materials and facilitation techniques. The training is divided into three sequential modules:

1. Social norms (1 day)—This module presents key social norms concepts and explains how norms-shifting intervention approaches differ from traditional development project approaches.
2. Growing Up GREAT! Approach & Tools (3.5 days)—This module provides an overview of Growing Up GREAT!'s socio-ecological intervention model and presents the materials used at each level. It also provides information on the unique developmental stage and needs of VYAs and introduces facilitation skills that help promote group reflection and discussion rather than simple transfer of knowledge. Practical sessions provide an opportunity for staff to learn through participation in select intervention activities and practice facilitation skills.
3. Child safeguarding (0.5 day)—This module presents critical components of child protection, including how to identify and address risks to children's safety and the process for reporting suspected or disclosed abuse. Growing Up GREAT!'s focus on SRH may encourage participants to disclose abuse so it is important for staff to be aware of the laws and policies governing reporting and services available to support adolescents.

## HOW

Staff training should be led by the core team that undertook preparatory work and any other content experts who can bring additional expertise. If your organization has staff engaged in child protection, health or social and behavior change work, consider inviting them to lead different

sessions. You may also want to invite a local health provider who provides AFHS, experts from partner organizations or representatives of government ministries or multi-lateral institutions with expertise.

## **MATERIALS**

Ensure that all required training materials are available in advance of the staff training. This includes all agendas, handouts and presentations attached to this chapter. Also plan to have several full sets of Growing Up GREAT! materials available for participants, including:

- VYA Toolkit: puberty books (boys and girls), storybooks (boys and girls), activity cards, game board and question cards
- Caregiver testimonial videos (on a USB key)
- Teacher resource
- Health exchange materials: health provider lesson plan, health center visit guidance
- Community materials: game board, game question cards

## **DURATION**

Five full days are required to complete all three training sessions. It is possible to present these sessions back to back, but they are long days and you may find it easier to present one section each week to give staff time to reflect and process new concepts. This approach will also ease the burden on staff's busy schedules. Note, however, that all sections of the training should be completed within three weeks to ensure that staff can recall key skills and concepts that are built continuously over the course of different sessions.

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<b>Training Tool 4: Presentation on Growing Up GREAT! Approach &amp; Tools....</b>	<b>TT4-I</b>
<b>Training Tool 5: Presentation on Child Safeguarding .....</b>	<b>TT5-I</b>

# TRAINING TOOL I: AGENDA FOR STAFF TRAINING

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## DAY I—SOCIAL NORMS ESSENTIALS

TIME	ACTIVITY
8:30–9:00	Arrival of Participants and Welcome
9:00–10:00	Opening Activities <ul style="list-style-type: none"><li>• Activity 1 : Introductions</li><li>• Activity 2 : Participant expectations</li><li>• Activity 3 : Objectives of the training</li><li>• Activity 4 : Norms and procedures</li><li>• Activity 5 : Assignment of key roles—Timekeeper, Herder, Rapporteurs</li></ul>
10:00–10:15	Introduction to Social Norms Approach
10:15–11:00	What are Social Norms?
11:00–11:30	<b>Coffee Break</b>
11:30–12:00	Social Norms Theory & Practice
12:00–12:30	Small Group Discussion
12:30–13:30	Characteristics of Social Norms Programs
13:30–14:30	<b>Lunch Break</b>
14:30–15:00	Small Group Activity
15:00–16:15	Norms-Shifting Elements of Growing Up GREAT!
16:15–16:30	Closing: Recap of Day I

## DAY 2

TIME	ACTIVITY
9:00–9:15	Summary of Day 1
9:15–9:45	Presentation on Growing Up GREAT! Approach and Tools <ul style="list-style-type: none"><li>• Part I: Introduction</li><li>• Part II: Why Very Young Adolescents (VYAs)?</li></ul>
9:45–10:30	Exercise: The Unique Needs of VYAs
10:30–10:45	<b>Coffee Break</b>
10:45–11:15	Presentation on Growing Up GREAT! Approach and Tools <ul style="list-style-type: none"><li>• Part III: Summary of Approach and Materials</li></ul>
11:15–12:00	Orientation to Puberty Books <ul style="list-style-type: none"><li>• Overview</li><li>• Read Charline’s Story (Girls Puberty Book) and Trésor’s Story (Boys Puberty Book)</li><li>• Review Gender Questions</li></ul>
12:00–12:30	Orientation to Activity Cards
12:30–13:00	Activity Card: Drawing Maps of our Bodies
13:00–14:00	<b>Lunch Break</b>
14:00–14:30	Presentation on Facilitating Educational Dialogues
14:30–15:30	Orientation to Girls Storybook <ul style="list-style-type: none"><li>• Overview</li><li>• Read Stories 1 &amp; 2</li></ul>
15:30–16:15	Activity Card: Male & Female Roles
16:15–16:30	Closing: Recap of Day 2



## DAY 3

TIME	ACTIVITY
9:00–9:15	Summary of Day 2
9:15–10:30	Orientation to Caregiver Testimonial Videos <ul style="list-style-type: none"><li>• Overview of Discussion Guide for Video Testimonials</li><li>• View Videos 1 &amp; 2</li><li>• Group Discussion on Videos 1 &amp; 2</li></ul>
10:30–10:45	<b>Coffee Break</b>
10:45–11:30	Orientation to Boys Storybook <ul style="list-style-type: none"><li>• Overview</li><li>• Read Stories 1 &amp; 3</li></ul>
11:30–12:00	Activity Card: When I Grow Up Interviews
12:00–13:00	Orientation to the Game <ul style="list-style-type: none"><li>• Overview of Game Instructions</li><li>• Game play</li></ul>
13:00–14:00	<b>Lunch Break</b>
14:00–15:45	Linkages to National Curricula—Working Session
15:45–16:15	Activity Card: How Alcohol Feels
16:15–16:30	Closing and Next Steps

## DAY 4

TIME	ACTIVITY
9:00–9:15	Summary of Day 3
9:15–10:30	Orientation to Health System Linkages Materials—Health Provider Lesson Guide and Health Center Visit Guide
10:30–10:45	<b>Coffee Break</b>
10:45–11:30	Caregiver Testimonial Videos <ul style="list-style-type: none"><li>• View Videos 3 &amp; 4</li><li>• Group Discussion on Videos 3 &amp; 4</li></ul>
11:30–12:00	Overview: Monitoring and Learning from Activities
12:00–13:00	Monitoring Forms
13:00–14:00	<b>Lunch Break</b>
14:00–14:30	Activity Card: Dear Mother, Dear Father
14:30–15:45	Monitoring Forms (cont)
15:45–16:15	Activity Card: Staying Safe
16:15–16:30	Closing and Next Steps

## DAY 5

TIME	ACTIVITY
9:00–9:15	Summary of Day 4
9:15–10:30	Presentation on Child Safeguarding
10:30–10:45	<b>Coffee Break</b>
10:45–11:30	Caregiver Testimonial Videos <ul style="list-style-type: none"><li>• View Videos 5 &amp; 6</li><li>• Group Discussion on Videos 5 &amp; 6</li></ul>
11:30–13:00	Planning Activities with VYA Clubs <ul style="list-style-type: none"><li>• Presentation on School Club Formation (if relevant)</li><li>• Small Group Work—Two groups: school clubs and community-based clubs</li></ul>
13:00–14:00	<b>Lunch Break</b>
14:00–14:30	Activity Card: HIV Prevention
14:30–15:30	Presentation of Plans for Activities with VYA Clubs
15:30–16:00	Evaluation & Certificates
16:00–16:30	Closing & Next Steps

# TRAINING TOOL 2: HANDOUT— SOCIAL NORMS ESSENTIALS

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## WHAT ARE SOCIAL NORMS?

Social norms are what people in a group believe is typical (normal) and appropriate (approved) behavior. Social norms represent shared attitudes, opinions, and beliefs about what others are doing, and collective expectations about what people should and should not do. They are different from individual attitudes or beliefs because of how they influence and reinforce behavior. Social norms are often imposed by social approval (e.g. status) or disapproval (e.g. sanctions). They are therefore rules, either explicit or implicit, adopted by a society to guide behavior.

## TYPES OF SOCIAL NORMS

In various normative approaches, two types of social norms are distinguished: descriptive norms and injunctive norms. Social norms influence behavior if a person says they do or do not do something for the following reasons:

- 1. Because others do it:** If a person does something because they believe that many other people in their social group do so, it is a **descriptive** social norm.
- 2. Because others expect me to do it, or not to do it:** If a person believes that to do or not to do something will allow him to gain the approval of others in his social group or that doing or not doing something will result in disapproval or punishment, it is an **injunctive** social norm.

Social norms theory is still emergent, but theorists believe that descriptive and injunctive norms reflect different categories of social influence. Others even include a third category of norms—subjective social norms. Sometimes, multiple types of social norms may exert influence on a particular behavior, while at other times one type alone is enough to influence behaviors. Different types of norms may also interact to reinforce each other.<sup>1</sup>

**Social norms refer to what a person thinks other people in his or her social group actually do, and what they approve of and/or how they expect others to behave.** Therefore, it is important to go beyond identifying the social norms that influence a person's behavior. We must also understand the social group within which norms play out. This group is called the **social reference group**.

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<sup>1</sup> Chung, Adrienne & Rimal, Rajiv. (2016). Social Norms: A Review. *Review of Communication Research*, 4, 1-28. 10.12840/issn.2255-4165.2016.04.01.008.

## CONTEXT AND TIMING

Social norms can be expressed differently depending on the context. Therefore, it is important to understand when and under what conditions social norms affect behavior. For example, do we adopt a certain behavior only when other people are present or watching? Or is that same norm also adopted privately? Perhaps specific behaviors are acted out in public and others in private. Do we adopt the same behavior around everyone or do we change our behavior according to our surroundings? These considerations are particularly relevant for youth, who may adhere to different norms with their peers than with adults or mixed groups.

## WHAT SOCIAL NORMS ARE NOT

Social norms are not what people think about behavior—these are personal attitudes, which can be positive or negative. For example, "I think married women who use family planning without their husband's consent should be beaten" or "I think women should do all housework" are attitudes. A personal attitude may exist regardless of what others think of a behavior and may or may not coincide with a social norm.

---

**Attitude/Belief:** Personal opinions, internal feelings which may be unproven, irrational or factual; what a person would prefer to do if they could choose outside of a social context.

**Social Norms:** Perception of what other people in your social group do, approve of and expect others to do.

**Behavior: Action;** what and how much a person actually does something.

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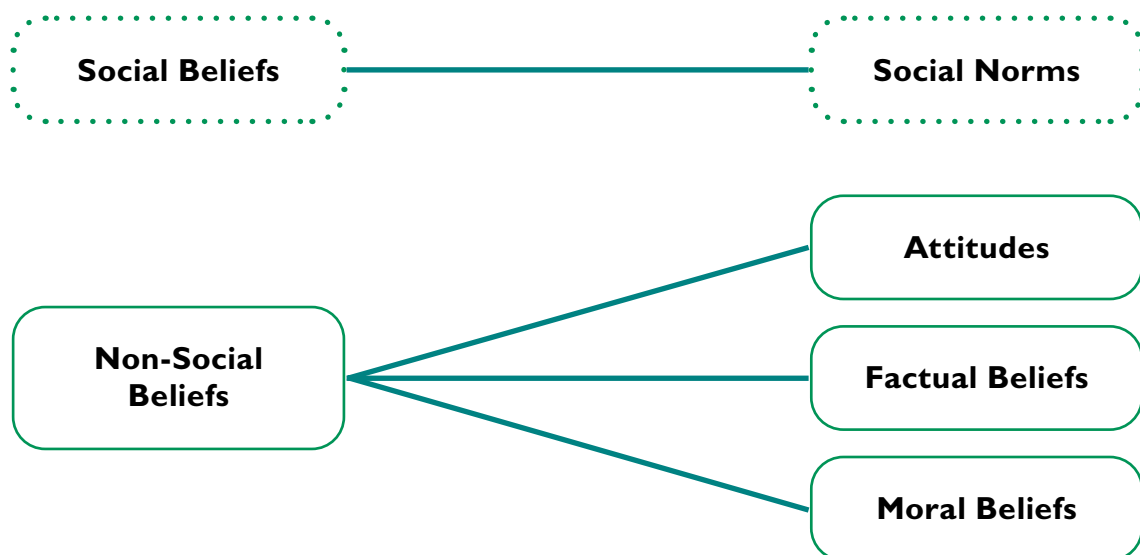
An easy distinction to keep in mind is that attitudes ask questions about a positive, negative or neutral opinion about a behavior. For example, "What do you think of men who help their wives with housework?" Social norms, on the other hand, explore what an individual believes other people in their social reference group think about adopting certain behaviors. For example:

- "Is it **common** in your community for men to help their wives by contributing to housework?" (descriptive social norm)
- "To what extent do members of your community approve of men who help their wives by contributing to housework?" (injunctive social norm)

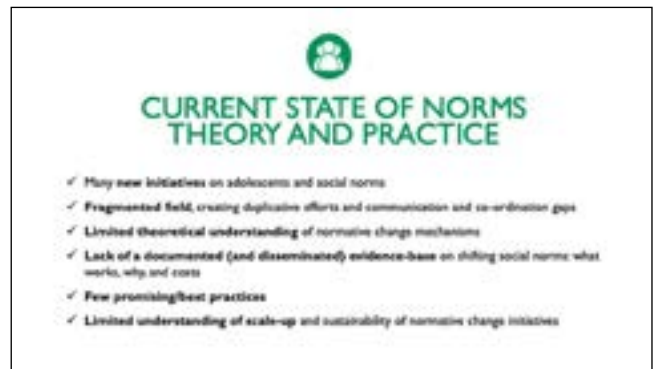
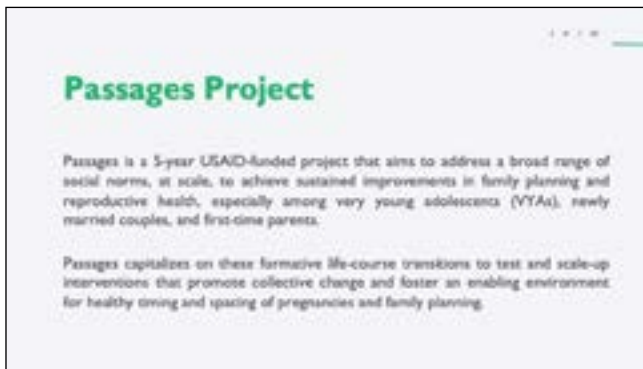
# WHY ARE SOCIAL NORMS IMPORTANT FOR SEXUAL AND REPRODUCTIVE HEALTH?

Social norms can have a positive or negative influence on SRH because they influence, and even determine, behavioral choices related to SRH outcomes. A large body of evidence has shown that the acquisition of SRH information alone is not sufficient to lead to the adoption of healthy behaviors. Environmental factors can act as facilitators or barriers, but social norms—the whole set of socially held beliefs and expectations—also influence heavily whether individuals will adopt a new behavior. Even if an adolescent knows that a certain behavior like visiting a health center for information or using family planning is associated with health benefits, he or she will not necessarily adopt it if this behavior goes against social norms.

**Figure 1: How social and non-social beliefs influence behavior**



# TRAINING TOOL 3: PRESENTATION ON SOCIAL NORMS ESSENTIALS





## Passages worked with partners to...



- Promote and apply common social norms language and understanding
- Accurately diagnose social norms to improve program implementation, monitoring and evaluation
- Design effective norms-shifting approaches, document change pathways and support scale up
- Monitor and evaluate norms shifting programs
- Link with social norm experts and state-of-the-art evidence and tools

## Passages and the Learning Collaborative

Passages

LEARNING COLLABORATIVE

## Health Norms in Your Own Experience: Health Information

When you were thirteen years old, how did you and your friends get health information?

- How did you make this decision?
- If you had decided to try to get information in another way, what would other people have thought or said?

How do you get health information now?

- How do you make the decision?
- If you decided to get information another way, what would other people think or say?

How has this changed over time?

## Session Objectives

By the end of the workshop, participants will:

- Better understand social norms
- Learn about some of the theoretical perspectives on how norms influence behavior and their implications for normative interventions
- Define 9 characteristics of norm shifting interventions
- Understand how system complexity and community reaction might come into play when implementing norms-shifting interventions

## What are social norms?

10:15 – 11:00 am

## Social Norms

Unwritten rules about what is a 'correct' behavior or way of acting.



“ Social norms are the often implicit, informal rules that most people accept and abide by. They are influenced by belief systems, perceptions of what others expect and do, and sometimes by perceived rewards and sanctions.

Norms are embedded in formal and informal institutions and produced and reproduced through social interaction.

- AIGI, Overseas Development Institute



## Social Norms are

WHAT PEOPLE IN A GROUP BELIEVE IS A...

TYPICAL (WHAT OTHERS DO) & APPROPRIATE BEHAVIOR (WHAT OTHERS EXPECT ME TO DO)

OFTEN DEFINED IN RELATION TO A REFERENCE GROUP

## Types of Social Norms

### DESCRIPTIVE NORMS

Perceptions of what others do



### INJUNCTIVE NORMS

Perceptions of what others expect me to do



## Addressing norms in addition to knowledge and attitudes



### Attitude

Adam thinks that it would be good for his wife to breastfeed their child.

### Descriptive norm (what is perceived to be typical)

Adam thinks that none of his friends' wives breastfeed their children.

### Injunctive norm (what is expected and enforced by others)

Adam thinks that his mother would be very angry with him if she found out his wife breastfeeds their child.

## Putting it all together

	ATTITUDES	SOCIAL NORMS
LOCUS OF CONTROL	INDIVIDUAL/ PERSONAL	COLLECTIVE/ SOCIAL
TYPE OF INTERACTION	INDEPENDENT	INTERDEPENDENT
TYPE OF MOTIVATION	INTERNAL	EXTERNAL

## Let's try! Are these attitudes/beliefs or norms?

1. My mother and mother-in-law want me to breastfeed my baby, so I do.
2. Breastmilk is good for babies' health.
3. I feed my baby formula because my best friends give formula to their babies.
4. Women who breastfeed are good mothers.
5. If a pregnant woman craves ice cream and does not eat it, her baby will be born with a birth mark.

Social norms are passed on & enforced by reference groups:

THOSE WHO MATTER TO AN INDIVIDUAL IN A SPECIFIC SITUATION



## Why do people comply with norms, even if they disagree?

- Norms are often hidden and unexamined
- Desire to conform to their sense of social identity
- Enforcement by the reference group
- Insufficient power to resist



## The flower

An integrated socio-ecological framework for normative influence and change.



Adapted from Colgligh and Hosen for the Learning Collaborative, London, 2017

## Eight Features of Social Norms



## An increased focus on social norms can help improve project impact

1. The same norms often drive multiple behaviors
2. Provides opportunities for projects across sectors/divisions to collaborate
3. Can create an environment that sustains, and spreads behavior change over time



## CAUTION

Not everything is a norm and not every norm matters for a behavior

## BREAK

11:00-11:30

## Social Norms Theory & Practice

11:30 – 12:00



## Some Social Norms Theories

Many theories, many disciplines



Consensus across theories about what is important for community-focused norms-shifting interventions seeking to create enabling normative environments for peoples' health and well-being.

- ✓ Multiple norms influence a specific behavior
  - Key norm types: Descriptive and Injunctive
  - Role of meta-norms
- ✓ Group identity: Importance of reference groups and social networks in influencing individuals to adopt new behaviors, attitudes, beliefs
- ✓ Diffusion of innovation: Social networks; norm change tipping points
- ✓ Intentions: Predict behaviors
- ✓ Interplay of complexity and systems with individuals' behaviors

## Implications for projects explicitly working in the social norms

1. Be relational in your approach
  - Assess the number and types of norms influencing a specific behavior
  - Assess the extent that norms are driving a behavior versus other factors
2. Intervention focus
  - Individuals, but also influential reference groups (are these secondary audiences?)
  - Not just knowledge, attitudes, behaviors, but also *perceptions*
3. Systems approach
  - Monitoring emerging change, unexpected change, expecting and mitigating pushback





## What does this mean for ASRH programming?

### Small Group Discussion (30 minutes)

Thinking About Current Approaches to Norm-shifting Programs

- ✓ How does social norms theory inform current ASRH programming?
- ✓ How can the eight features of social norms relate to your own work?
- ✓ Are there challenges to bridging theory with programs?

## What leads to norm-shifting? Characteristics of norms-shifting interventions

12:30 – 13:30

### What are community-based norms shifting interventions?

Definition\*:

- Use an analysis of social norms
- Are intentionally designed to promote collective change by encouraging communities to reflect on, and question, social and cultural factors
- Resulting in positive new norms rooted within the values of that group.

### Normative-focused programs

WHO	Individual and community a focus of change
HOW	Behavior change strategies address normative perceptions and expectations; new, alternative behaviors
WHAT	<ul style="list-style-type: none"> <li>• Use mix of media channels and social spaces to foster critical reflection rooted in cultural values.</li> <li>• Works at different levels of social ecology</li> </ul>
AIM	Seeks to redistribute power and social influence that support individual health seeking actions
DESIGN	Based on social norms assessment and identification of relevant norms; planned diffusion of new ideas

### What makes an intervention norms-shifting?

Desk review of the literature (2017) - 29 articles with LMIC focus

Articles Included	Thematic Areas
<ul style="list-style-type: none"> <li>• Meta-reviews - what works &amp; lessons learned from evaluated projects</li> <li>• Landscaping report</li> <li>• Meeting reports of international consultations deliberating on norms programming</li> </ul>	<ul style="list-style-type: none"> <li>• ASRH</li> <li>• HIV prevention</li> <li>• Violence prevention</li> <li>• Gender transformative approaches for health, male engagement</li> <li>• Social marketing</li> <li>• Participation and community mobilization</li> </ul>

### Defining the 'attributes' of norms-shifting interventions

 <p>SEEK COMMUNITY LEVEL CHANGE</p>	 <p>ENGAGE PEOPLE AT MULTIPLE LEVELS</p>	 <p>CORRECT MISPERCEPTIONS AND/OR NEGATIVE BELIEFS</p>
 <p>CORRECT POWER IMBALANCE, ESPECIALLY PARTICULARLY RELATED TO GENDER</p>	 <p>CREATE SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS</p>	 <p>ROOT THE JOINT WITHIN THE COMMUNITY'S OWN VALUE SYSTEMS</p>
 <p>RELEVANT PEOPLE MATTER</p>		

### SEEDS: COMMUNITY-LEVEL CHANGE

Shifts social expectations, not just individual attitudes and behaviors and clearly articulates social change outcomes at the community-level.



**ENGAGES PEOPLE AT MULTIPLE LEVELS**

(Ecological Model)  
Uses multiple strategies to engage people at different levels: individual, family, community, and policy/legal



**CORRECTS MISPERCEPTIONS ABOUT HARMFUL BEHAVIORS**

Sometimes individuals engage in a harmful behavior because they think these behaviors are common, that "everyone does it" (when in reality they don't). In such instances, correcting misperceptions by revealing the actual norm can be effective.



**CONFRONTS POWER IMBALANCES, PARTICULARLY RELATED TO GENDER & OTHER SOURCES OF MARGINALIZATION**

Within sexual and reproductive health and within programs focused on adolescents and youth development, this is usually an important attribute of norm-change programming.



**CREATES SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS**

Deliberately promotes sustained, critical reflection that goes beyond trainings, one-off campaigns or ad-hoc outreach, often in small group settings.



**BOOTS THE ISSUE WITHIN COMMUNITY'S OWN VALUE SYSTEM**

Identifies how a norm serves or contradicts a community's own values, rather than labeling a practice within a given community as bad.



**ACCURATELY ADDRESSES NORMS**

Identifies which norms shape behavior and which groups uphold the norm. Social norms exist within reference groups – the group of people that are important to an individual when they make a decision. Engaging the reference group is critical to effectively change social norms.



**USES "ORGANIZED DIFFUSION"**

Sparks critical reflection to change norms first within a core group who then engage others to have community-level impact. This is a technique to generate and diffuse social norms that has successfully been used by many organizations.



**CREATES POSITIVE NEW NORMS**

Creates new, shared beliefs when harmful norms have strong supports within groups. While it is common to focus on negative consequences of a behavior, this can unintentionally reinforce that behavior by making it seem widespread.



## Small Group Activity

14:30 – 15:00

## Small Group Discussion (30 min)

Think of a community-based social and behavior change program that you are currently or have implemented. Did your program design include any of these attributes?

Place a colored dot next to each attribute to indicate the following:

- GREEN – Included in program activities and working well
- YELLOW – Included in design or in concept but only partially 'complying' with conditions
- RED – Not implemented

## Small Group Work Debrief

- What attributes did we find across programs?
- Which are difficult to implement in practice? Why?
- Have you heard of or observed social pushback in nutrition programs? How is it managed?
- What attributes might be missing, based on theory and your experience?

## Norms-Shifting Elements of Growing Up GREAT!

15:00 – 16:15

### Uses a socio-ecological model

Acknowledges and engages the many actors at different levels who influence attitudes, perceptions and decisions about YIAs' health – parents, caregivers, teachers and influential community members.



### Promotes critical reflection within peer groups

Discussions in YIA clubs and during caregiver testimonial videos and community reflection sessions allow participants to explore and question existing norms within safe spaces.



### Leverages organized diffusion to spread new ideas and norms

Organized diffusion ensures that new ideas and ways of thinking spread beyond participants into the wider community, which is crucial in overcoming social barriers and realizing normative change.



### Confronts power imbalances

Intervention materials confront power imbalances related to gender and age through stories and experiential learning.



### Creates positive new norms

Presents strong VYA role models who express positive SRH attitudes and demonstrate ideal behaviors like asking their parents and other caregivers questions and advice and calling out gender stereotypes among peers.



## Key Takeaways

Thank you!



 **USAID** Passages



# TRAINING TOOL 4: PRESENTATION ON GROWING UP GREAT! APPROACH & TOOLS

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### Overview

- What is Growing Up GREAT!
- Why Very Young Adolescents?
- Approach & Materials
- Evidence of Effectiveness



An illustration of four diverse children (two boys and two girls) standing together. One boy is holding a soccer ball, and one girl is waving.



### Program Description

Growing Up GREAT! is a program for very young adolescents (YAs), their parents and caregivers, teachers, health providers and other influential community members.

Multiple activities with each of these groups provide information and address harmful social and gender norms related to adolescent sexual and reproductive health (SRH) through interactive, reflective group dialogues.

### Objectives

Growing Up GREAT! aims to increase:

1. YAs' knowledge of puberty and sexuality development;
2. YAs' and parents' communication and expression of gender-equitable behaviors;
3. Community discussion and support for addressing YAs' SRH needs.

Ultimately, we expect that these short-term outcomes will lead to increased use of SRH services and decreased rates of gender-based violence (GBV) and adolescent pregnancy as YAs age into older adolescence.

### Which Norms does Growing Up GREAT! address?

- ✓ Topics related to sex, sexuality and contraception are taboo.
- ✓ Adolescents who use health services are engaged in inappropriate behavior.
- ✓ Violence is an acceptable way to resolve conflict and to discipline children.
- ✓ Boys' education is prioritized over girls' education.
- ✓ Girls are expected to do household chores while boys have free time for schoolwork and play.

## Why Social Norms?

**SOCIAL NORMS SHAPE BEHAVIOR**

My friends believe that...  
My school believes that...  
My culture believes that...

**Social Norms Can Change**  
Individuals who want to...  
can change social norms.

**Messages**  
...can be used to...  
...change social norms...

## WHY VERY YOUNG ADOLESCENTS?

*“Early adolescence offers a critical window of time – before gender norms solidify – to intervene with gender and health outcomes both now and YYAs to improve in future.”*

### 1. YYAs are a big group!

In developing regions of the world, the population of YYAs (10-14 years) is projected to reach 600 million by 2030.

### 2. Early adolescence is a complex transition.

Puberty is the second most rapid period of growth and learning in human development. Emerging brain science is revealing how this period is associated with increased risk taking and interest in sexual and romantic relationships. As such, it presents a critical opportunity to invest in health and wellbeing for positive outcomes through adolescents’ lives.

### 3. It’s an opportunity to capitalize on prevention.

This age is traditionally considered to be healthy time, so investments in YYAs have not been prioritized. Most global approaches target older adolescents aged 15 to 19 in risk reduction programs. However, these approaches do not capitalize on the benefits of primary prevention.

## EXERCISE: THE UNIQUE NEEDS OF YYAS

### Instructions

**Facilitator:** Print the following 8 slides featuring adolescent life stages prior to the training and cut into four pieces so that each piece has one milestone on it. Using flipchart paper, create a timeline from early childhood (~3 years) through early adulthood (18 years) on the wall or floor.

**Participants:** Working individually or in groups, take a few milestone cards and place them where you think they belong on the timeline based on when they most typically occur.

## Discussion

Ask the following questions and allow a few minutes for discussion of each one:

1. Was it difficult or easy to decide where to place milestones?
2. Do you agree with where others have placed milestones?
3. Any other reflections?

Start to ask questions about sex

Know what it means to be a man or a woman

May play games of a sexual nature

Imitate typical masculine or feminine roles and behaviors

Learn stereotypically masculine and feminine roles

Experiment with sexual pleasure by touching their genital organs

Like to dress according to popular gender norms

Sexual identity emerges

Ask questions about how pregnancy occurs or where babies come from

Sex education builds concrete knowledge and skills

Clitoris and vulva enlarge

Penis and scrotum enlarge

Breasts develop

Search for information about sex

Capable of becoming pregnant

Fantasize about sex

Ovulation begins

First menstruation (menarche)

Begin to masturbate

May touch their partner in a sexual way

Begin to produce sperm and semen

Can cause their partner to become pregnant

Capable of experiencing sexual pleasure

First kiss

Nocturnal emissions begin

Peer pressure becomes very important

First sexual experience

May experiment with sexual acts with others of the same sex

May physically abuse a partner	May sexually abuse a partner
Marry	Become parents



### Puberty Books

Provide information and space for individual reflection on puberty, body changes, gender roles and equality, and life goals for boys and girls.

### Storybooks

Explore puberty, menstruation, changing gender roles and expectations, and relationships through realistic stories that reflect the lives of program participants.

### Activity Cards

Present opportunities to learn and critically reflect on topics related to puberty and sexual and reproductive health through a series of fun and dynamic activities.

### Game

Provides an opportunity for VYAs and community members to test and share their knowledge in an interactive and collaborative way.



## Caregiver Testimonial Videos

Model supportive behaviors for YYAs and engage parents and community members in reflective dialogue about existing norms and practices.



## Health Exchange Materials



Remove apprehension associated with seeking health services, provide an opportunity to ask questions, and create a link to health service providers and service points.

## Teacher Resource

Helps teachers link Growing Up Great materials and themes to lessons in the national Family Life Curriculum.



## About the Materials

The YYA Toolkit uses multiple methods to engage YYAs:

- Fun, interactive, educational activities and games
- Dynamic and aspirational role models
- Accurate and age-appropriate information
- Critical reflection and discussion of social and gender norms
- Calls to action and to share learning and messages

## EVIDENCE OF EFFECTIVENESS



## Key Evaluation Results

Growing Up GREAT! was evaluated by the Global Early Adolescent Study. Key results included:

- Shifted some **gender norms** but not others – increased the likelihood that YYAs would agree boys and girls should share household responsibilities equally but did not shift norms related to stereotypical gender traits or roles.
- Increased **pregnancy and HIV knowledge** among some YYAs participating in community clubs.
- Increased **knowledge of where to access condoms and contraception** among YYA girls.
- Increased **communication with trusted adults** about contraception and sexual relationships among out-of-school YYAs.

Thank you!



# TRAINING TOOL 5: PRESENTATION ON CHILD SAFEGUARDING





## What is child safeguarding?

Child safeguarding is the set of internal measures, policies, procedures and practices, crucial to an organization, that ensure that it is a "safe" organization for children.

## Why do we need child safeguarding?

- All children have a right to protection from violence, abuse, neglect, and exploitation
- But in every country and culture – children are suffering from abuse and exploitation
- This is a violation of children's rights and is unacceptable
- Growing Up GREAT! takes a child-rights based approach that only works with trust from the community – so it is our responsibility to meet safeguarding standards
- There is zero tolerance for abuse or exploitation of children by staff or partners.

## What does child safeguarding accomplish?

### Child safeguarding:

1. Ensures that everyone associated with the organization is aware of and responds appropriately to questions of child abuse and sexual exploitation.
2. Ensures that everyone representing the organization behaves appropriately with children and never takes advantage of the position of trust that comes from being part of that organization.
3. Assess and reduce the risks to children associated with organizational activities.



## What is child abuse?

Child abuse is anything that individuals, institutions or processes do, or fail to do, that directly or indirectly harms the child and compromises their prospects for safe and healthy development and transition to adulthood.

Commission of Inquiry into the Protection of Child Abuse and Neglect (2011), *Save the Children* Apr 2014

## Five Categories of Child Abuse

### 1 - Physical Abuse

Physical abuse is the use of force that causes injury or likely to cause injury or suffering.

#### Examples:

- ✓ Hitting or beating a child
- ✓ Corporal punishment
- ✓ Threatening to harm a child

### 2 - Sexual Abuse

Involving or intentionally exposing a child to sexual activity.

#### Examples:

- ✓ Exposing a child to pornography or other sexually explicit material
- ✓ Involving a child in a sexual act
- ✓ Marrying a child under the age of 18 years

### 3 – Emotional Abuse

Exposing a child to humiliating or degrading treatment, or otherwise failing to provide a healthy and supportive environment and / or actions for a child's development.

#### Examples:

- ✓ Calling a child harsh or degrading names
- ✓ Publicly shaming a child
- ✓ Severe and persistent criticism of a child's actions



## 4 – Neglect

Failing to provide or secure for the physical safety and development needs of a child (deliberate or through carelessness)

Examples:

- ✓ Withholding food or other basic needs from children
- ✓ Not providing adequate shelter for children

## 5 – Exploitation

The use of children for someone else's advantage, gratification, or profit – and often resulting in unjust, cruel, and harmful treatment of the child

Examples:

- ✓ Forced child labor
- ✓ Child trafficking
- ✓ Child soldiers

## Activity

1. In small groups, brainstorm specific examples of each type of child abuse that occur in your context. Each group should discuss one type of child maltreatment and draw or write on post-it notes.
2. Present and discuss in large group.

## Consequences of Child Abuse



## Putting Child Safeguarding into Practice

## Who is responsible for child safeguarding?



## Will and Will NOT

As staff implementing Growing Up GREAT! you commit to safeguard children. This includes adhering to certain **protective behaviors** and avoiding **risk behaviors**.



## To safeguard children YOU WILL

1. **BE AWARE** of situations that may present risks to children, and take steps to reduce risks
1. **EMPOWER CHILDREN** to know their rights to protection and what they can do if there is a problem
1. **COMPLY** with all local and national child protection laws
4. Follow the **TWO ADULT RULE** whenever possible
1. **ENSURE CONSENT** for all children participating in activities, or giving interviews, or in photographs
4. **IMMEDIATELY REPORT** concerns or allegations of abuse or exploitation to the child safeguarding focal point

## To safeguard children YOU WILL NOT

1. **DISCRIMINATE AGAINST OR EXCLUDE** any children
2. **EMOTIONALLY ABUSE** children with offensive, demeaning, or humiliating language
3. **PHYSICALLY ABUSE** children – or participate in or approve of physically abusive behaviors towards children
4. **HIRE CHILD LABOR** that interferes with their education or places them at risk of injury.
5. Engage in **SEXUAL ACTIVITY OR RELATIONS** with anyone under the age of 18 years.

## To safeguard children YOU WILL NOT

7. **SLEEP CLOSE TO CHILDREN** who participate in project
8. **DO PERSONAL THINGS** for children that they can do themselves
9. Spend excessive **TIME ALONE** with children away from others
10. **USE TECHNOLOGY TO MONITOR** or harass children
11. Engage in or support any **SEXUAL EXPLOITATION** of children – including the exchange of money or goods for sexual favors.



## What should be reported?

- ✓ A child discloses abuse, or shares information that indicates they or another child are experiencing abuse
- ✓ A family or community member provides information that a child is being harmed, or is at risk
- ✓ See the Children or partner staff knows or suspects a child is being abused or exploited, or is at risk
- ✓ See the Children or partner staff violates the Code of Conduct – abusing or exploiting a child in project, or outside of work



# COMPONENT I: VYA GROUP LEARNING SESSIONS

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## OPTION A: VYA SCHOOL CLUBS AND CLASSROOM LESSONS

### WHY

School-based clubs provide a safe and familiar space in which VYAs can learn, ask questions and discuss with one another. Peer-led small group activities and discussion within these clubs are critical for building VYA's SRH knowledge, normalizing conversation on topics that may otherwise be considered taboo and encouraging communication with trusted peers and adults.

Classroom lessons allow intervention content to reach a greater number of VYAs in each school through integration into national curricula taught in standard classes.

### WHO

School clubs are comprised of VYAs 10–14 years who consistently attend school and are able to attend weekly club sessions outside of regular classroom hours. It is advisable to work with existing clubs whenever possible, as creating new clubs can be a time-consuming process and more difficult to sustain. Other criteria for selection of school group members are discussed in detail below. School clubs are led by VYA members who are elected by peers to receive additional training and take on a leadership role.

Classroom lessons are offered in grades comprised primarily of VYAs 10–14 years. Lessons are led by subject-specific teachers, such as health education or biology teachers, who have been specially trained to integrate VYA Toolkit activities into standard curriculum using the Teacher Resource tool.

### WHEN

Organization of VYA school clubs and classroom lessons should begin immediately following the Staff Training. As a reminder, your project timeline should align with the academic year so that Steps 1–3 below take place during the first few months of the school year (Months 2–4). This will ensure minimal fluctuations in enrollment and club membership and will also provide a longer timeline for weekly school club sessions, which should begin in Month 4 and continue through the end of the school year.



#### Tip!

Though organization of VYA school clubs begins before planning of **Caregiver Testimonial Video Sessions**, it is important to hold the first caregiver session before activities with VYAs begin. This will ensure that parents are aware of program content and minimize any negative reactions or social pushback.

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>Ia VYA School Clubs Sessions</b>												
Mapping and selection of schools		✓	✓									
Teacher training			✓									
Creation of school clubs			✓	✓								
Selection of Club Committees				✓								
Weekly club sessions				✓	✓	✓	✓	✓	✓	✓	✓	✓
Classroom lessons			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

## WHAT

VYA school clubs bring together approximately 25 in-school 10–14 year olds from across several grades for unstructured learning. The clubs meet for 1 hour each week, at the time of members’ choosing, for the duration of the school year. Club sessions are peer-led, but supervised or supported by an adult resource person, usually a teacher or school administrator. Clubs may use any of the interactive materials from the VYA Toolkit, in any order and at any frequency, but they should endeavor to use all content at least once during the course of the school year.

Classroom lessons leverage the VYA Toolkit as a teaching aid that reinforces the content of existing national curricula through the use of participatory and engaging activities. Teachers may use any of the interactive materials from the VYA Toolkit, in any order and at any frequency, to support as many lessons each week as they would like, but they should aim to use the VYA Toolkit at least once a week.

## BUILDING ON EXISTING FOUNDATIONS

The guidance offered below is comprehensive. It provides step-by-step instructions for building collaborative and respectful relationships with the Ministry of Education and school leadership, mapping and selecting schools and forming school clubs. While this is useful for organizations who have not previously supported school-based programming, some steps will likely be redundant if your organization already works with schools. Suggestions for simplifying based on your current program portfolio include:

- If your organization already works closely with schools where you intend to implement Growing Up GREAT!, you may skip Step 1.
- If the schools where you intend to implement Growing Up GREAT! have existing clubs that are appropriate in their makeup and membership to support VYA activities, you may skip Step 3.

## HOW

### STEP 1: MAPPING AND SELECTION OF SCHOOLS

Staff will need to work closely with the MOE and with school leadership to map and select schools in your intervention area.

1. First, staff should consult with central, province and/or local MOE representatives to plan. Some of these representatives will likely already be engaged in the TAG and aware of the intervention, but they should also be able to provide you with enrollment statistics to help determine which school districts and types of schools are the most appropriate for Growing Up GREAT! programming. In most cases, both public and private/parochial schools are under the purview of the MOE regardless of funding. It is important to secure the MOE's approval before meeting with individual school administrations.
2. Once the MOE has approved a list of schools, staff should meet with school directors to explain the intervention to them and learn more about school management, existing school clubs and the timing of academic and extracurricular activities. See **Guide for Introductory Meetings with School Directors** ([Tool 1.1](#)) for a detailed list of questions.
3. Next, staff should obtain enrollment records for all schools, as the number of enrolled 10–14 year old students is a key selection criterion. Official enrollment numbers reported to the district education department and central level MOE may vary significantly from school enrollment registers, especially in areas where there is high mobility or other factors that can make dropouts common. Staff should plan to collect the most updated enrollment numbers directly from schools approximately one month after classes begin (after most early dropouts and late enrollments have taken place).
4. Finally, staff will review school-specific information and enrollment rates in order to make a final determination about which schools to work with. An illustrative list of school selection criteria is included in *Figure 4*: below.

**Figure 4: Illustrative criteria for school selection**

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#### **Schools should meet the following criteria to be considered for participation:**

- Be a primary or secondary school with at least one grade level that primarily serves 10–14 year olds
  - Have at least 30 students enrolled per grade level (to ensure adequate sized clubs even if students drop out over time)
  - Have a recreational space or open courtyard for club meetings
  - Have sufficient resources to operate through the full school year
-

## STEP 2: TEACHER TRAINING

Once selected schools have agreed to participate in the project, your staff should work with school leadership to identify resource teachers who can support creation of school clubs, training of VYA peer leaders and regular group meetings. These teachers will also integrate Growing Up GREAT! activities into classroom lessons of standard curricula using the Teacher Resource.

- It is advisable to work with teachers who deliver school-based sexuality education (where applicable) or those who have existing knowledge of intervention topics, such as science, health or physical education teachers.
- Identify at least two resource teachers per school in case one is absent or unable to attend VYA sessions on any given day. If possible, one should be female and one male. Also try to choose teachers who work with different grade levels.
- Confirm that teachers are willing to work with VYA clubs and show a commitment to the program. Ensure they understand the time commitment, which will include attending one hour-long VYA session outside of school hours each week. In some contexts, this may require compensation or other incentives. We did not provide teachers with additional compensation, but they viewed the technical training they received as professional development and an opportunity to interface with local and central level education officials.

The teacher training should be organized through and with the MOE as part of its existing system for in-service training, rather than as a parallel or separate process. In DRC, high-level personnel from the central and provincial levels of the Family Life Education Department who were also members of the TAG expressed a keen interest in working with our team to develop an integrated training that included a quick one-day refresher on the Family Life Education curriculum in addition to intervention-related content. These key stakeholders then trained others within their department to create a cadre of Master Trainers equipped to facilitate cascade trainings for teachers. We highly recommend this approach, both to build capacity of government partners and to lay the foundation for continued implementation and sustainability.

The teacher training requires four days (minimum) to introduce the social norms approach and the toolkit, to present the Teacher Resource, which maps different Growing Up GREAT! activities to lessons of the required national curricula, and to provide time for teachers to practice the participatory and interactive methodology, which differs markedly from the didactic approaches many are accustomed to. If teachers need additional technical training (for instance on the sexuality or family life education curriculum or other subjects) you should plan additional days of training to accommodate those needs. The **Agenda for Teacher Training** and **Teacher Training Package** are included at the end of this chapter as [Tool 1.2](#) and [Tool 1.3](#).

## STEP 3: ESTABLISHMENT OF SCHOOL CLUBS

Next, staff work with school leadership and resource teachers (even if they are not yet trained) to identify students to join school clubs. The best way to form clubs will depend on the educational system in your context, so this guide provides some helpful considerations as staff undertake this important activity:



- Ask about and consider any existing school groups as a platform for implementing Growing Up GREAT! Working through existing structures will ensure greater efficiency in launching activities and help promote sustainability.
- The VYA age range (10–14 years) spans several grade levels and may also bridge primary and secondary/middle schools. Therefore, you will likely have to work with different educational structures and policies and varying academic hours. Familiarize yourself with the systems at each level and plan ahead how to approach club formation within each.
- It is certainly possible to create more than one club per school, but you should consider the additional burden this may place on resource teachers and school resources.
- There may occasionally be 10–14 year olds outside the standard grade levels for that age group. Our implementation experience suggests that maintaining grade-specific club member selection is preferable because familiarity among group members improves overall club cohesion.
- Each club should include 25–30 members. This will ensure that the group remains manageable and participatory. Other students may participate in intervention activities that are open to all such as classroom lessons and community reflection groups.
- It is important to ensure equity in club membership. If you are forming mixed sex clubs (which we recommend), you should select roughly equal numbers of girls and boys. In single sex clubs, you should try to select children of different ages 10–14 years and different abilities to promote diversity and diverse perspectives.
- Participation in club activities is voluntary, but it is wise to make sure selected VYAs understand the weekly time commitment before they agree to join.

An illustrative list of school club member selection criteria is included in *Figure 5*: below.

### **Figure 5: Illustrative criteria for school club member selection**

#### **Consider the following criteria for students wishing to be school club members:**

1. Between the ages of 10–14 years
2. Enrolled in and regularly attends school
3. Provides a signed assent form
4. Provides a consent form signed by parent(s) or guardian

Each school club will have access to a full VYA Toolkit, which can be kept in the school administration office and checked out for use by clubs as needed. Teachers may also borrow materials for classroom use, but must fill out the **Teacher Materials Checkout Form** (see [Section 4: Monitoring & Learning](#)) each time they do so.

## STEP 4: SELECTION AND TRAINING OF CLUB COMMITTEE

### SELECTION OF CLUB COMMITTEES

Once clubs are formed, they should elect their Club Committee, a group of six peer leaders who are collectively responsible for informing group members of the time and location of weekly sessions, ensuring inclusive participation during club sessions and completing monitoring forms. Committee members are also oriented to the VYA Toolkit and lead the majority of club sessions. However, all club members are welcome to facilitate activities during club sessions and they often do so later in the project after they have become familiar with certain stories and games.

The Club Committee selection process should include the following steps:

1. Describe the roles and responsibilities of Club Committee members, as well as the time commitment. Share any criteria your organization has developed and ask group members if there are any criteria that should be added.
2. Ask group members to nominate between 4 and 6 group members who meet those criteria to serve on the Club Committee. We used an informal nomination process, conducted publicly within each group, but you might opt for a different process (blind voting, secret ballot, etc.) depending on your context.
3. Remind each nominee of the roles and responsibilities of the position before giving them a chance to accept or decline the nomination.



#### Tip!

Staff should pay attention to group dynamics during selection and ensure that it is an inclusive process. Importantly, they should guarantee equitable representation of girls and boys on the Club Committee if you are working with mixed sex clubs. Observing and encouraging positive group dynamics is an important part of monitoring and can be accomplished using quality benchmark matrices like those described in Section 4: Monitoring & Learning.

### ORIENTATION OF CLUB COMMITTEES

The purpose of this orientation is to introduce the Club Committee to the VYA Toolkit they will use during club sessions, and to build their confidence to lead school club activities. During the day-long event, participants read through print materials and engage in select activities and games to help them understand and become comfortable using different materials. The **Agenda for Training of School Club Committees** is attached as [Tool 1.5](#).

## STEP 5: IMPLEMENTATION OF SCHOOL CLUB SESSIONS

In each school, a teacher will be designated by club members and with the school administration's agreement, as the Growing Up GREAT! focal point. S/he will act as a resource person for the school club, helping to organize and chaperone weekly club sessions or check out VYA Toolkit materials as necessary. S/he will also ensure that the **VYA School Club Register (Monitoring Tool 1)** and other regular monitoring forms are filled out and filed with the school administration for safekeeping.



Growing Up GREAT! does not use a structured or sequential approach to programming, so Club Committees have great flexibility in how to run club sessions. They may gauge their peers' interest, pick activities that reflect recent classroom content or simply choose the activities they like best to determine club activities. However, there are a few guidelines to ensure strong participation and reflect the best practice of youth engagement:

- During the first club meeting, Club Committees should list all participants in the Register of Group Members so there is a clear record of group members' names and basic information. At the beginning of subsequent club sessions, the peer leader (with support from the teacher focal point) will take roll to monitor attendance and track absences.
- Other club members may express a desire to lead exercises as well. Club Committees should encourage and support their peers to take on these leadership roles, with help from the teacher focal point.
- The Club Committee should complete the **Documentation Form** (see [Section 4: Monitoring & Learning](#)) at the end of each session to record important monitoring data.

## STEP 6: IMPLEMENTATION OF CLASSROOM LESSONS

During classroom lessons, trained teachers use the Teacher Resource, which links specific materials from the VYA Toolkit to individual lessons of relevant national curricula, to increase participation and communication in the classroom, and to reinforce messages. In DRC, we mapped the VYA Toolkit to the Family Life Education curricula for each grade level, which allowed teachers to select specific stories and activities to illustrate or reinforce classroom content in a fun and participatory way. You may also link to a sexuality or family life education curricula, if one exists, or to a science, health or physical education curricula if those are more consistently implemented in your context.

We did not set a requirement for frequency of use, though we generally expected that teachers would use the VYA Toolkit about once a week given the Family Life Education course schedule. There was also no requirement for coverage of content, though teachers were encouraged to use as diverse a range of materials as possible. Your organization may decide to make recommendations based on the curriculum you link to and your level of integration and cooperation with the MOE.

## OPTION B: VYA COMMUNITY-BASED CLUBS

### WHY

Community-based clubs provide a safe and educational space in which VYAs can learn, ask questions and discuss with one another. Adult-led group activities in these clubs provide an important opportunity for VYAs without access to formal education to gain practical information and build their confidence. Furthermore, group discussion helps to normalize conversation on topics that may otherwise be considered taboo and encourage communication with trusted peers and adults.

### WHO

Community-based clubs are comprised of VYAs 10–14 years who do not attend school but who live with family (immediate or extended). We do not advise including out-of-school VYAs living in institutions or on the street in these community-based groups unless it is complemented by additional intervention components that can adequately meet their more urgent health and well-being needs. Community-based clubs are facilitated by trained program staff or partners.

### WHEN

Organization of VYA community-based clubs should begin immediately following the Staff Training.

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>Ib VYA Community-based Clubs</b>												
Identification of OOS VYAs		✓	✓									
Creation of community clubs			✓									
Planning sessions			✓									
Weekly club sessions				✓	✓	✓	✓	✓	✓	✓	✓	✓

### WHAT

VYA community-based club sessions bring together between 22 and 24 out-of-school 10–14 year olds for unstructured learning. Each club meets for 60–90 minutes weekly, at a time that is convenient for club members and adult facilitators. Club sessions are led by a team of two trained facilitators who can facilitate sex-separate activities for sensitive content or to improve active participation (especially among girls). Clubs may use any of the interactive materials from the VYA Toolkit, in any order and at any frequency, but they should endeavor to use all materials at least once to ensure that VYAs are introduced to all program content.

## HOW

### STEP 1: SELECTION AND TRAINING OF COMMUNITY-BASED CLUB FACILITATORS

In many cases, community-based clubs will be facilitated by staff members who were trained during the initial Staff Training. In this case, facilitators should have sufficient capacity to pursue steps 2–5 immediately. If you plan to work with an implementing partner, however, you will need to identify partner staff with the appropriate skills and capacity to lead activities with out-of-school VYAs. Below in *Figure 6* are some of the considerations we found most important in selecting strong facilitators. Once selected, you will need to train facilitators on the Growing Up GREAT! approach and toolkit; we suggest using the Program Staff Training package as it includes all key information for use of materials and implementation of activities.

#### Figure 6: Illustrative criteria for community-based club facilitator selection

**In addition to the basic skills required for good facilitation, facilitators should demonstrate several of the following additional skills or capacities to be considered for selection:**

1. Experience working with VYAs or other similar populations, such as older adolescents or youth, young mothers, vulnerable children, etc.
2. Technical skills in SRH or a related domain such as health (broadly), GBV, education or child protection
3. Values that align with central tents of the intervention, including gender equality, youth rights and youth participation
4. Capacity to build strong and trusting relationships with adolescents, their families and communities
5. Knowledge of participatory, discussion-based facilitation techniques used to prompt critical reflection and shift norms

Once selected, you will need to train facilitators on the Growing Up GREAT! approach and toolkit. We suggest using the Staff Training package as it includes all key information for use of materials and implementation of activities.

### STEP 2: IDENTIFICATION OF OUT-OF-SCHOOL VYAS

Identifying out-of-school VYAs can be a lengthy process. The first step is to define the geographic area you intend to cover. During the Growing Up GREAT! implementation we looked for out-of-school VYAs in the same areas as we were targeting for in-school VYAs. That is, we recruited out-of-school VYAs in the catchment areas of schools participating in project activities.

Organizations that are embedded in the communities with whom they work (CBOs) will likely already know which families have children who are not attending school. The mapping of schools may also provide useful information about children who dropped out in the past year or have not enrolled for the current school year yet. Other community leaders may be able to provide additional information. For example, religious leaders will likely know which families in their congregation have out-of-school children. Local subsidiaries of the Ministry of Social Affairs or the Ministry of Youth may also be aware of children not attending school, though the information they are permitted to share may be limited. It may also be possible to identify out-of-school children via recruiting efforts like public radio announcements, posters or billboards, or official announcements at local civic or religious gatherings. Just be sure that these options provide a confidential contact line and that families and caregivers understand any expressed interest will remain private.

Once you have a list of households where out-of-school children reside, staff should visit each household to speak with caregiver(s) and confirm the child(ren)'s school status. Care should be taken not to make family members feel uncomfortable or stigmatized for having children who are out of school, especially in contexts where compulsory primary school attendance is enforced. Staff should explain the objectives and benefits of the project briefly, before asking for caregiver(s)' consent for their child(ren) to participate. If caregiver(s) consent, VYAs should also express a desire to participate (assent). The full list of group member selection criteria is included in *Figure 7* below.

**Figure 7: Illustrative criteria for community-based club member selection**

**Consider the following criteria for adolescents who wish to be community-based club members:**

1. Between the ages of 10–14 years when first contacted
2. Not enrolled and/or not attending school for at least two (continuous) months
3. Lives in one of the neighborhoods/districts or health zones in which the program is implementing
4. Provides a signed assent form
5. Provides consent form signed by caregiver

**STEP 3: CREATION OF COMMUNITY-BASED CLUBS**

As your list of out-of-school VYAs grows, you should begin to cluster VYAs into geographic groups. Forming groups based on physical location will ensure that VYAs do not have to travel far to attend weekly club sessions, which will improve both safety and participation.

Groups should be representative of the out-of-school VYA population:

- They should contain roughly the same number of boys and girls.
- Community clubs may be separated by age, where possible, with 10–12 year olds comprising younger VYA clubs and 13–14 year olds comprising older VYA clubs. If this is not possible, staff should ensure approximately the same number of members of each age in the VYA range.
- Clubs should be inclusive and make accommodations for members of different abilities.

## STEP 4: PLANNING AND COMMUNICATION ABOUT SESSIONS

It is important to find a safe and private community space where community-based clubs can meet consistently. Some organizations have facilities that include youth spaces on site; if not, schools and churches usually have small group meeting spaces that they may even be willing to provide for free. Consider working with a small group of VYAs to map “safe spaces” in the community that are accessible and where they feel safe and comfortable meeting to participate in activities. Wherever you decide to hold community-based club sessions, it is essential that they are a reasonable distance (no more than 1km) from club members’ homes.



### Tip!

You will also need to identify a space for **Community**

**Reflection Sessions** beginning in Month 6, so it may be wise to include these in your negotiations for space at this stage.

Other considerations as you plan sessions are included below:

- Select a day and time for club sessions that is convenient for club members. Consider their social and household responsibilities (especially girls’) as well as the season/weather and general safety.
- Find a consistent way to communicate with VYAs and their parents/caregivers. This will make it easier to remind them of sessions and let them know about any changes to plans.
- It is inevitable that at least a few club members will dropout over the course of the year. Make every effort to follow up with these individuals and their families to find out the reason they are no longer attending. Sometimes small changes to the schedule or simple reassurances can ensure that VYAs begin attending club sessions again.

## STEP 5: IMPLEMENTATION OF SESSIONS

Growing Up GREAT! does not use a structured or sequential approach to programming, so facilitators have great flexibility in how to run club sessions. They gauge VYAs’ interest and use their discretion to determine which content and activities to introduce. However, there are a few guidelines to ensure strong participation and reflect the best practice of youth engagement:

- During the first club meeting, all participants should be listed in the **Register of Club Members** ([Tool 1.5](#)) so there is a clear record of group members’ names and contact information. At the beginning of subsequent club sessions, the facilitator will take roll

to monitor attendance and track absences and dropouts. (Three or more consecutive absences are considered a dropout.)

- As club members become familiar with the VYA Toolkit, they may express a desire to take on leadership of certain exercises. Facilitators should encourage this to the extent possible by allowing VYAs to lead or co-lead activities.
- Facilitators should complete the **Documentation Form** (see [Section 4: Monitoring & Learning](#)) at the end of each session to record important monitoring data.



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# TOOL I.1 GUIDE FOR INTRODUCTORY MEETINGS WITH SCHOOL DIRECTORS

---

## BASIC INFORMATION

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

County: \_\_\_\_\_

District: \_\_\_\_\_

Health zone: \_\_\_\_\_

GPS coordinates (optional): \_\_\_\_\_

How is the school accessible? (Check all that apply)

- By public transportation
- By private vehicle
- By motorcycle
- By foot

Is the school public or private? Does it have religious affiliations? (Check one):

- Public (non-religious)
- Public (religious affiliation)
- Private (non-religious)
- Private (religious)

## SCHOOL MANAGEMENT

What is the main source of finance for this school?

- Public funds or disbursements
- Private donations or grants
- Enrollment or other fees



What are the hours of operation? \_\_\_\_\_

When does the academic day begin and end? \_\_\_\_\_

## ENROLLMENT

Ask the following questions and fill in the table below as respondents answer.

- What grades are taught at this school?
- What is the current enrollment for each grade level?
- How many classes are there per grade?

	BOYS	GIRLS	TOTAL	#CLASSES
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				

## STAFF

Ask the following questions and fill in the table below as respondents answer.

- How many teachers work at the school?
- Of these, how many are trained to teach the national sexuality or family life education curriculum?

	MEN	WOMEN	TOTAL
Total # of Teachers			
# trained on Sex/FLE Education			

Please provide the names of any teachers trained on the national sexuality or family life education curriculum below:

\_\_\_\_\_

# SCHOOL PROGRAMMING

Is there a school government? Y / N

If yes: How many members does it have?

MEN	WOMEN	TOTAL

Does the school sponsor extracurricular activities or clubs? Y / N

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When do these extracurricular activities take place (day/time)? \_\_\_\_\_

# HEALTH LINKAGES

What is the closest health facility to this school? \_\_\_\_\_

What is the address of this facility? \_\_\_\_\_

Are there any school or community health programs that serve this school? Y / N

If yes, please specify: \_\_\_\_\_

# TOOL 1.2 AGENDA FOR TEACHER TRAINING

---

## DAY I

TIME	ACTIVITY
8:30–9:00	Arrival of Participants and Welcome
9:00–10:30	Opening Activities <ul style="list-style-type: none"><li>• Activity 1 : Introductions</li><li>• Activity 2 : Participant expectations</li><li>• Activity 3 : Objectives of the training</li><li>• Activity 4 : Norms and procedures</li><li>• Activity 5 : Assignment of key roles—Timekeeper, Herder, Rapporteurs</li></ul>
<b>10:30–11:00</b>	<b>Coffee Break</b>
11:00–12:30	Presentation on Growing Up GREAT! Approach & Tools
12:30–14:00	Presentation of the National Family Life Program Curriculum <ul style="list-style-type: none"><li>• Activity 1: Presentation of the Family Life Program curricula for each grade level</li><li>• Questions and discussion</li><li>• Review in small groups</li></ul>
<b>14:00–14:45</b>	<b>Lunch</b>
14:45–15:45	Presentation of the National Family Life Program Curriculum (cont.) Review in small groups
15:45–16:00	Evaluation of Day I

## DAY 2

TIME	ACTIVITY
8:30–9:00	Where are we?—Reading of Day 1 Report
9:00–10:45	Presentation on School Club Formation
<b>10:45–11:15</b>	<b>Coffee Break</b>
11:15–12:15	Presentation on Child Safeguarding
12:15–13:00	Distribution of VYA Toolkit and Teacher Resource—Individual Review
<b>13:00–14:00</b>	<b>Lunch</b>
14:00–15:45	Introduction to VYA Toolkit Materials—Puberty Books, Storybooks, Activity Cards and Game
15:45–16:00	Evaluation of Day 2

## DAY 3

TIME	ACTIVITY
8:30–9:00	Where are we?—Reading of Day 2 Report
9:00–11:00	Review of the Teacher Resource—Links between the Growing Up GREAT! VYA Toolkit and the National Family Life Program <ul style="list-style-type: none"><li>• Introduction to the Teacher Resource</li><li>• Exploration and work in small groups</li></ul>
<b>11:00–11:30</b>	<b>Coffee Break</b>
11:30–12:30	Review of the Teacher Resource—Report out in plenary
12:30–13:30	Introduction to Facilitating Family Life Education Lessons <ul style="list-style-type: none"><li>• Presentation on Facilitating Educational Dialogues</li><li>• Facilitating a Family Life Education lesson</li></ul>
<b>13:30–14:30</b>	<b>Lunch</b>
14:30–15:45	Introduction to Facilitating Family Life Education Lessons <ul style="list-style-type: none"><li>• Selection of topics and preparation for simulated lessons using the Teacher Resource and VYA Toolkit</li></ul>
15:45–16:00	Evaluation of Day 3

## DAY 4

TIME	ACTIVITY
8:30–9:00	Where are we?—Reading of Day 3 Report
9:00–11:00	Preparation for simulated lessons using the Teacher Resource and VYA Toolkit (cont)
<b>11:00–11:30</b>	<b>Coffee Break</b>
11:30–13:00	Session 1: Simulated lessons and peer evaluation
<b>13:00–14:00</b>	<b>Lunch</b>
14:00–15:30	Session 2: Simulated lessons and peer evaluation
15:30–16:00	Debrief of Simulations and Evaluation of Day 4

## DAY 5

TIME	ACTIVITY
8:30–9:00	Where are we?—Reading of Day 3 Report
9:00–10:30	Session 3: Simulated lessons and peer evaluation
<b>10:30–11:00</b>	<b>Coffee Break</b>
11:00–12:30	Session 4: Simulated lessons and peer evaluation
12:30–13:00	Debrief of Simulations
<b>13:00–14:00</b>	<b>Lunch</b>
14:00–15:30	Session 5: Simulated lessons and peer evaluation
15:30–16:00	Evaluation of Day 5, Closing and Certificates

# TOOL I.3: PRESENTATION ON SCHOOL CLUB FORMATION

---

## Creation and Functioning of School Clubs



## Presentation Overview

1. Definition and objective of school clubs
2. Creation and organisation of school clubs
3. Functioning of school clubs
4. Relationship between school clubs and other school actors
5. Tools to support school clubs

## Definition

A school club is an **organization of students** of a primary or secondary school whose goal is to offer a **framework and opportunities for exchange** on subjects likely to strengthen their general social interactions and to increase their level of knowledge, thus **contributing to the improvement of academic performance** and better preparation for everyday life.

## Objectives

- To inform and engage students
- To encourage active participation of students in all school activities
- To discuss topics related to their diverse areas of study

## Creation of School Clubs (1)

1. **Sensitization of government actors** at appropriate level (national, regional, etc.), schools (Principals and other administrators, teachers), parents of students and key community members.
2. **Selection of school club members:**
  - Aim for 25-30 members per club.
  - Ensure equity in club membership by selecting roughly equal numbers of boys and girls, and a range of ages (10-14 years).
  - Each school can have as many clubs as enrollment allows. Clubs may be comprised of students from one grade level only, or of students from multiple grade levels.
  - Each club should have a unique name to identify itself.

## Creation of School Clubs (2)

3. **Review rights and responsibilities of club members:**
  - The right and responsibility to take part in all club meetings on a regular basis;
  - The right and responsibility to elect or to be elected as a club leader, if she meets the conditions;
  - The right and responsibility to listen and to be listened to during exchange forums;
  - The right to benefit from all the advantages which arise from participation in the club;
  - The responsibility to respect the club's rules;
  - The responsibility to preserve the good image and reputation of the club;
  - The responsibility to behave as a responsible citizen.
4. **Obtain parental consent for child participation.**  
This must be received in writing with parent or guardian's signature.



## Creation of School Clubs (3)

### 3. Formally establish clubs

#### Support from School Administration

School administrators should be present at the first meeting during which club members elect Club Committee members, identify a chaperone (teacher focal point) and establish rules of the club.

#### Support from Technical and Financial Partners

Based on their relationships with other partners, schools may desire to request basic supplies or equipment from the Ministry of Education or other partners to support club activities.

## Club Committees (1)

### Definition

The Club Committee is a group of six school club leaders, elected by their peers (other group members) who are collectively responsible for informing group members of the time and location of weekly sessions, ensuring inclusive participation during club sessions and completing monitoring forms. Committee members are oriented to the YTA Toolkit and lead the majority of club sessions.

## Club Committees (2)

### Club Committee roles include:

- **President and Vice-President:** Coordinate club meetings and activities and serve as liaisons between club members and school administration.
- **Secretary:** Drafts any written reports of club meetings or requests for support from school administration.
- **Treasurer:** Prepares budget for any support requests made to school administration or other partners.
- **Thematic Officer:** Identifies and invites any support persons needed for activities or discussions on certain topics.

## Club Committees (3)

### Process for establishing Club Committees

The Club Committee selection process should include the following steps:

1. Describe the roles and responsibilities of Club Committee members, as well as the time commitment. Share any criteria your organization has developed and ask group members if there are any criteria that should be added.
2. Ask group members to nominate between 4 and 6 group members who meet those criteria to serve on the Club Committee.
3. Remind each nominee of the roles and responsibilities of the position before giving them a chance to accept or decline the nomination.

## Key Support People

### Principal or Teacher Focal Point

Assists club members during meetings and supports them with ad hoc requests as necessary. This person is identified by members of the club during their first meeting based on his/her knowledge, general demeanor and positive relationship with students, and his/her willingness to support club activities. S/he confirms willingness to serve in this role by signing a consent form.

### Support People

Support club activities and discussions related to topics in which s/he has expertise. This person may be a teacher, partner staff or other member of the community.

## School Administration

### The role of the most senior school administrator is:

- To ensure the existence, operation and reporting of school clubs
- To ensure that everyone involved in the school has a good understanding of the school club purpose and approach
- To ensure that school clubs are set up according to the criteria described in this presentation
- To ensure that school clubs have established rules and an action plan for meetings and other activities

## School Club Action Plan

1. The action plan is drawn up by members of the Club Committee and accompanied by a budget and a calendar of meetings to be submitted to the school administrator.
2. It is important that Club Committees plan activities that match their time and skills and reflect what is realistic given available funds. Teacher focal points may support Club Committees in completing their action plans to ensure these standards are met.
3. The action plan must be validated by the most senior school administrator and the club members must take into account any revisions suggested by this administrator.

## School Club Action Plan

### School Club Action Plan template

Activity	Responsible Person	Start Date	End Date	Status

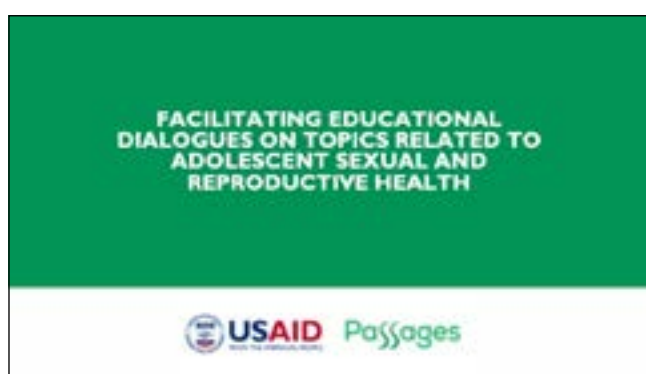
## School Club Budget

School Club Budget template

Item	Quantity	Unit Cost	Total Cost	Notes
Activity 1				
Activity 2				
Activity 3				



# TOOL I.4: PRESENTATION ON FACILITATING EDUCATIONAL DIALOGUES



## Educational Dialogues

**What is an educational dialogue?**

- An open, informal conversation, prompted by a brief lesson or activity, with a group of adolescents on a particular topic. For Growing Up GREAT, these topics are related to adolescent sexual and reproductive health (SRH).

**How can educational dialogues be helpful?**

- They provide accurate information about puberty and SRH to help adolescents understand their bodies and make safe, healthy choices for their health and wellbeing.
- They encourage adolescents to reflect on typical attitudes, behaviors and norms related to SRH, and to question whether they are fair and desirable.

**Who facilitates educational dialogues?**

- Teachers, school club leaders (peers), NGO staff, community health workers

## Equipment and Materials

**Furniture:** Chairs/benches, table (as needed)

**Supplies:** Easel, flipchart paper, notebooks and pens, etc.

**Educational Materials:** YYA Toolkit, Teacher Resources, other SRH reference materials

**Other Documents:** Handout – Tips for Facilitating Group Sessions, Club Member Registry, monitoring forms

## Preparation

**Prepare in advance for the educational dialogue.**

**Before the session:**

- Decide which theme to address and select a specific topic

**Day of the session:**

- Prepare the space. Ensure that it is clean and that there is space for participants. Arrange chairs in a circle to encourage participation.
- Make sure relevant materials from the YIA Toolkit are available.
- Arrive on time and ready to have fun!

## Facilitation of the Session

**General Tips**

- Welcome adolescents in a friendly manner and invite them to sit down.
- Introduce yourself and other team members if necessary.
- Ask participants to introduce themselves.
- Create an environment of trust.
- Introduce the topic of the session.
- Leave plenty of time for questions and discussion after your brief presentation

## If the session addresses puberty...

- Present the different changes that occur during adolescence, including physical, psychological (cognitive and emotional), and social changes.
- Describe the different parts of the male and female reproductive systems and how they work.
- Advise the group of adolescents on body hygiene, including menstrual hygiene management for girls.

## If the session addresses SRH...

- Demonstrate the breadth and diversity of the theme: Use the YYA Toolkit materials to illustrate different aspects of SRH.
- If addressing pregnancy or sexually transmitted infections (STIs), explain the contributing factors, the causes and transmission routes (as applicable) of the condition.
- Discuss the means of prevention and / or treatment of the condition.

## Discussion and Closing

### Discussion

- Encourage adolescents to ask questions and encourage group discussion. Allow for silence to give adolescents time to express themselves.
- Dispel rumors and myths raised by adolescents.
- Ask questions to assess the level of understanding; strengthen participants' knowledge as needed.

### Closing

- Summarize the key messages of the session.
- Thank adolescents for their time and participation.
- Ensure that adolescents are aware of the closest service delivery point(s).
- Confirm the date of the next session.

Thank you!



 **USAID** Passages

# TOOL I.5: AGENDA FOR TRAINING OF SCHOOL CLUB COMMITTEES

## DAY I

TIME	ACTIVITY
8:30–9:00	Arrival of Participants and Welcome
9:00–9:30	Opening Activities <ul style="list-style-type: none"> <li>• Activity 1 : Introductions</li> <li>• Activity 2 : Participant expectations</li> <li>• Activity 3 : Objectives of the training</li> <li>• Activity 4 : Norms and procedures</li> <li>• Activity 5 : Assignment of key roles—Timekeeper, Herder, Rapporteurs</li> </ul>
9:30–10:00	Presentation on Growing Up GREAT! Approach and Tools (Part III only)
10:00–10:30	Presentation on Child Safeguarding
<b>10:30–10:45</b>	<b>Coffee Break</b>
10:45–11:15	Icebreaker Activity: Drawing Maps of our Bodies
11:15–11:45	School Club Functioning—key points from Presentation on School Club Formation
11:45–12:15	Presentation on Facilitating Educational Dialogues
12:15–13:30	Orientation to Puberty Books <ul style="list-style-type: none"> <li>• Overview</li> <li>• Read Charline’s Story (Girls Puberty Book) and Trésor’s Story (Boys Puberty Book)</li> <li>• Simulation of VYA-led activity</li> </ul>
<b>13:30–14:15</b>	<b>Lunch Break</b>
14:15–14:30	Orientation to Activity Cards
14:30–15:00	Activity Card: Staying Safe

TIME	ACTIVITY
15:00–15:45	Orientation to Girls Storybook <ul style="list-style-type: none"> <li>• Overview</li> <li>• Read Stories 1 &amp; 2</li> </ul>
15:45–16:15	Activity Card: When I Grow Up Interviews
16:15–16:30	Closing: Recap of Day 1

## DAY 2

TIME	ACTIVITY
9:00–9:15	Summary of Day 1
9:15–10:30	Orientation to the Game <ul style="list-style-type: none"> <li>• Overview of Game Instructions</li> <li>• Game play</li> </ul>
<b>10:30–10:45</b>	<b>Coffee Break</b>
10:45–11:30	Orientation to Boys Storybook <ul style="list-style-type: none"> <li>• Overview</li> <li>• Read Stories 1 &amp; 3</li> </ul>
11:30–12:00	Orientation to Health System Linkages Materials—Health Provider Lesson Guide and Health Center Visit Guide
12:00–12:30	Activity Card: Male & Female Roles
12:30–13:00	Gender Roles (Puberty Books. P. 17)
<b>13:00–14:00</b>	<b>Lunch Break</b>
14:00–14:30	Activity Card: Empathy Towards Those Who are Different
14:30–15:00	Presentation of the school club session monitoring tool
15:00–15:45	Action Planning: Each Club Committee develops a plan with session dates and activities
15:45–16:15	Activity Card: Conflict Resolution
16:15–16:30	Evaluation and Closing



# TOOL 1.6: HANDOUT—TIPS FOR FACILITATING A GROUP SESSION

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## PREPARATION

Before holding a session, it is advisable to read all the materials to become familiar with the content and the topics they contain and to think about some of the questions that young people may ask. Growing Up GREAT! includes many fun and interactive educational activities for girls and boys. However, discussion, summaries of key points and calls to action are equally important for VYA learning.

## MANAGEMENT OF GROUP SESSIONS

The time required for each session may vary depending on the size of the group and the number of activities you plan to undertake. It is generally preferable to have no more than 25 participants in a group session to make the most of the participatory and interactive nature of the activities.

Given the wide range of developmental differences in girls and boys aged 10 to 14, facilitators may also find that the youngest and oldest in this age group have different knowledge bases and experiences related to puberty and SRH. Growing Up GREAT! activities can easily be adapted to meet the needs of these different groups. Another benefit of working across this age range is that older and more experienced adolescents can share their knowledge and experience to deepen discussion with younger peers.

Facilitators who lead Growing Up GREAT! Clubs should have sufficient knowledge and skills to:

- Read and write at a level that ensures the correct use of the VYA Toolkit.
- Communicate and share basic puberty and SRH information in an easily understandable, respectful, non-judgmental manner that maintains confidentiality.
- Conduct participatory educational sessions and interactive learning activities with adolescents, their parents or caregivers and community members.
- Engage all participants in the content of the intervention with a philosophical approach that promotes body awareness, reproductive rights, gender equity and mutual respect.
- Refer participants to health services or other additional services, if necessary.

## OPENING

Each session should begin with an icebreaker, a fun activity to build a sense of community and connectivity, and to encourage everyone's active participation. Afterwards, participants should have an opportunity to ask questions or discuss content or concerns from the previous session.

## ACTIVITIES

There are a variety of stories and learning activities in the VYA Toolkit that allow participants to master content, discuss attitudes and beliefs, or practice healthy behaviors in a dynamic and participatory manner. Each story and activity include a list of corresponding questions that aim to reinforce the main points and to help achieve the learning objectives of the socio-educational activities. Breaks should be scheduled between activities as needed.

## CLOSING

At the end of each session, close by summarizing the lessons learned and identifying the commitments, call to action, or next steps, as appropriate.

## PARTICIPATION OF BOYS AND GIRLS

These activities are designed to maximize the participation of girls and boys in mixed-sex groups. However, adolescents may sometimes prefer to work in groups of the same sex as it provides them an opportunity to discuss and ask questions more freely. Depending on the sensitive nature of the subject, traditional practices, and the level of individual comfort, same-sex groups may foster a sense of freedom and security to talk about specific issues and concerns.

## OTHER RESOURCES

Girls and boys often have questions or concerns that they may not want to share with their parents. Many other individuals can act as youth counselors: health providers, teachers, religious leaders, community leaders, principals and adult relatives. Throughout the program, emphasize that participants should feel comfortable contacting you or other trusted adults to discuss further if they have questions or would like support accessing services. Make sure you are familiar with and share information about local referral services in your area that address issues or concerns participants may raise during sessions.



## Tips for Good Facilitation!

- Let participants talk and guide discussion!
- Make eye contact and smile!
- Speak loudly and clearly.
- Be patient. When you ask a discussion question, give participants a few minutes to reflect and ample time to respond.
- Encourage participation. Ask many participants to respond to questions and share their opinions instead of just one or two who volunteer. Be sure to ask both boys and girls to reply.
- Use simple language. If there are words that participants do not understand, try to reformulate the instructions or question in a simpler way.
- Keep conversation focused on the activity and corresponding questions.
- Show respect and appreciation for participants. There are no right or wrong answers to discussion questions. They are intended to spark discussion, so encourage participants to share their thoughts and don't judge their responses. Above all, keep information learned during discussions confidential.
- Do not take sides during discussion. Simply encourage participants to discuss their points of view.
- Be joyful and have fun!

# COMPONENT 2: CAREGIVER TESTIMONIAL VIDEOS

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## WHY

VYAs are just beginning to form their identities and understand their place within the family and community. Though they are becoming more independent and peer-focused, they still rely upon caregivers for guidance and approval. Thus, it is critical to give caregivers a venue to discuss attitudes, behaviors and norms related to ASRH, and to challenge them to diffuse new norms to others in their community. These video sessions address challenging and sometimes taboo topics and model a new way for caregivers to support VYAs on their journey through adolescence. The discussions that follow allow caregivers to identify harmful norms and behaviors and to articulate and test alternate positive practices. They also create a network for caregivers to support one another in overcoming the difficulties that arise in the practice of certain behaviors.

## WHO

Testimonial video sessions target parents and other caregivers of VYAs participating in weekly club sessions. Caregivers may include grandparents, aunts and uncles, or other extended family members who live with and/or regularly care for VYAs. We made a concerted effort to engage equal numbers of men and women, but we consistently had fewer male caregivers due to long work hours outside of the house and commutes, competing demands on time and prevalent gender roles that assign childcare as women's work. Caregiver video sessions are facilitated by trained program staff.

## WHEN

Caregiver testimonial videos begin immediately after the Staff Training and take place monthly until all six videos have been screened. It is important that the first video session precedes activities with VYAs to ensure that caregivers are aware of (and approve) the content that their children will be exposed to during the VYA club sessions. This will help to minimize social pushback related to sensitive topics, like sexuality and adolescent pregnancy. (Note: Caregiver testimonial videos should be developed during the materials adaptation process that takes place in the preparatory phase so they are ready for use in Month 3.) See the **Growing Up GREAT! Adaptation Guide** (Annex A) for more information.

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>2 Caregiver Testimonial Videos</b>												
Identification of caregivers			✓	✓								
Video sessions				✓	✓	✓	✓	✓	✓			

## WHAT

These sessions feature a series of six video testimonies from parents and other caregivers in the community who have adopted one or more of the positive behaviors Growing Up GREAT! aims to increase. These behaviors have the potential to foster the creation of more peaceful, equitable and prosperous homes, and the well-being of adolescents. The videos are screened and discussed in small groups of about 25 caregivers. Discussions are guided by trained facilitators who lead interactive and reflective conversations about the video content and the norms that underpin the featured behavior. Each session is closed with an invitation for participants to continue the discussion with other community members.

**Figure 8: Topics of caregiver testimonial videos**



## HOW

### STEP 1: ORIENTATION OF VIDEO SESSION FACILITATORS

It is advisable to use already-trained staff from your own or a partner organization to facilitate caregiver testimonial videos. In DRC, partner staff supporting VYA school clubs and community-based clubs facilitated video sessions. This allowed us to provide them with a short supplementary orientation on the videos and audiovisual equipment instead of a full training. If you choose to work with a different implementing partner or new facilitators, you will need to

provide them with a more in-depth training on the Growing Up GREAT! approach and goals, similar to the Staff Training.

A supplemental orientation can be completed in as little as a day and a half. An **Agenda for Orientation of Caregiver Testimonial Video Facilitators** is included at the end of this chapter as [Tool. 2.I](#).

## STEP 2: IDENTIFICATION OF PARENTS AND CAREGIVERS

Once VYA school and community clubs have been formed, caregivers of selected VYAs are invited to participate in video sessions.

Caregivers of in-school VYAs were informed of Growing Up GREAT! through the weekly school announcements flyer and contacted to participate through invitations issued by the PTAs. Thanks to this partnership with the PTA, some schools were even able to organize additional sessions for caregivers whose children were not members of VYA school clubs. The PTAs, in collaboration with school leadership, also identified appropriate and available locations for video sessions.

Caregivers of out-of-school VYAs were identified by partner staff as they recruited participants for community-based VYA clubs. Staff issued invitations to them directly through house calls. They also identified venues throughout communities for video screenings, most of which took place in school or church facilities at little or no cost.

All caregivers who are contacted should be encouraged to invite their spouse or partner, and to attend sessions together. It is important to ensure gender balance of groups since men and women play different roles in upholding certain norms.



### Video and Sound Equipment

Caregiver video testimonial sessions require the use of basic video and sound equipment. In DRC, we used lightweight, portable mini-projectors and speakers (purchased in the United States), both of which charged using solar power. Caregiver testimonial videos were stored on basic USB keys and loaded automatically when inserted into the mini-projector. Simple white sheets purchased at local markets functioned as screens. This package of equipment provided many advantages—it was small and easy to transport from one site to another, intuitive and easy for facilitators to operate, and free to recharge without the need for electricity. However, it also had some disadvantages, including poor sound quality from the speakers and a lack of local expertise and parts for troubleshooting in case of technical difficulties.

We encourage you to consider a range of options for equipment as you plan for video sessions. Locally available equipment is often more expensive, but it may be easier to repair with a local technician's help. Quality may also vary widely in local versus international markets. Ease of use is important too, especially if you are collaborating with facilitators accustomed to working with hard copy materials rather than technology. Finally, it is important to ensure equipment is small and portable enough to be stored in a secure location when not in use.



## STEP 3: IMPLEMENTATION OF CAREGIVER TESTIMONIAL VIDEO SESSIONS

Video sessions are carefully structured to promote the comfort and openness of participants, and to encourage diffusion of messages and change to other community members outside the group. Each session follows the same format:

**Review:** Reminds participants of the topic explored in the last session and provides an opportunity for them to share how they realized the commitments they made.

**Opening question:** Establishes a relaxed environment for the discussion by posing an open question related to the session topic.

**Video screening:** Introduces the session topic through screening of the testimonial video.

**Discussion:** Facilitates personal and collective reflection and exchange among participants on the advantages and disadvantages of the behaviors and underlying norms shown in the video.

**Engagement:** Challenges participants to rephrase and share messages from the video and key discussion points with other members of the community. This serves two purposes—it helps to create a community-wide conversation and, hopefully, consensus while also elevating session participants as champions for VYAs.

**Closing:** Reinforces key messages, expresses gratitude to participants for their time and provides information about the time, date and topic of the next video session.

The ***Discussion Guide for Video Testimonials*** ([Tool 2.2](#)) includes detailed step-by-step instructions for organizing, preparing and running video sessions.

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# TOOL 2.1: AGENDA FOR ORIENTATION OF CAREGIVER TESTIMONIAL VIDEO FACILITATORS

## DAY I

TIME	ACTIVITY
8:30–9:00	Arrival of participants and Welcome
9:00–9:30	Opening Activities <ul style="list-style-type: none"> <li>• Activity 1 : Introductions</li> <li>• Activity 2 : Participant expectations</li> <li>• Activity 3 : Objectives of the training</li> <li>• Activity 4 : Norms and procedures</li> <li>• Activity 5 : Assignment of key roles—Timekeeper, Herder, Rapporteurs</li> </ul>
9:30–10:00	Presentation on Growing Up GREAT! Approach and Tools <ul style="list-style-type: none"> <li>• Part I: Introduction</li> <li>• Part II: Why Very Young Adolescents (VYAs)?</li> </ul>
10:00–10:30	Exercise: The Unique Needs of VYAs
10:30–10:45	Presentation on Growing Up GREAT! Approach and Tools <ul style="list-style-type: none"> <li>• Part III: Summary of Approach and Materials</li> </ul>
<b>10:45–11:00</b>	<b>Coffee Break</b>
11:00–12:00	Presentation on Child Safeguarding
12:00–13:00	Orientation on the Discussion Guide for Testimonial Videos
<b>13:00–14:00</b>	<b>Lunch Break</b>
14:00–14:30	Introduction to Video 1: Equal division of household tasks between boys and girls
14:30–15:00	Introduction to Video 2: Discussing puberty, sexuality and other topics related to sexual and reproductive health with VYAs
15:00–16:15	Practice Session: Simulation of Video 1 & 2 viewing and discussion
16:15–16:30	Closing: Recap of Day I

## DAY 2

TIME	ACTIVITY
9:00–9:15	Summary of Day 1
9:15–9:45	Introduction to Video 3: Keeping girls in school until age 18 and delaying marriage
9:45–10:15	Introduction to Video 4: Encouraging girls to choose education and training opportunities that support their career of choice
<b>10:15–10:30</b>	<b>Coffee Break</b>
10:30–12:00	Practice Session: Simulation of Video 3 & 4 viewing and discussion
12:00–12:30	Introduction to Video 5: Promoting gender equitable and non-violent resolution of conflicts
12:30–13:00	Introduction to Video 6: Supporting open communication to allow families to choose their ideal family size and birth spacing
<b>13:00–14:00</b>	<b>Lunch Break</b>
14:00–15:00	Practice Session: Simulation of Video 5 & 6 viewing and discussion
15:00–15:30	Evaluation and Closing

# TOOL 2.2 DISCUSSION GUIDE FOR VIDEO TESTIMONIALS

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## BACKGROUND

The Growing Up GREAT! intervention package includes a series of video testimonials from parents (and other members of the family) in Kinshasa who have adopted one or several of the behaviors below. These positive behaviors promote the creation of peaceful, equitable and prosperous households and the wellbeing of adolescents. These videos are screened and discussed by groups of parents/caregivers and other adult members of the community.

Equal division of household tasks/ chores and time for homework between boys and girls.

Discussing puberty, sexuality and other topics related to sexual and reproductive health with children.

Keeping girls in school until age 18 and delaying marriage until their education is completed.

Encouraging girls to choose the educational and training opportunities that support their career of choice.

Promoting gender equitable and non-violent resolution of conflicts within the family.

Supporting open communication to allow families to choose their ideal family size and birth spacing.

## OBJECTIVES

1. Help parents/caregivers become aware of harmful norms through the testimony of other parents;
2. Prompt parents to draw inspiration from the testimonies of video actors to test positive practices;
3. Create a support network for participants to support each other in overcoming the difficulties that arise in practicing certain behaviors.

# PREPARATION

## A FEW DAYS BEFORE THE SESSION

- Choose which video to screen during the session.
- Read this Discussion Guide and prepare for the facilitated discussion in advance.
- Visit the site of the session in advance and note any adjustments needed to ensure smooth implementation. Note the lighting for visibility of videos, places to sit, availability of bathrooms, and general security.
- Watch the video several times to familiarize yourself with content before a session. Anticipate potential reactions and questions of parents/caregivers and community members.
- Ensure that all video equipment is functioning properly and that the mini-projector and speaker batteries are fully charged. Ensure that the speaker volume is loud enough to reach viewers.
- Prepare any other materials like curtains or sheets of fabric needed to reduce the light in the room and improve clarity of the video.
- Ensure that videos are saved on a CD-ROM or USB key in the proper format.
- Ensure that participants receive invitations at least 48 hours in advance and that the number of attendees is manageable (ideally, no more than 30).

## DAY OF THE SESSION

- Arrive at least **30 minutes** before the beginning of the sessions.
- Assemble all the equipment.
- Install the projector screen or white sheet so that all participants can see the video.
- Test all equipment and ensure that you remember how to use the mini-projector to screen videos.
- Organize the meeting space in a way that will facilitate conversation, even if you expect a large group. In general, groups of less than 30 people will allow for the best quality of reflection and exchange.
- Minimize light to the extent possible to ensure that videos can be seen clearly. Test the video and move around the room to ensure that it can be viewed from all areas of the space.

# PROCESS

Each session follows the same format:

## 1. REMINDER

This reminder provides is a chance to recall the topic explored during the last session and gives participants the opportunity share how they enacted the commitments they made.

## 2. OPENING QUESTION

The purpose of this brief activity is to establish a comfortable environment for discussion. If you get participants engaged during the first five minutes of the session, they are more likely to be comfortable sharing their feelings and experiences later on. To open the session, ask the question noted in the Discussion Guide before screening each video.

## 3. VIDEO SCREENING

The facilitator introduces the video with the statement included in the Discussion Guide.

## 4. FACILITATED DISCUSSION

Discussion encourages personal and collective critical reflection and challenges participants to examine the advantages and disadvantages of the behaviors featured in the video.

## 5. COMMITMENT

This step asks participants to commit to a concrete action. It serves several purposes. Participants receive recognition in their community when they share information. They also rephrase key behavioral messages that will help them remember them. They will help you build community consensus on how to treat boys and girls equally.

## 6. CLOSING

The closing is an opportunity to reinforce key message, thank the group for their participation and provide information on the next session.



# FACILITATOR ROLE

The facilitator’s role is to engage participants in positive exchanges, identify specific actions that participants can undertake in support of positive norms, and close discussion on a positive note that encourages participants to come back to the next session.

Certain questions asked during the video screening and discussion may contradict community norms about what is expected of boys and girls, as well as what is expected of parents and adult men and women. Each participant will bring their own experience to the discussion and they may have different opinions. In this case, it is important for the facilitator to ensure that:

- All participants respect the opinions and comments of others;
- All participants feel comfortable speaking openly; and
- All participants feel their comments are valued and appreciated.

Creating this dynamic in the group will produce an honest dialogue, help participants reflect on their behavior (past and/or present) and feel motivated by the possibility of trying out new behaviors shown in the videos.

Facilitator should also ensure that all equipment (video projector kit) is working before participants arrive, that the speakers work and produce good sound quality in the space and that the video is visible from all areas of the space. The session begins as soon as the first person enters the room or space, and the facilitator’s job is to greet participants warmly. Avoid setting up materials while participants are arriving so that they do not feel unwelcome or uncomfortable.

## SUGGESTIONS FOR FACILITATOR

DO	DO NOT
<ul style="list-style-type: none"><li>• Engage participants in interactive conversation <b>that is participatory and stimulating rather than lectures. Try to be authentic, but also fun.</b></li><li>• Follow the Discussion Guide <b>so that participants leave sessions happy and perhaps even surprised to see how easy it is to be good parents/caregivers.</b></li><li>• Propose actions instead of dictating <b>or instructing parents/caregivers how they should act. For example:</b><ul style="list-style-type: none"><li>• <i>Have you considered...</i></li><li>• <i>Would you be willing to try...</i></li><li>• <i>You know what is best for your circumstances. How would you like to see that happen?</i></li><li>• <i>How do you think you could...?</i></li></ul></li></ul>	<ul style="list-style-type: none"><li>• Explain what participants have not done well. <b>Instead, emphasize positive behaviors and recognize when parents have made changes to their behavior or have the intention to do so. Congratulate them for these efforts!</b></li><li>• Tell parents what they should do. <b>Avoid saying:</b><ul style="list-style-type: none"><li>• <i>You must...</i></li><li>• <i>You should...</i></li><li>• <i>Do this...</i></li><li>• <i>It is important to...</i></li><li>• <i>Why not just...</i></li></ul></li></ul>

# VIDEO 1

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## EQUAL DIVISION OF HOUSEHOLD TASKS/ CHORES AND TIME FOR HOMEWORK BETWEEN BOYS AND GIRLS

### STEP 1: WELCOME

Welcome participants and thank them for taking the time to join the session. Explain that you will spend the next hour with them watching and then discussing a short video with real parents from their communities who are talking about different issues related to the health, wellbeing and equitable treatment of their children, both girls and boys.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about when you were 12 years old. How did you like to spend your time?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who are talking about how they divide household chores between girls and boys.*

### STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*
- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different or your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*


Then ask the following thematic questions specific to the video:

- Why was the equal division of household chores between girls and boys so important for these families?
- When girls do household chores while boys play or study, what impressions might they have about their role within the family and the community?
- How do you think these impressions might influence girls' hopes and dreams for their future?


## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.


First, explain to participants:

 *Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to treat their girls and boys equitably.*


Then ask:

 *Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:

 *We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:

- 
- *What could you do differently following our exchanges to enact these ideas?*
  - *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all decide to try together in our homes that will bring hope for our girls and boys and show them that we treat them fairly?*
  - *Suppose a friend or relative asked you about the benefits for you and your children of equally dividing household chores. What would you say?*
  - *When we leave here, who will you talk with about what you have learned?*
  - *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to the division of household chores and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

## STEP 6: CLOSING

Ask participants the following questions to close the session:

What is one thing we discussed that you will not forget?



*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

**Note the date of the next session.** Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*

# VIDEO 2

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## DISCUSSING PUBERTY, SEXUALITY AND OTHER TOPICS RELATED TO SEXUAL AND REPRODUCTIVE HEALTH WITH CHILDREN

### STEP 1: REMINDER

Ask participants to recall the topic and key points of the last session. Ask:



*Who can remind us the topic of our last video and key points from the discussion we had?*

Give participants time to reflect and respond. Then say:



*At the end of our last session, we talked about actions and behaviors to try at home and you all made a commitment related to these actions.*

Then ask the following questions:



- *What commitment did you make?*
- *How did you put them into practice? What was easy or worked well for you?*
- *What was hard for you?*
- *How do you think you can overcome the difficulties and continue practicing the behavior?*

Ask 3–4 participants to share their experience implementing the actions they committed to at the last session. Then, open the floor to other participants to share impressions, advice and encouragement with their peers.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about when you were 12 years old. What were your hopes and dreams for the future?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who have talked with their daughters and sons about puberty and sexuality.*

## STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*
- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different for your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*

Then ask the following thematic questions specific to the video:

- *Why was the equal division of household chores between girls and boys so important for these families?*
- *When girls do household chores while boys play or study, what impressions might they have about their role within the family and the community?*
- *How do you think these impressions might influence girls' hopes and dreams for their future?*

## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.

First, explain to participants:



*Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to discuss puberty and sexuality with their children, both girls and boys.*

Then ask:



*Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:



*We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:



- *What could you do differently following our exchanges to enact these ideas?*
- *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all decide to try together in our homes that will bring hope for our girls and boys and show them that we treat them fairly by giving them critical information about their health and wellbeing?*
- *Suppose a friend or relative asked you about the benefits for you and your children of talking about puberty and sexuality. What would you say?*
- *When we leave here, who will you talk with about what you have learned?*
- *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to discussing puberty and sexuality and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

## **STEP 6: CLOSING**

Ask participants the following questions to close the session:



*What is one thing we discussed that you will not forget?*

*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

*Note the date of the next session. Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.*

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*



# VIDEO 3

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## KEEPING GIRLS IN SCHOOL UNTIL AGE 18 AND DELAYING MARRIAGE UNTIL THEIR EDUCATION IS COMPLETED

### STEP 1: REMINDER

Ask participants to recall the topic and key points of the last session. Ask:



*Who can remind us the topic of our last video and key points from the discussion we had?*

Give participants time to reflect and respond. Then say:



*At the end of our last session, we talked about actions and behaviors to try at home and you all made a commitment related to these actions.*

Then ask the following questions:



- *What commitment did you make?*
- *How did you put them into practice? What was easy or worked well for you?*
- *What was hard for you?*
- *How do you think you can overcome the difficulties and continue practicing the behavior?*

Ask 3–4 participants to share their experience implementing the actions they committed to at the last session. Then, open the floor to other participants to share impressions, advice and encouragement with their peers.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about when you were 12 years old. What was the role of education and expectations of marriage in your hopes and dreams?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who are talking about how they decided to send their girls to school until age 18.*

## STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*
- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different for your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*

Then ask the following thematic questions specific to the video:

- *What can we learn from parents who keep their girls in school until the age of majority?*
- *What can we do to ensure our girls stay in school?*

## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.

First, explain to participants:



*Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to treat their girls and boys equitably.*

Then ask:



*Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:



*We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:



- *What could you do differently following our exchanges to enact these ideas?*
- *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all decide to try*

*together in our homes that will bring hope for our girls and boys and show them that we treat them fairly?*

- *Suppose a friend or relative asked you about the benefits for you and your children of keeping girls in school until age 18. What would you say?*
- *When we leave here, who will you talk with about what you have learned?*
- *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to keeping girls in school until age 18 and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

## **STEP 6: CLOSING**

Ask participants the following questions to close the session:



*What is one thing we discussed that you will not forget?*

*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

**Note the date of the next session.** Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*

# VIDEO 4

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## ENCOURAGING GIRLS TO CHOOSE THE EDUCATIONAL AND TRAINING OPPORTUNITIES THAT SUPPORT THEIR CAREER OF CHOICE

### STEP 1: REMINDER

Ask participants to recall the topic and key points of the last session. Ask:



*Who can remind us the topic of our last video and key points from the discussion we had?*

Give participants time to reflect and respond. Then say:



*At the end of our last session, we talked about actions and behaviors to try at home and you all made a commitment related to these actions.*

Then ask the following questions:



- *What commitment did you make?*
- *How did you put them into practice? What was easy or worked well for you?*
- *What was hard for you?*
- *How do you think you can overcome the difficulties and continue practicing the behavior?*

Ask 3–4 participants to share their experience implementing the actions they committed to at the last session. Then, open the floor to other participants to share impressions, advice and encouragement with their peers.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about when you were 12 years old. What was the trade that you wanted to learn or the educational track you wanted to follow?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who are talking about how they decided to encourage their girls as well as boys choose the path to their future.*

## STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*
- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different for your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*

Then ask the following thematic questions specific to the video:

- *How can we encourage both girls and boys to choose their own path to the future?*
- *How can you show your children that they have the ability to choose their own future?*

## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.

First, explain to participants:



*Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to treat their girls and boys equitably.*

Then ask:



*Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:



*We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:



- *What could you do differently following our exchanges to enact these ideas?*
- *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all*

*decide to try together in our homes that will bring hope for our girls and boys and show them that we treat them fairly?*

- *Suppose a friend or relative asked you about the benefits for you and your children of encouraging girls to choose their own trade or educational training. What would you say?*
- *When we leave here, who will you talk with about what you have learned?*
- *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to girls choosing their own trade or educational training at school and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

## **STEP 6: CLOSING**

Ask participants the following questions to close the session:



*What is one thing we discussed that you will not forget?*

*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

**Note the date of the next session.** Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*

# VIDEO 5

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## PROMOTING GENDER EQUITABLE AND NON-VIOLENT RESOLUTION OF CONFLICT WITHIN THE FAMILY

### STEP 1: REMINDER

Ask participants to recall the topic and key points of the last session. Ask:



*Who can remind us the topic of our last video and key points from the discussion we had?*

Give participants time to reflect and respond. Then say:



*At the end of our last session, we talked about actions and behaviors to try at home and you all made a commitment related to these actions.*

Then ask the following questions:



- *What commitment did you make?*
- *How did you put them into practice? What was easy or worked well for you?*
- *What was hard for you?*
- *How do you think you can overcome the difficulties and continue practicing the behavior?*

Ask 3–4 participants to share their experience implementing the actions they committed to at the last session. Then, open the floor to other participants to share impressions, advice and encouragement with their peers.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about a time when you were young and you felt like someone treated you with respect and love. Could you share an experience that you remember?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who are talking about how they have avoided using violence to resolve conflict in their household.*



## STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*
- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different for your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*

Then ask the following thematic questions specific to the video:

- How did these families solve conflicts without using violence?
- What were the advantages for them of not using violence?
- What message do children, both girls and boys, receive when their families use other means of conflict resolution besides violence?

## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.

First, explain to participants:



*Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to treat their girls and boys equitably.*

Then ask:



*Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:



*We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:



- *What could you do differently following our exchanges to enact these ideas?*
- *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all decide to try together in our homes that will bring hope for our girls and boys and show them that we treat them fairly?*
- *Suppose a friend or relative asked you about the benefits for you and your children of equitable and non-violent interactions with children, both girls and boys. What would you say?*
- *When we leave here, who will you talk with about what you have learned?*
- *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to equitable and non-violent treatment of children and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

## STEP 6: CLOSING

Ask participants the following questions to close the session:



*What is one thing we discussed that you will not forget?*

*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

**Note the date of the next session.** Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*

# VIDEO 6

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## SUPPORTING OPEN COMMUNICATION TO ALLOW FAMILIES TO CHOOSE THEIR IDEAL FAMILY SIZE AND BIRTH SPACING

### STEP 1: REMINDER

Ask participants to recall the topic and key points of the last session. Ask:



*Who can remind us the topic of our last video and key points from the discussion we had?*

Give participants time to reflect and respond. Then say:



*At the end of our last session, we talked about actions and behaviors to try at home and you all made a commitment related to these actions.*

Then ask the following questions:



- *What commitment did you make?*
- *How did you put them into practice? What was easy or worked well for you?*
- *What was hard for you?*
- *How do you think you can overcome the difficulties and continue practicing the behavior?*

Ask 3–4 participants to share their experience implementing the actions they committed to at the last session. Then, open the floor to other participants to share impressions, advice and encouragement with their peers.

### STEP 2: ASK THE OPENING QUESTION

Ask the following question to put participants at ease before showing the video:



*Think about a time when you were young. What did you think about the size of your family?*

### STEP 3: SHOW THE VIDEO

Introduce the video with the opening statement below and then show the video:



*Today, we are going to watch a video with parents who are talking about how they decided to plan and space the births of their children.*

### STEP 4: FACILITATE THE DISCUSSION

After playing the video, ask the following questions to stimulate group discussion:

- *What did you like about the video?*

- *What surprised you about the video?*
- *Did you learn anything new?*
- *Did you agree with certain ideas shared by the parents and community members in these videos?*
- *Would you like to be more like the parents in this video? How could you imitate them? What will you try first?*
- *How would life be different for your children if you did that? How would it be different for your family?*
- *Why can certain families do these things, but it is harder for others? What can be the challenges?*


Then ask the following thematic questions specific to the video:

- *What advantages are there for families in planning births?*
- *What message do we pass on to our children when we plan births?*


## STEP 5: ENCOURAGE PARTICIPANTS TO MAKE A COMMITMENT

Invite participants to act! They can commit to discussing information and themes from the video with others, changing their usual behaviors or taking other relevant actions.


First, explain to participants:

 *Now that we have watched and discussed the video, we are going to talk about behaviors that we could adopt as parents and caregivers. The people in the video talked about the things they do to support the wellbeing of their children and their families.*


Then ask:

 *Which of their practices do you think you could adopt?*

Give participants time to reflect and respond. Then explain:

 *We also discussed our reactions to the videos and had an interesting and enriching exchange.*

Then ask:



- *What could you do differently following our exchanges to enact these ideas?*
- *Although we all have things that we want to try in our homes after watching this video and participating in the discussion, is there one little thing that we can all decide to try together in our homes that will bring hope for our girls and boys and show them that we treat them fairly by planning for their wellbeing and that of our families?*

- *Suppose a friend or relative asked you about the benefits for you and your children of planning and spacing births. What would you say?*
- *When we leave here, who will you talk with about what you have learned?*
- *What key information/messages will you share with these people?*

Give participants time to reflect and respond. Do not tell them what their commitment should be; this should come from participants and be discussed by the group without being forced by the facilitator.

Finally, encourage participants to practice proposed actions related to planning births and to note the challenges and successes they experience. They will be asked to share these with other group members at the next video session.

Also encourage participants who have additional questions on contraceptive methods or those who would like a counseling session to visit a health center that offers family planning services. Share the name and address of the nearest health center.

## **STEP 6: CLOSING**

Ask participants the following questions to close the session:



*What is one thing we discussed that you will not forget?*

*How would this make a difference in the life of our community if we were able to truly change the lives of our children by starting with small actions today?*

Then explain:



*I hope that you will come to the next session, where we will discuss other actions and changes that can bring joy to our lives and our families' lives.*

**Note the date of the next session.** Ask for three volunteers who you can call to remind them of the next session to help bring the parents together.

Then explain:



*I hope that you have enjoyed this session and that you will come to our next video session! I appreciated hearing all of your thoughts and ideas. I know that together we will make our community an even better place for children.*

*Even a journey of a thousand kilometers begins with a single step. You have taken the first step by committing to practice certain actions that will help to improve the wellbeing of our children, both girls and boys. I encourage you to begin practicing these actions as soon as you go home. We will have a chance to discuss your experiences at the next session.*

# COMPONENT 3: COMMUNITY REFLECTION GROUPS

## WHY

Just as VYAs rely upon their caregivers for guidance, they also look to other adults in the community for indications of what is expected and acceptable. As such, community attitudes, behaviors and norms influence health outcomes for VYAs, especially those related to stigmatized issues like sexuality and firmly entrenched gender or social norms. Thus, it is critical to engage community members—especially respected and influential leaders—in conversation about existing norms and their effects on young people.

## WHO

Community reflection groups are open to all members of the community, but particularly aim to engage important gatekeepers identified during the social norms exploration whose attitudes, beliefs and behaviors may influence community norms inordinately. These may include grandparents or other extended family members, traditional and religious leaders, elders and other public figures who play a prominent role in community matters. Community reflection group sessions can be facilitated by trained program staff, partners or other existing community cadres.

## WHEN

Community reflection groups begin in Month 6 once all other core activities are underway.

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>3 Community Reflection Groups</b>												
Community sessions						✓	✓	✓	✓	✓	✓	✓

## WHAT

Community reflection groups bring together approximately 25–30 community members each month to participate in an interactive community game exploring social and gender norms related to VYAs’ health, or to view screenings of the caregiver testimonial videos. Each group session lasts approximately one hour and includes a facilitated reflective discussion about the information and norms that arose during the activity. Community is a loosely defined term, so implementation of this component may differ by organization. We defined community physically and endeavored to engage people living in selected schools’ catchment areas to achieve a higher saturation of norms-shifting activities in the same geographic area.

## HOW

### STEP 1: SELECTION AND ORIENTATION OF COMMUNITY REFLECTION GROUP FACILITATORS

Community reflection group sessions are less structured than other intervention components so they can be facilitated by a variety of individuals. In DRC, we engaged existing networks of neighborhood child protection committees (RECOPE) to facilitate these sessions. RECOPE members were ideal for this role because they knew and were respected by their communities, were well organized and had typically received at least basic training in child protection and locally available public services. However, because of the additional training required to operate video equipment, trained partner staff supported RECOPE during community-based screenings of the caregiver testimonial videos. In other contexts, you might choose to engage community health workers, church groups or other community cadres well-known and respected by community members to lead these sessions.

Orientation of facilitators should provide a brief introduction to Growing Up GREAT! objectives and themes, a thorough review of the community game rules of play and question cards, viewing and discussion of all six caregiver testimonial videos, and time for practice facilitation. This training can be completed in approximately two days. An **Agenda for Orientation of Community Reflection Group Facilitators** is included at the end of this chapter as [Tool 3.1](#).

### STEP 2: PLANNING AND COMMUNICATION ABOUT COMMUNITY REFLECTION GROUP SESSIONS

1. Identify a public space where community reflection group sessions can take place. These may be the same spaces where community-based VYA clubs meet, or you may find there is an advantage to holding these sessions in more public and open spaces.
2. Invite key influencers to attend. Given the norms-shifting objective of Growing Up GREAT! it is especially important to include traditional and religious leaders, civic leaders, and other elders, both as a visual indication to other community members that these topics are important, and to engage leaders as champions for positive change.
3. Get the word out about community reflection group sessions. Inform community members of the date and time well in advance. Remind them as the date approaches and confirm attendance. Providing drinks and snacks or other (non-monetary) incentives can also ensure good turnout.

### STEP 3: IMPLEMENTATION OF COMMUNITY REFLECTION GROUP SESSIONS

It is assumed that there will be new and different participants at each community activity, so staff should begin each session with a brief introduction to your organization, the Growing Up GREAT! approach and its objectives, and the activity (game or video screening). If you plan to monitor



community activities, this is also a good time to ask which attendees are participating for the first time and to note any key attendees.

The activity itself should fill a little more than half the session time to ensure there is ample time remaining for discussion. Use the **Discussion Guide for Video Testimonials** in the previous chapter or the **Community Game Instructions** ([Tool 3.2](#)) in this section to guide the activity.

## ADDRESSING SOCIAL PUSHBACK

As with many ASRH programs, there may be initial resistance to public discussion of certain topics, including menstruation, sexuality, contraception and others. Often, communities fear that talking about sex will encourage adolescents to engage in it or that contraception will increase promiscuity. Though there is no evidence to support such links, these may be genuine concerns and should be addressed. You may find the following strategies useful.

- **Sensitize communities.** Prevent misunderstandings and rumors from circulating by informing communities ahead of time about the content of your intervention. Give them an opportunity to ask questions and voice their opinions.
- **Partner with influential leaders.** Community members are more likely to accept program activities endorsed by religious or traditional leaders, or other influential individuals. Health workers are also highly respected in many contexts and may be able to discuss sensitive health topics more easily.
- **Ensure caregiver approval.** Supportive parents can be one of the best sources of positive publicity. Likewise, dissatisfied parent can seriously derail program activities. It is critical to ensure that parents understand and approve in writing of their child's participation.
- **Share evidence and learning.** There is a wealth of research and evidence linking comprehensive sexuality education to reduced risk behaviors and increased health and wellbeing. Share this evidence as relevant, and your own program learning as well.

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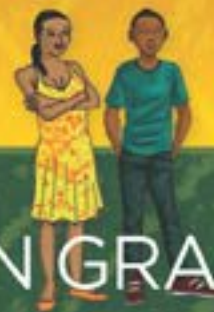
# TOOL 3.1: AGENDA FOR ORIENTATION OF COMMUNITY REFLECTION GROUP FACILITATORS

## DAY I

TIME	ACTIVITY
8:30–9:00	Arrival of Participants and Welcome
9:00–9:30	Opening Activities <ul style="list-style-type: none"> <li>• Activity 1 : Introductions</li> <li>• Activity 2 : Participant expectations</li> <li>• Activity 3 : Objectives of the training</li> <li>• Activity 4 : Norms and procedures</li> <li>• Activity 5 : Assignment of key roles—Timekeeper, Herder, Rapporteurs</li> </ul>
9:30–10:00	Presentation on Growing Up GREAT! Approach and Tools <ul style="list-style-type: none"> <li>• Part I: Introduction</li> <li>• Part II: Why Very Young Adolescents (VYAs)?</li> </ul>
10:00–10:30	Exercise: The Unique Needs of VYAs
10:30–10:45	Presentation on Growing Up GREAT! Approach and Tools Part III: Summary of Approach and Materials
<b>10:45–11:00</b>	<b>Coffee Break</b>
11:00–12:00	Presentation on Child Safeguarding
12:00–13:00	Orientation on the Discussion Guide for Testimonial Videos
<b>13:00–14:00</b>	<b>Lunch Break</b>
14:00–14:30	Introduction to Video 1: Equal division of household tasks between boys and girls
14:30–15:00	Introduction to Video 2: Discussing puberty, sexuality and other topics related to sexual and reproductive health with VYAs
15:00–16:15	Practice Session: Simulation of Video 1 & 2 viewing and discussion
16:15–16:30	Closing: Recap of Day I

## DAY 2

TIME	ACTIVITY
9:00–9:15	Summary of Day 1
9:15–9:45	Introduction to Video 3: Keeping girls in school until age 18 and delaying marriage
9:45–10:15	Introduction to Video 4: Encouraging girls to choose education and training opportunities that support their career of choice
<b>10:15–10:30</b>	<b>Coffee Break</b>
10:30–12:00	Practice Session: Simulation of Video 3 & 4 viewing and discussion
12:00–12:30	Introduction to Video 5: Promoting gender equitable and non-violent resolution of conflicts
12:30–13:00	Introduction to Video 6: Supporting open communication to allow families to choose their ideal family size and birth spacing
<b>13:00–14:00</b>	<b>Lunch Break</b>
14:00–15:00	Practice Session: Simulation of Video 5 & 6 viewing and discussion
15:00–16:15	Orientation to the Game <ul style="list-style-type: none"><li>• Overview of Game Instructions</li><li>• Game play</li></ul>
16:15–16:30	Evaluation and Closing



# JEU DE SIX – VERSION BIEN GRANDIR !



## Matériels :

- Plateau de jeu
- Dé du jeu de six
- Pillons (jeton, bouchon de boisson, etc.)

## COMMENT JOUER:



- 1 Choisissez une personne qui va faciliter le jeu et lire les questions sur les cartes. Choisissez 4 témoins (un pour chaque équipe) qui jouera également le rôle de vérifier les réponses. Les délégués des groupes peuvent également participer au jeu en donnant des réponses au nom de leurs groupes.
- 2 Formez quatre équipes d'au moins cinq personnes pour chaque groupe. Puis, donner un numéro entre 1 et 4 à chaque équipe. Les groupes peuvent être constitués des garçons ou des filles seulement ou à la fois des filles et des garçons. Accordez la chance aux participants de décider sur la constitution des groupes. Chaque équipe doit trouver soit un jeton soit un bouchon de boisson et le mettre dans le cercle correspondant à leur numéro d'équipe.
- 3 Pour commencer, le facilitateur jette le dé et la première équipe sera celle qui porte le numero correspondant à la face du dé exposé à l'issue du jet. (Le facilitateur jette jusqu'à ce qu'il tombe sur une des faces 1, 2, 3 ou 4.) Les équipes se suivront dans le sens contraire de l'aiguille d'une montre.

Après cette étape, toutes les équipes auront la chance (tour après tour) de jeter le dé. Chaque équipe devra, avec le jeton/bouchon, compter le chiffre obtenu à partir du carreau de couleur blanche correspondant à son entrée (en suivant la direction des flèches sur le plateau).

**NB.** Le chiffre « six » donne la chance à l'équipe de jeter de nouveau.

- 4 Aussitôt que toutes les équipes ont eu la chance de jeter le dé et qu'elles sont toutes sur le plateau, le(a) facilitateur(rice) lit une question de couleur correspondant au carreau sur lequel se trouve le jeton/bouchon de la première équipe et donne la chance à cette première équipe de répondre. Si cette dernière réussit, elle va avancer le bouchon dans la case suivante selon la direction des flèches sur le plateau. Si l'équipe échoue, la chance sera accordée à l'équipe suivante. (Le tour de rôle se fera dans le sens contraire de l'aiguille de la montre.)

**NB.** Les couleurs des carreaux correspondent aux couleurs des thématiques sauf sur le plateau de jeu des adultes où il n'y a pas de cartes *Tout le monde joue*. Toutes les équipes doivent passer les carreaux correspondant aux couleurs «*tout le monde joue*».

## Autres :

- Les cartes (*Tout le monde joue* et/ou *Étant grand*) là où toutes équipes sont appelées à jouer ensemble sont bénéfiques pour toutes les équipes.
- Le jeton/bouchon d'une équipe retrouvé par celui d'une autre équipe sera arrêté et sa libération nécessitera la réussite à une question.





- SANTÉ
- ÉTANT GRAND(E)
- ÉGALITÉ
- PROTECTION
- TOUT LE MONDE JOUE



## COMMENT GAGNER :

L'équipe gagnante est celle qui arrive la première à l'objectif final ou celle qui sera prête de cet objectif au moment où les cartes prévues pour cette session seront épuisées. Les participants de cette équipe seront les champions Bien Grandir !

A la fin du jeu, le facilitateur doit encourager toutes les équipes d'avoir joué en insistant sur le fait que ce jeu est plus éducatif que compétitif.

Le cri KOKOMA! sera exécuté pour féliciter toutes les équipes.



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ





### **Vrai ou Faux ?**

Le partage de vos valeurs et vos attentes avec les jeunes ne les aide pas à prendre des décisions saines. Pourquoi ?

### **Réponse de Bien Grandir**

Faux. Les jeunes forment leurs propres valeurs basées sur celles de leurs parents et d'autres aînés. Quand ils connaissent vos valeurs et vos attentes, ils prennent des décisions plus saines.

### **Question**

Les jeunes de notre communauté ont besoin de vos encouragements pour grandir de manière saine. Que pouvez-vous faire pour aider les jeunes gens à se sentir confiants quand ils passent leurs expériences de changements corporels pendant la puberté ?

### **Réponse de Bien Grandir**

Comme adultes, il y a beaucoup de choses que nous pouvons faire pour mettre les jeunes à l'aise sur les changements corporels tels que les laisser parler à leurs oncles et leurs tantes, les inviter à poser des questions et demander de l'aide, et de partager nos propres expériences de croissance avec eux.

### **Question**

Comment pouvez-vous savoir ce qu'un jeune adolescent pense et ressent des changements du corps pendant la puberté ?

### **Réponse de Bien Grandir**

C'est simple, il suffit de lui demander. Si vous n'êtes pas à l'aise, demandez à son oncle ou sa tante de le faire à votre place.

### **Jeux de rôle**

Une personne joue le rôle de l'oncle maternel. Une autre personne joue le rôle d'un neveu qui est taquiné à cause de sa croissance rapide au cours de sa puberté. L'oncle conseille le garçon et rassure l'enfant qu'il est normal, et que ce n'est pas un signe qu'il est un homme adulte.

### **Question**

Certains aînés (adultes) disent que les garçons doivent apprendre à avoir une relation saine avant de se marier. Êtes-vous d'accord ou pas d'accord ? Pourquoi ?

### **Réponse de Bien Grandir**

Enseigner les garçons sur les relations saines avant le mariage les aide à prendre des décisions réfléchies et éviter certains problèmes avenir. Par exemple, certains anciens disent que les garçons qui sont éduqués pour éviter la drogue et la violence ont des maisons plus paisibles dans l'avenir.

### **Question**

A quel âge les aînés devraient-ils conseiller les jeunes d'avoir des relations saines ? Expliquez votre réponse.

### **Réponse de Bien Grandir**

Apprenez-leur avant qu'ils aient une relation.

### **Question**

Quel âge est indiqué pour une femme d'avoir une grossesse ?

### **Réponse de Bien Grandir**

Au-delà de 20 ans.

### **Question**

Après qu'un couple ait eu un enfant, combien de temps doivent-ils attendre avant de tomber enceinte à nouveau ?

### **Réponse de Bien Grandir**

Il est préférable d'attendre 2 ans avant de tomber à nouveau enceinte.



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ



SANTÉ





**Question**

Qui est / sont responsable(s) de l'espacement des naissances dans la famille ?

**Réponse de Bien Grandir**

Les questions de planification familiale et de l'espacement des naissances nécessitent des échanges entre homme et femme. La décision doit être discutée et adoptée ensemble car tous les deux (mari et femme) doivent s'impliquer dans le respect de cette décision.

**Lisez cette déclaration à haute voix**

*« Il est acceptable pour un mari d'aller avec son épouse dans un centre de santé pour apprendre à espacer les naissances. »*

Tous ceux qui sont d'accord peuvent aller d'un côté du plateau de jeu et ceux qui ne sont pas d'accord, de l'autre côté. Leurs demander d'expliquer leurs choix.

**Réponse de Bien Grandir**

Etant donné que la question d'espacement des naissances concerne le couple (homme et femme), c'est important que les deux apprennent ensemble comment espacer les naissances en vue de garantir le succès de la méthode qu'ils auront choisi et pour promouvoir le climat de paix en famille.

**Question**

Est-ce que toutes les méthodes contraceptives rendent le couple incapable d'avoir les enfants dans l'avenir ?

**Réponse de Bien Grandir**

Non. En dehors des méthodes irréversibles (celles qui rendent le couple incapable d'avoir les enfants dans l'avenir), il y en a celles qui sont réversibles.

**Question**

Une personne vivant avec le VIH peut avoir une vie longue et productive.

**Réponse de Bien Grandir**

Vrai. Bien que le traitement du VIH/SIDA ne soit pas curatif ; les médicaments appelés antirétroviraux ou ARV permettent aux personnes vivant avec le VIH de vivre une vie longue et d'être productives. Les médicaments sont pris tous les jours pour toute la vie.

**Question**

Comment est-ce que le VIH peut être transmis d'une personne à l'autre ?

**Réponse de Bien Grandir**

Les voies de transmission du VIH sont :

- 1) La voie sanguine :** objets tranchants souillés du sang d'une personne infectée, transfusion sanguine d'un sang infecté ;
- 2) La voie sexuelle :** rapports sexuels non protégés avec un(e) partenaire infecté(e) ;
- 3) Transmission de la mère infectée à l'enfant** soit au cours de la grossesse, à l'accouchement, ou en allaitant.

**Question**

Pourquoi pensez-vous que les filles et les femmes sont plus exposées au VIH que les garçons et les hommes ?

**Réponse de Bien Grandir**

Le corps féminin est plus vulnérable à l'infection que le corps masculin. Dans notre communauté, les hommes ont plus de pouvoir que les femmes et ceci fait que c'est difficile pour les filles et les femmes de refuser d'avoir les rapports sexuels même si elles ne veulent pas.

**Question**

Identifier deux méthodes qu'un couple peut utiliser pour limiter ou espacer les naissances.

**Réponse de Bien Grandir**

Les méthodes de planification familiale incluent : la pilule, le préservatif, les injectables, le dispositif intra-utérine (le DIU ou stérilet), l'implant, la stérilisation masculine ou féminine.



PROTECTION



PROTECTION



PROTECTION



PROTECTION



PROTECTION



PROTECTION



PROTECTION



PROTECTION





**Question**

Est-il acceptable pour un homme de continuer à courtiser sa femme pendant toute leur vie de mariage ? Comment cela peut prévenir la violence à la maison ?

**Réponse de Bien Grandir**

Continuer à courtiser par des gestes ou dialogue romantiques renforce l'amour et le respect dans les relations. Ceci aide à avoir une famille forte.

**Question**

Quelle est la première chose qu'un homme doit faire quand il rentre à la maison et il constate qu'une tâche qu'il a demandée n'a pas été faite ?

**Réponse de Bien Grandir**

Demander pourquoi. Cela peut aider à comprendre la situation. Il peut également aider à réaliser la tâche.

**Vrai ou Faux ?**

Les enfants qui vivent dans un foyer où il y a la violence sont susceptibles de recourir à la violence plus tard.

**Réponse de Bien Grandir**

Vrai. Voir ou entendre les parents utiliser la violence pousse les enfants à croire que la violence est la façon appropriée d'agir. La violence ne conduit pas au respect.

**Question**

Quelle est le meilleur des façons de corriger (discipliner) un enfant sans recourir à la violence ?

**Réponse de Bien Grandir**

Proposer des alternatives à l'enfant. Parler et écouter. Promouvoir le comportement désiré par le dialogue.

**Question**

Dans notre communauté, qui peut aider une jeune femme qui est battue par son mari ?

**Réponse de Bien Grandir**

Les aînés, les tantes, l'oncle maternel, les chefs de quartiers, les chefs religieux, la police et autres.

**Lisez cette déclaration à haute voix**

*« Ensemble, nous pouvons protéger les filles de notre communauté des souillures. »*

Puis demander à ceux qui sont d'accord de passer d'un côté du plateau de jeu et ceux qui ne sont pas d'accord d'aller à l'autre côté. Demandez-leur d'expliquer leurs choix.

**Réponse de Bien Grandir**

Lorsque les membres de la communauté travaillent ensemble, de grandes choses peuvent être faites ! Par exemple, désigner certaines dames que les filles peuvent consulter pour avoir des conseils. Ou nous pourrions demander aux filles de se déplacer toujours avec un ami. Ou nous pourrions améliorer la sécurité dans les lieux publics.

**Question**

Quand un mari est violent envers sa femme il y a des conséquences. La femme sera fortement stressée et elle peut perdre le respect du mari. Que ferez-vous si vous apprenez qu'un mari frappe souvent sa femme ?

**Réponse de Bien Grandir**

Cherchez le conseil des aînés, des chefs de quartiers et des chefs religieux.

**Question**

Que pensez-vous de cette déclaration : « La violence à la maison est seulement une affaire de famille et d'autres ne devraient pas s'en mêler » ?

**Réponse de Bien Grandir**

La violence dans une maison peut affecter l'ensemble de la communauté et entraîner des conséquences négatives sur la productivité et le développement de la communauté. Pour avoir une communauté pacifique et prospère, la lutte contre la violence ne doit pas être une affaire de la famille mais plutôt une lutte de toute la communauté.

PROTECTION



PROTECTION



**Jeu de rôle**

Une personne joue le rôle d'un homme qui s'enivre souvent. D'autres personnes jouent au rôle des parents qui l'aident à faire un nouveau plan pour sa vie.

**Question**

Quelles sont deux des gros risques que courent quelqu'un qui a des rapports sexuels en état d'ivresse ?

**Réponse de Bien Grandir**

Les gens regrettent souvent ce qu'ils font en état d'ivresse. Certains gros risques qu'ils courent peuvent inclure : la violence, le sexe forcé, pas l'utilisation du préservatif, les grossesses non désirées et les infections sexuellement transmissibles, y compris le VIH.



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ



ÉGALITÉ





### Question

Habituellement, les hommes prennent des décisions à la maison. Imaginez si les hommes et les femmes prennent des décisions ensemble dans la maison. Quels avantages ceci amènera dans la famille ?

### Réponse de Bien Grandir

Les femmes et les hommes apportent des idées différentes mais importantes aux décisions familiales. Les décisions conjointes sur la santé, sur l'éducation des enfants, et sur l'espace sain des naissances favorisent les sentiments de confiance et de respect mutuel.

### Vrai ou Faux ?

Comme les femmes, les hommes peuvent apprendre à prendre soin des enfants. Expliquez votre réponse.

### Réponse de Bien Grandir

Vrai. Prendre soin des enfants est un comportement acquis. Comme tout ce que l'on acquiert, la pratique et la patience sont importantes.

### Lisez cette déclaration à haute voix

*« Ces jours-ci une maison saine et paisible peut signifier que les hommes et les femmes partagent les tâches et discutent ensemble sur les décisions. »*

Qu'est-ce que vous en pensez ?

### Réponse de Bien Grandir

Les hommes et les femmes qui se parlent, s'écoutent les uns les autres et prennent des décisions de manière consensuelle, se respectent mutuellement et évitent les malentendus. Parfois, le partage des tâches peut également apporter plus de paix et de temps libre pour les hommes et les femmes.

### Jeu de rôle

Une personne joue un mari et une personne joue une épouse. Le mari veut utiliser l'argent supplémentaire pour acheter une radio. La femme veut l'utiliser pour des chaussures pour les enfants. Ils discutent jusqu'à ce qu'ils arrivent à un accord mutuel.

### Question

Les garçons et les filles font les tâches différentes habituellement. Quelles sont certaines de ces différentes tâches ? Est-ce en raison de la capacité naturelle ou ceci est dicté en raison des attentes sociales ?

### Réponse de Bien Grandir

Les garçons jouent au foot habituellement et aménagent la cour. Les filles cuisinent habituellement, nettoyer la maison, et aller chercher du bois et de l'eau. Ces rôles sont dictés par nos sociétés. Cependant, il est bénéfique pour les garçons et les filles de s'entraider les uns les autres.

### Question

Imaginez un frère qui aide sa sœur aux tâches ménagères. Est-ce que ceci peut aider les deux enfants (frère et sœur) à réaliser leurs rêves ? Pourquoi ?

### Réponse de Bien Grandir

Cela peut aider les deux. Le garçon développe un caractère fort et respectueux. Ceci pourra l'aider dans son futur, au travail et dans sa famille. La fille aura du temps pour le revoir ces notes et elle pourra réaliser ses rêves.

### Question

Certaines filles sont mariées tôt, avant de terminer l'école pour besoins de dot. Quels avantages la famille tire quand la fille se marie après avoir terminé les études ?

### Réponse de Bien Grandir

- 1) La fierté d'avoir un enfant instruit ;
- 2) Les petits-enfants / neveux / nièces sains et instruits ;
- 3) La tranquillité d'esprit parce que son foyer sera plus prospère et pacifique ;
- 4) Le soutien qu'elle accordera à sa famille dans l'avenir.

### Lisez cette déclaration à haute voix

*« Une fille instruite qui sait aussi faire le ménage est un apport important pour sa famille quand elle se marie. »*

Puis demander aux participants, ceux qui sont d'accord peuvent aller d'un côté du plateau de jeu et ceux qui sont en désaccord peuvent aller à l'autre côté. Demandez-leur d'expliquer leurs choix.

### Réponse de Bien Grandir

L'éducation des filles profite à toute la famille. Une fille qui termine les études est susceptible de tomber enceinte après le mariage, quand son corps est prêt. Ses enfants vont bien grandir et sa famille sera paisible et prospère. Les femmes instruites se sentent également fiers de prendre soin de leurs maisons et de leurs familles.

ÉGALITÉ



ÉGALITÉ



**Question**

Notre communauté profite quand les filles et les garçons terminent les études. Cela nous aide à avoir une génération d'avenir qui sera instruite et prospère. Que ferez-vous pour plaider afin que les adultes envoient les garçons et les filles à l'école ?

**Réponse de Bien Grandir**

Les adultes et les leaders communautaires peuvent visiter des familles où les enfants ont quitté l'école, convoquer des réunions communautaires avec les parents, ou donner une reconnaissance publique pour les familles dont les enfants terminent les études.

**Question**

Certaines filles s'absentent de l'école pour raison de saignements menstruels. Qu'est-ce que les parents ou les membres de la communauté peuvent faire pour aider toutes les filles à aller à l'école tous les jours ?

**Réponse de Bien Grandir**

Veiller à ce que les écoles aient des toilettes propres, fonctionnelles, et séparées pour les filles, avec une place pour le bain et vestiaires. Ils peuvent encourager les écoles à se procurer du matériel sanitaire, et / ou mobiliser la communauté à contribuer à la promotion de de l'hygiène et l'assainissement dans les écoles.



ÉTANT  
GRAND(E)



ÉTANT  
GRAND(E)



ÉTANT  
GRAND(E)



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### **Vrai ou Faux ?**

Les adultes sont des bons modèles dans la communauté s'ils partagent leurs expériences et peuvent prodiguer des conseils aux jeunes. Justifiez votre réponse.

### **Réponse de Bien Grandir**

Vrai. Les modèles renseignent les jeunes sur les possibilités, sur comment se comporter, et même la façon de surmonter les difficultés. Tout le monde qui passe du temps à partager des bonnes expériences avec les jeunes est un modèle et doit en être félicité.

### **Question**

Quelles traditions culturelles espérez-vous que les jeunes pratiquent pendant toute leur vie ?

### **Réponse de Bien Grandir**

Toute réponse est acceptable, y compris : les danses, les fêtes, etc.

### **Question**

À l'avenir, qu'est-ce que les enfants peuvent garder de vous comme souvenir en tant qu'un aîné de la communauté ?

### **Réponse de Bien Grandir**

Toute réponse est acceptable, y compris : la promotion de la communication pacifique, la protection des femmes et des filles, les conseils donnés aux jeunes.

### **Question**

On devient sage avec l'âge. Quels conseils allez-vous donner aux jeunes aux jeunes mariés qui veulent fonder des familles paisibles, saines et prospères ?

### **Réponse de Bien Grandir**

Toute réponse est acceptable, y compris : le respect mutuel, la franche communication, la non-violence.

### **Question**

Pensez-vous que les garçons qui écoutent et parlent ouvertement avec leurs sœurs peuvent bien grandir et fonder de foyers paisibles ? Expliquez votre réponse.

### **Réponse de Bien Grandir**

Les garçons qui communiquent bien avec leurs sœurs développent les compétences de communication importantes. Cela les aidera à communiquer avec leurs femmes dans l'avenir et avoir une famille paisible.

### **Question**

De quand date la dernière fois que vous avez fait des éloges à vos enfants ? Quand allez-vous le faire à l'avenir ?

### **Réponse de Bien Grandir**

Tous ceux qui ont fait un engagement sont félicités.

### **Question**

Peuvent les adultes influencer les jeunes à grandir en toute sécurité, égalité et en bonne santé ? Comment peuvent-ils le faire ça ?

### **Réponse de Bien Grandir**

Oui. Partager les expériences et les attentes tôt et souvent !

### **Jeu de rôle**

Une personne joue un père d'un garçon de 13 ans. Une autre personne joue le garçon qui demande à son père s'il peut aller chercher l'eau le soir. Il explique que cela permettra de protéger sa sœur de se déplacer la nuit, et lui donner le temps pour les études. Que dit le père ?

### **Réponse de Bien Grandir**

Encourager le père ou les participants à soutenir le garçon pour aider sa sœur.



ÉTANT  
GRAND(E)




**Question**

Pensez-vous que seul quelqu'un qui est toujours parfait peut donner des conseils ? Expliquez votre réponse.

**Réponse de Bien Grandir**

Non. Parfois le conseil le plus éloquent provient d'une personne qui a fait des erreurs et tenté de changer.



# COMPONENT 4: HEALTH SYSTEM LINKAGES

## WHY

The Growing Up GREAT! social norms approach helps VYAs and their key resource people—including parents or caregivers, teachers and other community members—examine and address harmful norms that prevent VYAs from seeking SRH information and services. In particular, it is designed to decrease stigma related to adolescent health service seeking. As such, it is critical to increase VYA comfort with, and trust in, health providers through positive interactions and to ensure that health providers and clinic staff provide welcoming, non-judgmental and confidential services.

## WHO

Health system linkages engage facility-based providers and health center staff who may come in contact with adolescent clients, such as guards, receptionists and on-site technicians or pharmacists.

## WHEN

Health system linkage activities begin about halfway through the intervention period, when all other group sessions are underway and VYA clubs have been meeting for several months.

COMPONENT	1	2	3	4	5	6	7	8	9	10	11	12
<b>4 Health System Linkages</b>												
Health provider orientation						✓						
Provider lesson for school clubs							✓	✓				
Provider lesson for community-based clubs							✓	✓				
Clinic visit for school clubs									✓	✓		
Clinic visit for community-based clubs									✓	✓		

## WHAT

The health system linkage component includes two discrete activities, both of which aim to address apprehension associated with seeking health services by creating informal opportunities for interfacing with health providers and asking questions.

1. Health provider lesson: A special VYA club session, led by a health provider, that deconstructs misconceptions and stigma related to adolescent health and introduces the key concepts of adolescent-friendly health services (AFHS).
2. Health center visit: An organized group visit by VYA clubs to a nearby health center that familiarizes them with the building and available services, and reinforces that care should be safe, welcoming and confidential.

## ADOLESCENT FRIENDLY HEALTH SERVICES

The health provider orientation should be accompanied by a full AFHS training where sufficient resources and training materials are available. In contexts where this is not the case, organizations should consider extending the health provider orientation by one or several days to include a values clarification activity and presentation of the basic principles of AFHS. There are many existing resources to support the development of such sessions, so we do not provide detailed guidance in this guide. However, we strongly recommend using Pathfinder's health provider training guide *Developing an Adolescent Competent Health Workforce: Training service providers in adolescent sexual and reproductive health (3<sup>rd</sup> Edition)* as it is a recently published resource.

## HOW

### STEP 1: SELECTION OF HEALTH FACILITIES

Given the importance of increased adolescent access to and use of services to the intervention outcomes, our primary consideration in the selection of health facilities was proximity to intervention schools and communities. This had the added benefit of shortening travel distances for providers leaving their facilities to lead intervention activities with VYA clubs. We also took seriously our mandate for child protection by ensuring that all selected facilities met minimum standards for cleanliness and provision of services. Finally, we decided to select public health facilities to ensure adolescents would have access to a full range of SRH services. Many private facilities in DRC are faith-based and, as a result, place explicit restrictions on use of SRH services by unmarried adolescents or prohibit provision of contraceptive services altogether. In other contexts, however, it may be appropriate to collaborate with the private sector due to increased quality or confidentiality of services, or adolescent preference. For more consideration in selecting health facilities, see *Figure 9* below.

**Figure 9: Illustrative criteria for selection of health facilities**

1. Close to intervention schools and communities
2. Integrated into the public health system
3. Well-established—well known and frequented by the community; financially stable
4. Accessible
5. Operational and staffed 24 hours a day and 7 days a week
6. Provide safe, welcoming and confidential services

## **STEP 2: IDENTIFICATION AND ORIENTATION OF FACILITY-BASED HEALTH PROVIDERS**

You should work with the MOH and with health center management to determine the most appropriate health providers to engage. In DRC, we trained each health center's chief doctor and head nurse. This strategy honored a request from the National Adolescent Health Program (PNASA), whose strategic plan identifies the training of these two key personnel as a critical step to scaling up AFHS in country. As such, our orientation, along with the full AFHS training that accompanied it, advanced not only the intervention but also the PNASA's strategic objectives. If resources allow, it is ideal to train non-clinical health center personnel such as receptionists or guards as well so that adolescents' first interactions upon arrival are friendly and non-judgmental.

Once you have selected providers in consultation with relevant bodies of the MOH, introduce them to the Growing Up GREAT! social norms approach and the tools they will use with health linkage activities during a brief 1-day orientation. A suggested **Agenda for Health Provider Orientation** is attached as [Tool 4.1](#). This orientation should also include a session on the developmental stages of adolescence to help providers recall the special health needs of VYAs and the corresponding information and services they can provide.

## **STEP 3: ESTABLISH A SCHEDULE FOR PROVIDER-FACILITATED ACTIVITIES**

Once providers are trained, staff will need to work with health center management to establish a schedule for health provider-led lessons and health center visits. In the busy public health clinics we worked with in Kinshasa, providers were often overburdened with heavy workloads and very little time for non-essential consultations. This made it difficult for them to leave the clinic to lead VYA club sessions or to welcome clubs for health center visits. It is important to discuss time constraints and accommodations with management upfront so that you can develop a feasible plan that respects health providers' time and duties. We also found it helpful to discuss these challenges with health zone leadership teams, district-level offices of the MOH which directly supervise public health facilities within a given catchment area. These teams, who were

exceptionally supportive of intervention activities, helped both to impress upon health center management the importance of carrying out the intervention activities and to propose innovative solutions to free up provider time. Some of these ideas included:

### **HEALTH PROVIDER LESSONS**

- Engage health providers to lead provider lessons during off-duty hours to avoid conflicts or cancellations due to urgent medical situations that arise while they are on duty.
- Consider paying providers for provider lessons, which require additional time and transportation.

### **HEALTH CENTER VISITS**

- Develop a fixed schedule for clinic visits and inform all clinic staff in advance. This will prepare them to welcome VYA clubs warmly and also allow providers to integrate the visit into their daily plan.
- Ask clinics to set special hours each week for VYA club visits and assign one additional provider to be on duty at that time. This will ensure there is someone to welcome VYA clubs while also maintaining a fully staffed clinic to address any emergency health needs that arise.
- Ensure there is a clean, safe and welcoming space for VYA clubs to gather when they arrive. This does not have to be a separate space or a youth-friendly space, but it should be quiet and private to encourage VYAs to ask any questions they may have.
- Encourage health centers to share any adolescent-specific materials they have with VYAs.



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# TOOL 4.1: AGENDA FOR HEALTH PROVIDER ORIENTATION

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## WORD OF WELCOME:

Thank you for joining us to promote the health of our very young adolescents. Your contribution is so important in creating a culture of openness that will enable adolescents to be more comfortable with health services. Even if they do not use the services now, they may use them in the future. Your intervention at this time guarantees the use of services in the coming months and years.

The objectives of this brief orientation are to help you become familiar with Growing Up GREAT! and to ensure you feel confident in your role influencing adolescent sexual and reproductive health. It is our hope that at the end of this orientation, you will feel prepared to help each adolescent you encounter:

1. Understand why it is important to visit a health provider, especially during the transition of puberty
2. Feel assured of receiving confidential and non-judgmental health services from facility-based health providers
3. Know where to find high quality, accessible, age-appropriate, adolescent-friendly health services as needed to ensure continued good health

## AGENDA

TIME	ACTIVITY
9:00–9:15	Welcome and Introductions
9:15–10:15	Values Clarification and Reflection: Activity Cards ( <a href="#">Tool 4.2</a> )
10:15–10:45	Presentation of Growing Up GREAT!: <ul style="list-style-type: none"><li>• Overall approach and components</li><li>• Health linkage activities</li></ul>
<b>10:45–11:00</b>	<b>Break</b>
11:00–12:00	Role of health providers in Growing Up GREAT! <ul style="list-style-type: none"><li>• Health provider-led lessons</li><li>• Health center visits</li></ul>
12:00–12:30	Comments, Questions & Conclusions

# TOOL 4.2: ADOLESCENT STAGES OF DEVELOPMENT & HEALTH SERVICE CARDS

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## EXERCISE: THE UNIQUE NEEDS OF VYAS

### Instructions

**Facilitator:** Print the following 12 slides featuring adolescent stages of development and health services prior to the training and cut into four pieces so that each card has one milestone on it. Using flipchart paper, create a timeline from early childhood (~3 years) through early adulthood (18 years) on the wall or floor.

**Participants:** Working individually or in groups, take a few milestone cards and place them where you think they belong on the timeline based on when they most typically occur.

### Discussion

Ask the following questions and allow a few minutes for discussion of each one:

1. Was it difficult or easy to decide where to place milestones?
2. Do you agree with where others have placed milestones?
3. Any other reflections?

## STAGES OF DEVELOPMENT

Start to ask questions about sex	Know what it means to be a man or a woman
May play games of a sexual nature	Imitate typical masculine or feminine roles and behaviors

Learn stereotypically masculine and feminine roles	Experiment with sexual pleasure by touching their genital organs
Ask questions about how pregnancy occurs or where babies come from	Sex education builds concrete knowledge and skills

Like to dress according to popular gender norms	Sexual identity emerges
Clitoris and vulva enlarge	Penis and scrotum enlarge

Breasts develop	Search for information about sex
Ovulation begins	First menstruation (menarche)

Capable of becoming pregnant	Fantasize about sex
Begin to masturbate	May touch their partner in a sexual way

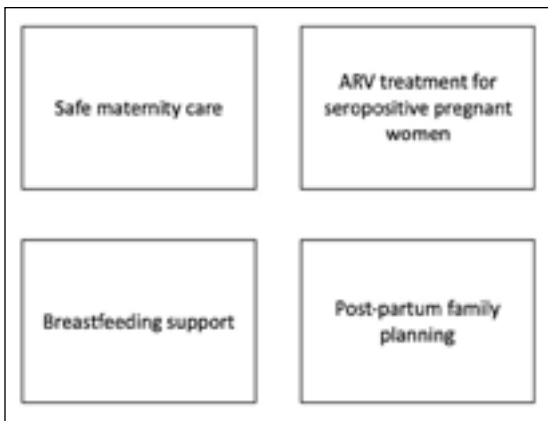
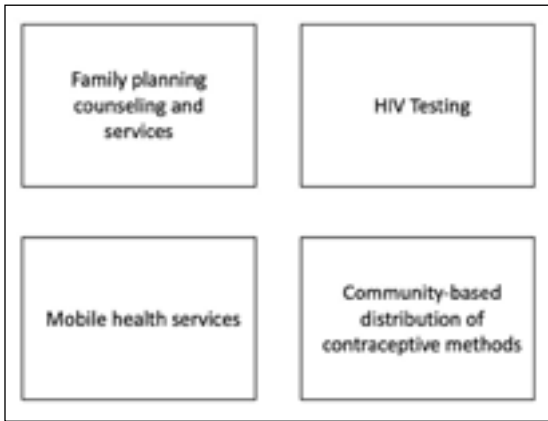
Begin to produce sperm and semen	Can cause their partner to become pregnant
Nocturnal emissions begin	Peer pressure becomes very important

Capable of experiencing sexual pleasure	First kiss
First sexual experience	May experiment with sexual acts with others of the same sex

May physically abuse a partner	May sexually abuse a partner
Marry	Become parents

**HEALTH SERVICES**

Sexuality education	HIV prevention education
Education on safer sex practices	Reduction of harmful traditional practices





# LEÇON DES PRESTATAIRES DANS LES CLUBS DES TRÈS JEUNES ADOLESCENTS

Pour les espaces conviviaux des très jeunes adolescents et prestataires des soins

## Introduction

### Présentez-vous :

Bonjour, mon nom est \_\_\_\_\_. Je suis [prestataire des soins] dans la structure sanitaire \_\_\_\_\_ dans la commune de \_\_\_\_\_.

### Expliquer l'objectif de cette session :

Cette leçon va vous aider à réfléchir sur comment on peut bien grandir et avoir une bonne santé. Et à la fin de la leçon, vous aurez l'occasion de poser toutes les questions que vous aimerez poser à un prestataire de santé et comprendre où vous pouvez obtenir des informations et les services de santé.



## Déroulement de la leçon

- 1 Expliquer la première activité :** Je veux que cette leçon soit amusante, pour cela je vous invite à jouer avec moi un jeu.
- 2 Donner les instructions du jeu :** Demandez au groupe de former un cercle et lisez ceci à haute voix : *Aujourd'hui nous allons parler de votre santé et comment vous pouvez bien grandir en ayant une bonne santé !*
- 3 Sélectionnez deux endroits séparés.** Appelez le premier endroit « VRAI » et le deuxième endroit « FAUX ». « JE NE SAIS PAS » sera un point entre les deux premiers endroits.
- 4 Lisez ces instructions à haute voix :** *Je vais lire une déclaration. Si vous pensez que la déclaration est correcte, courez vers le lieu « VRAI ». Si vous pensez qu'elle est incorrecte, courez vers le lieu « FAUX ». Si vous ne savez pas, restez au milieu. C'est seulement après les échanges, que je lirai la bonne réponse.*
- 5 Lisez la première déclaration de l'encadré ci-dessous.** Donnez au groupe le temps de courir vers un lieu. Une fois qu'ils ont tous couru, demandez à chaque groupe de dire pourquoi ils ont choisi tel ou tel autre endroit et enfin, lisez la réponse en dessous de la déclaration.



## 6 Répétez le processus pour le reste des déclarations.

**Déclaration :** Les jeunes adolescents connaissent des changements du corps à des moments et à des degrés différents.

**Réponse :** VRAI. Il est normal pour certains garçons et filles de voir leurs corps connaître des changements lorsqu'ils sont jeunes et d'autres de connaître ces changements quand ils sont plus âgés.

**Déclaration :** Un vrai homme parle de ses problèmes de santé avec des personnes de confiance et il ne se gêne pas d'aller voir un prestataire de santé.

**Réponse :** VRAI. Il est important de partager vos préoccupations avec les aînés de confiance et les prestataires de santé enfin d'apprendre davantage sur les questions de santé afin que vous puissiez en discuter avec vos amis et vos camarades.

**Déclaration :** Les filles comme les garçons doivent être en bonne santé.

**Réponse :** VRAI. Les garçons comme les filles doivent être en bonne santé. Voilà pourquoi il est important d'apprendre davantage sur votre corps et comment rester en bonne santé pour bien grandir!

**Déclaration :** Vous êtes les premiers responsables de vos corps.

**Réponse :** VRAI. Personne ne devrait vous mettre dans une situation malsaine ou dangereuse. Mais il est également de votre responsabilité d'apprendre davantage sur votre corps, votre santé, ou obtenir des informations et de soins de santé.

**Déclaration :** Les prestataires de santé gardent vos informations confidentielles et en toute sécurité, vous pouvez donc leur parler de tout sur votre vie et votre santé et être confiant.

**Réponse :** VRAI. Nous essayons de notre mieux pour écouter vos préoccupations et vos questions, et nous ne sommes pas autorisés à dire à quelqu'un ce que vous nous dites. Ceci est ce que nous appelons les services de santé conviviaux, confidentiels et adaptés aux adolescents et aux jeunes.



## 7 Discussion. Demandez au groupe de former un cercle et posez les questions suivantes.

- Qu'avez-vous appris de nouveau avec ce jeu ?
- Quelles sont les nouvelles choses que vous avez apprises aujourd'hui et que vous allez partager avec d'autres garçons et d'autres filles de votre quartier/école ?
- Quels genres de questions avez-vous à propos de votre corps et à propos des relations sexuelles ?
- Y-a-t-il des agents de santé et d'autres adultes à qui vous pouvez poser ces questions ?

## 8 Demandez aux très jeunes adolescents de penser à la dernière fois qu'ils ont visité un centre de santé. Peut-être c'était pour obtenir un traitement à une maladie, ou ils peuvent avoir été quand ils étaient un petit enfant. Lisez ceci à haute voix : *Bien que les jeunes adolescents n'ont pas besoin d'utiliser régulièrement des services de santé, la connaissance sur les services de santé et les capacités nécessaires à poser des questions peuvent les aider à se préparer pour l'avenir.*



**9** **Lisez cette explication à haute voix :** *Les services de santé sont là pour tout le monde. Quand une personne se rend dans un centre de santé, elle est appelée un client. Les clients doivent être traités d'une certaine manière, que ça soit les jeunes filles et les jeunes garçons, les femmes et les hommes. Par exemple, les clients s'attendent à obtenir de l'information claire et correcte, à être en mesure de poser des questions et d'être traités avec respect et sans jugement.*

**10** **Demandez s'ils ont des questions sur la puberté où comment bien grandir :** *Avant de partir, je veux vous donner un peu de temps pour me poser quelques questions sur la puberté ou comment bien grandir! Je ferai de mon mieux pour répondre à vos questions. Si je ne peux pas répondre à vos questions, je vais vous dire, mais vous pouvez venir me rendre visite au centre de santé et nous pouvons trouver ensemble la réponse.*

Prévoir 10 minutes pour les questions. S'ils sont gênés de demander à haute voix, ils peuvent tous écrire leurs questions sur papiers et les remettre au prestataire, ceci peut paraître plus confidentiel.

**11** **Clôture.** *Lisez ceci à haute voix : Les agents de santé et d'autres adultes ont des informations sur des changements que votre corps subit, la contraception et le VIH/IST. Il est important de poser ces questions maintenant pour que vous soyez préparés à ces changements au fur et à mesure que vous les subissez.*

Puis, présentez les services de santé qui sont présents dans votre structure sanitaire ainsi que leurs caractéristiques :

- *des prestataires de santé formés et qui ne jugent pas*
- *la confidentialité et le respect*
- *des services à faibles coûts ou gratuits*
- *des heures d'ouverture convenables pour les adolescents*
- *un emplacement facilement accessible*

**12** **Engagement.** *Lisez ceci à haute voix : Je vais parcourir le cercle que vous formez et demander à chacun de vous de prendre l'engagement de parler à un agent de santé ou à un autre adulte qu'il connaît chez qui il peut se rendre pour poser des questions en rapport avec la santé sexuelle et les relations amoureuses. Lorsque je me présente devant vous, vous allez dire ceci :*

*« Moi, \_\_\_\_\_, je prends l'engagement de parler à \_\_\_\_\_ pour les questions en rapport avec la santé sexuelle et les relations amoureuses. »*





# VISITES DES MEMBRES DES GROUPES DE JEUNES À LA STRUCTURE SANITAIRE

## **Merci de participer à la promotion de la santé des adolescents.**

A travers votre engagement, on changera la vie des adolescents pour toujours et celle de leurs futures familles. L'objectif de cette visite est d'initier les adolescents à une « culture de sanitaire » et pour le reste de leurs vies les adolescents se sentiront plus à l'aise à fréquenter les structures sanitaires pour améliorer leur santé. Pour ça, on voudrait qu'à l'issue des sessions que vous allez mener, chaque adolescent :

- Sache pourquoi il est important d'aller chez le prestataire de santé (surtout pendant la puberté)
- Soit rassuré de la confidentialité et de la convivialité qui règnent entre l'adolescent et son prestataire de santé dans les structures de santé
- Soit informé sur où trouver les services de qualité, accessibles et adaptés à leur catégories d'âge qu'ils peuvent consulter au besoin pour être en bonne santé.

## **AVANT LA VISITE :**

- 1 Familiarisez-vous avec le plan** de la visite en bas. Si vous avez des questions, discutez-en avec la personne de contact de votre organisation.
- 2 Identifier une salle ou autre lieu** où vous pouvez accueillir environ 25 adolescents.
- 3 Préparez les autres membres** du staff de la structure sanitaire. Souvenez-vous que les adolescents seront retissant – quelques-uns assisteront à un telle structure pour la première fois dans leurs vies !



## PENDANT LA VISITE :

- 1 Introduisez-vous** : Comment devient-on prestataire de santé, vos activités quotidiennes, et la chose que vous aimez plus de votre poste. Rappelez-les que pendant cette visite il faut qu'ils soient respectueux du staff de la structure sanitaire et aussi bien des autres, dont les questions/commentaires formulés par leurs pairs.
- 2 Accueillez les adolescents** avec un jeu. Invitez-les à rester debout et faire un cercle. Prenez une balle ou quelque chose facile à jeter. Commencez avec vous-même, dites votre nom, et une raison pour laquelle quelqu'un chercherait un des services à votre responsabilité. Jetez la balle à quelqu'un d'autre, qui devrait faire la même chose. Continuez jusqu'à tous les membres du groupe ont participé.
- 3 Soulignez les valeurs** de toutes les visites des adolescents chez un prestataire.
  - a.** Demandez si quelqu'un peut expliquer le mot « confidentialité ». Expliquer que « confidentialité » ça veut dire qu'un professionnel de santé ne peut pas partager l'information qu'un patient partage, les questions qu'il ou elle pose, ou l'information sur sa santé, avec les autres. La confidentialité entre prestataire et client(e)s est très importante. Lorsque vous venez chez nous, ce que vous révélez est absolument un secret, même de vos parents.
  - b.** Vous avez le droit à la sûreté du corps. Personne vous y touchera de façon inappropriée ou vous mettre mal à l'aise. Les prestataires sont ici pour vous aider.
  - c.** Les adolescents sont toujours les bienvenu(e)s. On travaillerait ensemble si vous avez besoin de nos services. Nos services ne sont pas seulement pour ceux qui sont malades.
- 4 Décrivez les services** que vous pouvez offrir aux enfants et adolescents et qui sont adaptés à leurs catégories d'âge. Commencez avec l'âge d'un bébé, et finissez avec l'âge d'un(e) adolescent(e) de 19 ans. Soulignez les services SSR : décrivez les méthodes de la planification familiale, les tests IST/VIH, et que les adolescents peuvent aussi venir aux structures sanitaires s'ils ont des questions ou des problèmes pendant la puberté.
- 5 Invitez les adolescents** à faire un tour de la structure sanitaire. Quand vous marchez, décrivez les différents services de la structure (Service maternité, pharmacie, etc.). Soulignez les services où les adolescents recevraient les services SSR, comme la PF. Invitez-les au besoin à se faire prélever la tension, la taille, et le poids s'ils veulent, mais ne les forcez pas.

### Enfin, retournez à la salle de départ.

Dites-leur comment ils peuvent accéder aux services de santé de la structure et demander si les adolescents veulent poser des questions.



# SECTION 4: MONITORING & LEARNING

Monitoring, evaluation and learning (MEL) are important for ensuring that activities take place as planned, identifying challenges and solutions, and documenting lessons learned to improve programming. During Growing Up GREAT! implementation, regular collection and analysis of monitoring data helped us to address implementation issues as they arose, which in turn allowed us to improve program quality as the project progressed. Growing Up GREAT! was also evaluated internally through several rapid learning studies and externally by the Global Early Adolescent Study. Detailed independent reports of those studies are available on the study website and therefore not included in this guide.

Planning for MEL should begin during the Preparation phase, before the 12-month implementation period. It should include review and adaptation (if necessary) of monitoring tools to adhere to organization processes, creation of databases or other digital tools for compilation and analysis of data, and establishment of a schedule for regular review of data for use in programmatic decision making. It may also be helpful to develop a learning agenda in advance; the questions your team includes in this document can help inform your monitoring goals and focus data analysis efforts.

## MONITORING

Systematic collection of key data should start along with the first program activities and continue through all 12 months of implementation.

Monitoring of Growing Up GREAT! activities falls into three categories. See *Table 1* below for a full list of all monitoring tools.

1. Documentation forms collected basic quantitative data on participant attendance, materials used and activities undertaken. Data was used to ensure that activities remained on schedule and to ensure gender-equitable participation.
2. Observation forms collected qualitative data on diffusion of intervention messages and implementation challenges and successes. Data was used to make improvements to the intervention approach and materials, and to explore learning agenda topics.
3. Quality Benchmarks measured the fidelity and quality of intervention activities. Scores were used to provide targeted support to facilitators for improved performance and to improve participant experiences.



Many different implementation agents play a role in completing monitoring forms. Instruction on how to fill out documentation and observation forms should be integrated into trainings and orientations for organizational staff, teachers, and VYA school Club Committees (who lead school clubs). Anticipate that these individuals will require a significant amount of support in the first few weeks of implementation to fill out forms completely and correctly. Our team made weekly supportive supervision visits to teachers and VYA school Club Committees during the first month of implementation in order to establish a strong foundation for quality monitoring. Visits were reduced to once a month in subsequent months. Quality benchmark forms should be completed by MEL staff (or program staff) as part of routine program oversight.





**Table 1: Monitoring tools and indicators by intervention component**

COMPONENT	TOOL	DATA	COMPLETED BY	FREQUENCY
<b>VYA School Club</b>	Register of Club Members	<ul style="list-style-type: none"> <li>Total # of group members</li> <li># of sessions attended by each group member</li> </ul>	Club Committee	Once at first session; mark attendance at subsequent sessions
	VYA Club Documentation Form	<ul style="list-style-type: none"> <li># of participants per session (disaggregated by sex)</li> <li>Material(s) used per session</li> </ul>	Club Committee	Every session
	VYA Club Observation Form	<ul style="list-style-type: none"> <li>What worked well?</li> <li>What can be improved?</li> <li>Participant feedback</li> <li>Diffusion to non-group members</li> </ul>	MEL Staff	Monthly
	Materials Check-out Sheet (for teachers)	<ul style="list-style-type: none"> <li># of classroom lessons featuring VYA toolkit materials</li> <li>Most frequently used VYA toolkit materials</li> </ul>	Resource Teachers	Every lesson
	School Club Quality Benchmark Sheet	<ul style="list-style-type: none"> <li>Quality of facilitation</li> <li>Group dynamics</li> <li>Participation by sex</li> </ul>	MEL Staff	Weekly for first month; then monthly
<b>VYA Community-based Clubs</b>	Register of Club Members	<ul style="list-style-type: none"> <li>Total # of group members</li> <li># of sessions attended by each group member</li> </ul>	Club facilitator (staff)	Once at first session; mark attendance at subsequent sessions
	VYA Club Documentation Form	<ul style="list-style-type: none"> <li># of participants per session (disaggregated by sex)</li> <li>Material(s) used per session</li> </ul>	Club facilitator (staff)	Every session
	VYA Club Observation Form	<ul style="list-style-type: none"> <li>What worked well?</li> <li>What can be improved?</li> <li>Participant feedback</li> <li>Diffusion to non-group members</li> </ul>	MEL Staff	Monthly
	Community-based Club Quality Benchmark Form	<ul style="list-style-type: none"> <li>Quality of facilitation</li> <li>Group dynamics</li> <li>Participation by sex</li> </ul>	M&E Staff	Weekly for first month; then monthly

COMPONENT	TOOL	DATA	COMPLETED BY	FREQUENCY
<b>Caregiver Testimonial Videos</b>	Testimonial Video Documentation & Observation Form	<ul style="list-style-type: none"> <li>• Video featured per session</li> <li>• # of caregivers and school personnel attending (disaggregated by sex)</li> <li>• What worked well?</li> <li>• What can be improved?≠</li> <li>• Participant feedback</li> <li>• What commitments were undertaken by participants?</li> </ul>	Facilitator (staff)	Every session
	Testimonial Video Session Quality Benchmark Sheet	<ul style="list-style-type: none"> <li>• Quality of facilitation</li> <li>• Challenges using video equipment</li> </ul>	MEL Staff	Monthly
<b>Community Reflection Groups</b>	Community Session Documentation & Observation Form	<ul style="list-style-type: none"> <li>• Video featured per session</li> <li>• # of adults and adolescents attending (disaggregated by sex)</li> <li>• What worked well?</li> <li>• What can be improved?</li> <li>• Participant feedback</li> <li>• What commitments were undertaken by participants?</li> </ul>	Facilitator (staff)	Every session
	Community Session Quality Benchmark Sheet	<ul style="list-style-type: none"> <li>• Quality of facilitation</li> </ul>	MEL Staff	Monthly
<b>Health System Linkages*</b>	Health Provider Lesson Quality Benchmark Sheet	<ul style="list-style-type: none"> <li>• Approachability and attitude of provider</li> <li>• Adherence to lesson guidelines</li> <li>• Correctness and comprehensiveness of information provided</li> </ul>	MEL Staff	Bi-weekly
	Clinic Visit Quality Benchmark Sheet	<ul style="list-style-type: none"> <li>• Cleanliness and safety of center</li> <li>• Approachability and attitude of provider</li> <li>• Adherence to visit guidelines</li> <li>• Correctness and comprehensiveness of information provided about available health service</li> </ul>	MEL Staff	Bi-weekly

*\*Number of sessions and participation by sex tracked on Club Session Documentation Forms*

# LEARNING

It is critical to analyze and review monitoring data regularly to ensure effective execution of activities. Our team met quarterly to examine data and discuss learning, but your team may find it useful to meet more frequently. We used a simple matrix (see [Monitoring Tool 8: Learning Matrix](#)) to guide and document discussion on implementation challenges, successes, lessons learned and solutions. Organizing discussion by these four themes allowed project staff to discuss learning in an intuitive and positive way, and to propose corrections in real time.

Our learning process allowed us to identify several important issues and make adjustments to improve the intervention early on.

- 1. Low male caregiver participation:** Attendance data from the Caregiver Testimonial Video Documentation and Observation Forms showed very low participation of male caregivers. We had anticipated some gendered difference in participation based on local norms that assign caregiving responsibilities primarily to women, but this data allowed us to intensify efforts to engage men to meet our goal of equal participation of male and female caregivers. Our team experimented with different days of the week and times of day as well as different outreach channels to increase men's participation.
- 2. Social pushback from caregivers:** Qualitative data from observation forms documented numerous cases where caregivers interfered with their child's participation in Growing Up GREAT! activities. Further discussion with project staff revealed that caregivers' hesitance was due to a lack of understanding of the project content and purpose. This allowed us to implement a simple fix—holding the first caregiver testimonial video session prior to launch of VYA activities and using it as an opportunity to sensitize caregivers on the benefits of the program for their children.
- 3. Varying facilitation quality:** Quality benchmark data collected during supportive supervision visits revealed inconsistent facilitator skills and session quality across intervention activities. A close review of the data allowed us to better understand the challenges and skills-building needs of different facilitators (VYA school club leaders vs. adult facilitators of community-based groups and teachers) and to adjust training length and focus to meet these needs.

See the pullout box below for suggested learning questions.

## LEARNING QUESTIONS

Our team had a lengthy list of learning questions. Many were definitively answered by our implementation experience, but others depend on context and would be interesting to address in new areas. We provide some illustrative examples below but also encourage you to develop your own.

- How consistent is attendance within VYA clubs? Are there any differences between boys and girls?
- Which materials in the VYA Toolkit are most/least used and why?
- How are VYA-led activities in school clubs run differently from teacher-led classroom sessions using the VYA Toolkit?
- What factors facilitate or prevent active participation in intervention activities, at all levels?
- How can program staff/facilitators best encourage participants to engage others in discussion and reflection about intervention topics (organized diffusion)?
- What are the greatest challenges for facilitators while implementing activities?

# MONITORING & LEARNING TOOLS

<b>Monitoring Tool 1: VYA School Club Register.....</b>	<b>M1-I</b>
<b>Monitoring Tool 2: Teacher Materials Check-out Form.....</b>	<b>M2-I</b>
<b>Monitoring Tool 3: VYA Community-based Club Register .....</b>	<b>M3-I</b>
<b>Monitoring Tool 4: VYA Club Documentation Form.....</b>	<b>M4-I</b>
<b>Monitoring Tool 5: VYA Club Observation Form.....</b>	<b>M5-I</b>
<b>Monitoring Tool 6: Caregiver Testimonial Video Documentation &amp; Observation Form .....</b>	<b>M6-I</b>
<b>Monitoring Tool 7: Community Reflection Session Documentation &amp; Observation Form .....</b>	<b>M7-I</b>
<b>Monitoring Tool 8: Learning Matrix .....</b>	<b>M8-I</b>



# MONITORING TOOL I: VYA SCHOOL CLUB REGISTER

**Instructions:** At the start of the first session, the group leader and/or teacher should complete this School Club Register, noting the name, gender, and age of each participant. This form is completed only once. For the following sessions, the Club Committee Leader should note the presence of participants by marking a "1" if the student is present and a "0" if the student is absent. If you notice that a participant is absent more than once, note if possible the reason for their absence at the bottom of this form in the "Notes" section. You can ask the other club members or the participant himself at the next session to find out why he was absent.

District: \_\_\_\_\_ Sub-district: \_\_\_\_\_

School Name: \_\_\_\_\_ Club Committee Leader Name!: \_\_\_\_\_

*Note the date of the session in the first row and then mark 1 (present) or 0 (absent) in the column for each name.*

	FIRST AND LAST NAME	GIRL	BOY	AGE YRS.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1													
2													
3													
4													
5													
6													
7													
8													
9													

\_\_\_\_\_ | Club Committee President

	FIRST AND LAST NAME	GIRL	BOY	AGE YRS.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
10													
11													
12													
13													
14													
15													
16													
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28													
29													
30													

Notes:





# MONITORING TOOL 3: VYA COMMUNITY-BASED CLUB REGISTER

**Instructions:** At the start of the first session, the Facilitator should complete this Community-based Club Register, noting the name, gender, and age of each participant. This form is completed only once. For the following sessions, the Club Committee Leader should note the presence of participants by marking a "1" if the student is present and a "0" if the student is absent. If you notice that a participant is absent more than once, note if possible the reason for their absence at the bottom of this form in the "Notes" section. You can ask the other club members or the participant himself at the next session to find out why he was absent.

District: \_\_\_\_\_ Sub-district: \_\_\_\_\_

Club Name: \_\_\_\_\_ Facilitator Name: \_\_\_\_\_

*Note the date of the session in the first row and then mark 1 (present) or 0 (absent) in the column for each name.*

	FIRST AND LAST NAME	GIRL	BOY	AGE YRS.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1													
2													
3													
4													
5													
6													
7													
8													
9													

	FIRST AND LAST NAME	GIRL	BOY	AGE YRS.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
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Notes:



# MONITORING TOOL 4: VYA CLUB DOCUMENTATION FORM

**Instructions:** Fill out one form for each session. Report the date of the session, the tools used and the number of participants.

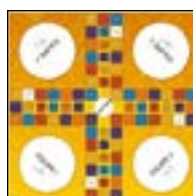
District: \_\_\_\_\_

Name of Club: \_\_\_\_\_

Name of Facilitator: \_\_\_\_\_

Session Date: \_\_\_\_\_

**Tool(s) used:**

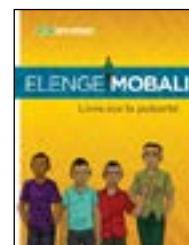
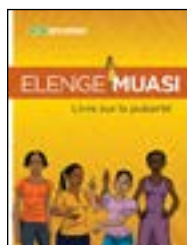


Girls storybook

Boys storybook

Game

Activity Cards



Health Provider lesson

Health center visit

Girls puberty book

Boys puberty book

**Number of participants:**

	GIRLS	BOYS	TOTAL
Club Members			
Non-Members			

# MONITORING TOOL 5: VYA CLUB OBSERVATION FORM

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**Instructions:** Discuss the following questions with the club facilitator and/or teacher once each month during supervision visits and document their responses.

Form submitted by: \_\_\_\_\_

Type of activity supervised:  School club  Community-based club

Month: \_\_\_\_\_

District: \_\_\_\_\_

Sub-district: \_\_\_\_\_

**What worked well during implementation of activities this month?**

**What did not work well during implementation of activities this month?**

**What did participants think of the activities? Did they have any notable reactions, questions or comments?**

**Did group members share information on Growing Up GREAT! with other adolescents? How?**

# MONITORING TOOL 6: CAREGIVER TESTIMONIAL VIDEO DOCUMENTATION & OBSERVATION FORM

**Instructions:** Fill out one form for each session. Report the date of the session, the tools used and the number of participants. Discuss the following questions and note the responses.

Name of Facilitator(s): \_\_\_\_\_

Session date: \_\_\_\_\_

Session location:  School  Church  Community center  Other (specify:)

District: \_\_\_\_\_

Sub-district: \_\_\_\_\_

Video screened:

- Video 1 (Division of household chores)
- Video 2 (Discussing puberty and sexuality)
- Video 3 (Keeping girls in school)
- Video 4 (Encouraging girls to choose their future)
- Video 5 (Non-violent conflict resolution)
- Video 6 (Planning births)
- Game

**Number of participants:**

	PARENTS	
	MEN	WOMEN
Total		

**What worked well during implementation of the activity?**

**What did not work well during implementation of the activity?**

**What commitments did participants make after viewing the video or playing the game during the session?**

**Other comments on the session:**

# MONITORING TOOL 7: COMMUNITY REFLECTION SESSION DOCUMENTATION & OBSERVATION FORM

**Instructions:** Fill out one form for each session. Report the date of the session, the tools used and the number of participants. Discuss the following questions and note the responses.

Name of Facilitator(s): \_\_\_\_\_

Session date: \_\_\_\_\_

Session location:  School  Church  Community center  Other (specify:)

District: \_\_\_\_\_

Sub-district: \_\_\_\_\_

Video screened:

- Video 1 (Division of household chores)
- Video 2 (Discussing puberty and sexuality)
- Video 3 (Keeping girls in school)
- Video 4 (Encouraging girls to choose their future)
- Video 5 (Non-violent conflict resolution)
- Video 6 (Planning births)
- Game

**Number of participants:**

	MEN	WOMEN	TOTAL
Returning participants			
New participants			
<b>Total</b>			

**What worked well in implementing the activity?**

**What did not work well during implementing the activity?**

**What commitments did participants make after viewing the video or playing the game during the session?**

**Other comments on the session:**



# MONITORING TOOL 8: LEARNING MATRIX

	WHAT WORKED? (SUCCESSES)	WHAT DID NOT WORK? (CHALLENGES)	LESSONS LEARNED	PROPOSED CHANGES/ NEXT STEPS
VYAs				
Club Committee Leaders				
Teachers/ Schools				
Parents				
Health Providers				
Partners				
Ministry/ Stakeholder Relationships and Coordination				



# Passages

## **Passages Project**

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