



AMAL Initiative:

Adolescent Mothers Against All Odds

Unleashing the power of adolescents in fragile contexts



AMAL INITIATIVE

Adolescent Mothers Against All Odds

Facilitator Guide, Curriculum, and Toolkit
January 2020



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Abbreviations and Acronyms

AAC	Adolescent advisory committee
AMAL	Adolescent Mothers Against All Odds (a CARE health/empowerment project)
ANC	Antenatal care
CAG	Community advisory group
GBV	Gender-based violence
IMAGINE	Inspiring Married Adolescent Girls to Imagine New Empowered Futures (a CARE health/empowerment project in Niger and Bangladesh)
PHC	Primary health care
PNC	Prenatal care
PSS	Psychosocial support
SAA	Social Analysis and Action (a CARE social norms-shifting approach)
SRH/SRHR	Sexual and reproductive health/sexual and reproductive health and rights
STI	Sexually transmitted infections
TESFA	Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (a CARE health project in Ethiopia)
WGSS	Women and girls' safe space
YMC	Young mothers' club

Welcome

Background to the AMAL (Hope) Initiative

Increases in early marriage and adolescent pregnancy resulting from Syria's crisis highlighted a critical gap in pregnant adolescents' access to life-saving sexual and reproductive health (SRH) information and services. To address this, the Whole of Syria adolescent strategy was developed using CARE's GBV regional advocacy strategy and global evidence-based practices on meeting adolescents' needs, through the gender-based violence (GBV) and SRH coordination mechanisms. In line with this strategy, CARE, UNFPA, SRD and other local partners developed the Young Mothers' Club (YMC) to meet the unique needs of pregnant adolescents in northern Syria. Following the implementation of YMC, the AMAL Initiative was born out of a larger need for adolescent-responsive interventions grounded in transformative gender and social norms approaches at both the community and health service levels.

Adolescent Mothers against All Odds (AMAL) Initiative was designed to meet the immediate needs of pregnant adolescents and first-time mothers in crisis-affected settings, while simultaneously addressing community consciousness and engagement around gender, power and social norms. Using Syria's context as a frame, this program was developed through an iterative process of adapting global approaches for humanitarian crisis-affected settings. It builds upon CARE's Social Analysis and Action (SAA) approach which is an evidence-based model for community-led participatory and reflective gender and norms transformation.

With the face of fragile contexts becoming increasingly young, the AMAL Initiative seeks to inform the global evidence base and dialogue around nexus approaches to adolescent-responsive SRH and GBV programming.

Activities

The AMAL Initiative includes three main components.

1. Adolescent-centered components:

1a. Young Mothers' Clubs (YMCs): Small groups of pregnant adolescents and first-time mothers meet for eight discussion sessions centered around improving sexual and reproductive health knowledge and strengthening life skills. These sessions are to be co-facilitated by a health worker (such as a midwife or nurse) and a psychosocial worker. The SRH sessions are adapted from:

- USAID's Maternal Child Survival Program's *My First Baby: a Guide for Adolescent Girls* developed by Save the Children to help adolescent girls understand pregnancy and childbirth.
- CARE's Towards Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA) project
- CARE's Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) project
- UNICEF's *Adolescent Girls Toolkit for Iraq*

1b. Adolescent Advisory Committees (AACs): True participatory approaches recognize not only the unique needs of adolescents, but also their capacity to influence change for themselves. To embody this spirit, the AMAL Initiative designed AACs. AAC members play a key role in strengthening the responsiveness of the program to the needs of adolescents by (1) periodically liaising with YMC facilitators and Community Advisory Groups to share recommendations and feedback, and (2) identifying hard-to-reach and marginalized adolescents in their communities to refer them to AMAL programming, health facilities, and other support systems.

1c. Leadership sessions for AMAL Leaders/members of the AAC: To further facilitate the self-efficacy of adolescents, the AMAL Initiative provides a series of additional leadership sessions to all AAC members. Non-AAC members actively participating in YMC or who have graduated from YMC that demonstrate leadership and interest in supporting program activities and other adolescents in their communities are also invited to join the sessions.

2. Community-centered components:

2a. Community Advisory Groups (CAGs): These groups consist of influential individuals in the community such as religious leaders, teachers, and community health workers as well as mothers, mothers-in-law and husbands of adolescent girls. CAG members (1) liaise between AMAL staff and community members to garner support for project activities to create enabling environments for adolescent girls (2) participate in bi-monthly review meetings along with AAC members, health providers and project staff to strengthen programmatic elements to make them more adolescent-responsive.

2b. Discussion and reflection for communities: Informed by CARE's SAA approach, the central community engagement platform of the AMAL Initiative comprises a series of reflective dialogues with community members and influencers. Participants engage in facilitated sessions of reflection, exploration and action with the intention of rallying community and household-level support to vulnerable adolescents and a long-term goal of challenging and transforming inequitable power and gender dynamics. These sessions were adapted from CARE's TESFA project which aimed to improve sexual and reproductive health and economic outcomes for ever-married adolescent girls.

3. Provider-centered components:

Discussion and reflection with health service providers: Recognizing the unique healthcare needs of adolescents and the specific barriers they face in seeking services at health facilities, the AMAL Initiative engages health services providers with the intention of improving attitudes and reducing biases towards adolescent SRH service provision. Also informed by CARE's SAA approach, this provider engagement platform comprises participatory exercises integrated into provider training that are focused on rights-based approaches to family planning counseling, communication skills and ensuring adolescent-friendly health services. These sessions were adapted from CARE's IMAGINE project. It is recommended that they be complemented by the *Technical Training for Health Providers on SRH/GBV Service Delivery* that can be found online at care.org/amal-initiative.

Each of the three components includes monitoring and evaluation tools. Additional guidance on the SAA approach (see component 2, page 39), discussing birth preparedness and care-seeking with adolescents (see component 1 annex), and disseminating program components to other stakeholders (see component 2 annex) is provided to aid AAC members, CAG members, and other project staff.

How to use this toolkit

Intended to be a how-to for program implementation, this toolkit comprises practical guidance, session-based curricula, complementary resources, and monitoring, evaluation and learning tools and approaches for each of the three AMAL components.

It is critical to note that while elements of the three AMAL components have been/are being carried out in different countries by different organizations, the full program package has not yet been implemented from start to finish in a single context by a single implementer at the time of publication of this toolkit. As a result, the program theory of change and monitoring and evaluation tools have not been field tested in their entirety. CARE, SRD, and UNFPA assume no responsibility for their use. The full package will be implemented and evaluated in the near future.

Intended audience

This toolkit has been designed for humanitarian practitioners working in crisis-affected and fragile settings with the goal of supporting married adolescents, particularly pregnant adolescents and first-time mothers, to practice healthy timing and spacing of pregnancies and improve their overall sexual and reproductive health well-being.

Because of the especially vulnerable nature of this target population, users of this toolkit should strictly practice 'do no harm' principles to avoid any unintended negative consequences. Participation in any program and/or evaluation activities should never be obligated.

Considerations for adaptation

In varying cultural and religious contexts, there may be a need to customize aspects of the AMAL Initiative to address the population's unique needs. In adapting this package of components to fit your implementation context, here are some questions to consider during design:

- What existing entry-points could be leveraged for engagement with adolescent girls, community members and/or health providers?
- How often and for how much time will groups be able to meet in your context? Do curriculum sessions need to be combined or split up to accommodate this?
- Who other than the stakeholders identified in this manual need to be involved for your program to take off and run smoothly?
- What is the target population's literacy level?
- How will you ensure safe and confidential spaces for girls to meet regularly?
- How will girls who graduate from the program remain involved as champions?
- What other approaches could you adopt to leverage the capacities of adolescents in the community?

For any adaptation to the original AMAL curriculum/program components, you may need to adjust the theory of change accordingly.

Monitoring and evaluation

Regular monitoring and evaluation are crucial to the success of any program. This toolkit includes recommended monitoring and evaluation tools tailored for each component and tied to the intended program outcomes and impacts as described in the AMAL theory of change. There are three types of tools included in the annex for each component: a baseline survey, an end-of-session evaluation, and an end line survey.

The baseline and end line surveys employ mixed-methods and are designed to serve as a pre-post measures of attitudes and behaviours related to gender and power norms. Data collection using these surveys should take place before program inception and after program conclusion. As these surveys are intended for universal use across crisis-affected settings in different countries, you may decide to adapt them as needed for your context by excluding certain questions and/or adding additional ones.

The end-of-session evaluations are designed to collect information on process and identify opportunities for continuous quality improvement. The questions for each component are connected to domains of change for each of the target populations, as determined by the intended program outcomes. The end-of-session evaluations are intended to be carried out at the close of each YMC, community and provider session. Unique to each component but standard across sessions, they include instructions for facilitators, a feedback form for facilitators to fill out on behalf of participants, and a smiley face/engagement evaluation sheet.

Using evaluation data

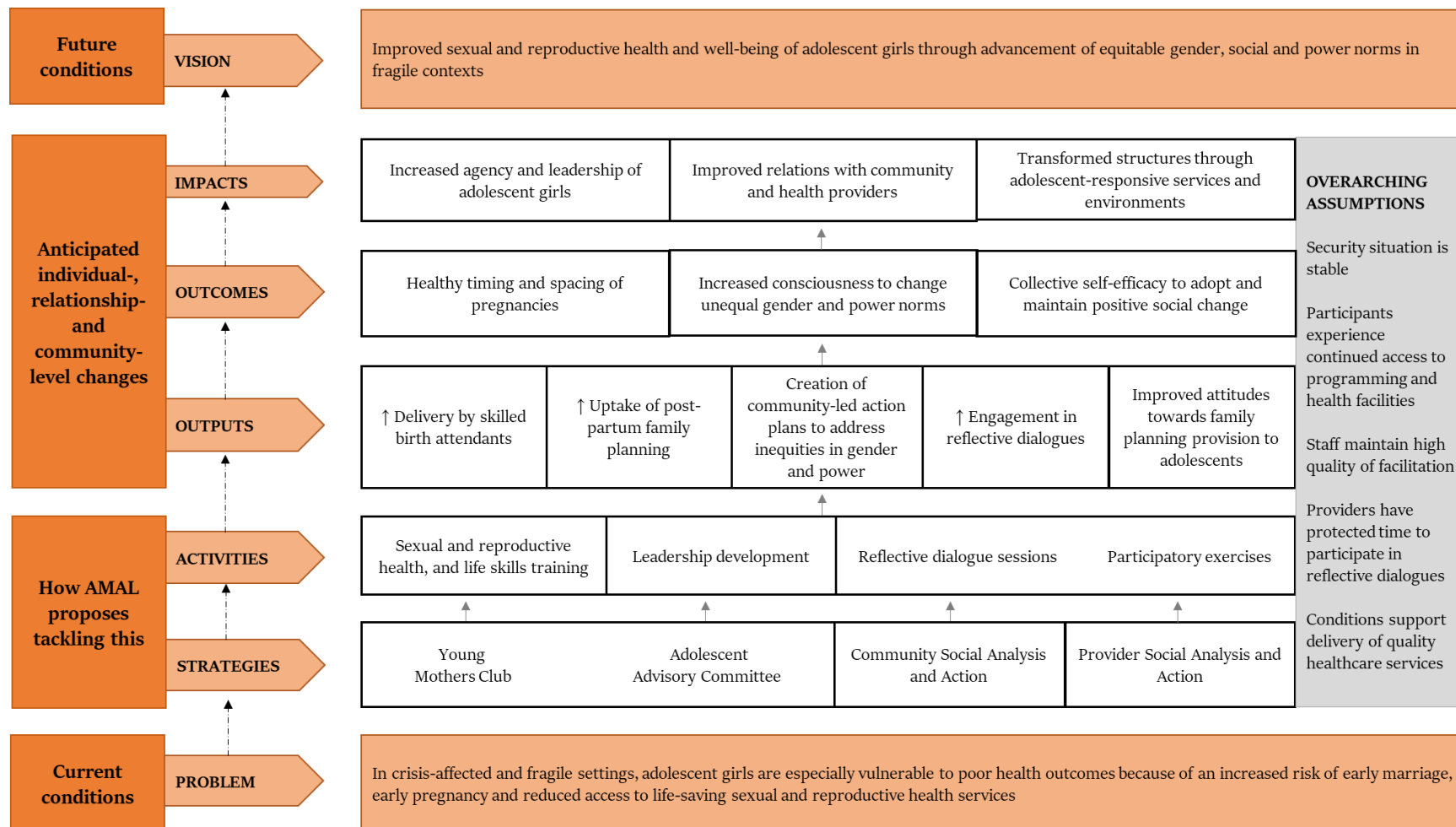
For each of the AMAL components, this toolkit includes a baseline and end line survey, and end-of-session evaluation forms. The baseline and end line surveys are designed to assess overall outcomes while the end-of-session evaluation forms are designed to evaluate process.

These forms can serve as tools to inform adjustments to your design and improve the effectiveness of your program while it is ongoing. To best utilize the data that these forms collect, here are some questions to consider with your facilitators after each session or at regular intervals:

- What are we hearing from participants? (For example: satisfaction related to amount of content delivered, time available for discussion, kinds of activities implemented etc.)
- What are the implications for program improvement? (For example: do findings suggest the intervention be sustained as is, altered somehow, discontinued etc.)
- How do we implement the suggested changes? (For example: What needs to be changed and how will it affect the original design)

Ensuring a dynamic program that accounts for the needs and feedback of the target population will improve the likelihood that the program will achieve its intended outcomes.

AMAL Initiative Theory of Change





COMPONENT 1

Young Mothers' Clubs

Facilitator Guide and Curriculum

AMAL INITIATIVE

Adolescent Mothers Against All Odds

COMPONENT 1: Young Mothers' Clubs

Facilitator Guide and Curriculum

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About AMAL Young Mothers' Clubs

The first component of the AMAL Initiative was developed for pregnant adolescents and first-time young mothers in the Syrian context. Where possible, YMC sessions should be run by two facilitators: a social worker or psychosocial support provider and someone else, preferably someone with a health background (nurse/midwife) although that is not essential.

YMCs were developed to encourage meaningful participation of young people across each of the cycles. Each session consists of 1) a facilitated reflection/discussion session on a certain life skill, and 2) education on SRH. Using a "smiley face" evaluation approach, each session provides opportunities for adolescents to provide feedback and express their opinion on the quality of the session as well as on their satisfaction; health facility provider-client interaction satisfaction; improved communication with husbands/family members on these topics (ability for adolescents to pass on this information and negotiate with family members). Interested YMC participants are also invited to become part of an Adolescent Advisory Committee (AAC) as an AMAL adolescent leader where they participate in strengthening program quality of AMAL activities and help to identify and support other adolescents in the community who would benefit from participating in AMAL and/or being referred to other relevant services.

Facilitators play a critical role in helping adolescents who are currently or soon-to-be new mothers to build life skills and knowledge on sexual, reproductive, and child health. Many things in the adolescent's life, and that of their husbands and families, will change forever when becoming a parent.

Studies show that participating in a support group has many benefits for pregnant girls: it can improve their health and their babies' health during pregnancy; increase the number of girls that give birth at a health facility; and reduce complications with their babies so they develop better. So, we encourage facilitators to organize these group sessions dynamically, to allow all participants to feel free to share, listen, learn and have fun.

Purpose of Young Mothers' Clubs

Adolescent pregnancy has become common in Syria. In order to mitigate risks associated with early marriage and pregnancy, providing sexual and reproductive health (SRH) and pregnancy-related information and services (antenatal care, postnatal care, family planning counselling, skilled delivery) in an adolescent-friendly manner is essential. Adolescents can benefit from increased knowledge and skills around health and child development, including how to use a family planning method, how to feed their infants and young children, and how to prevent and respond to gender-based violence (GBV).

Given the cultural sensitivities of reaching unmarried adolescents, this program is the first step in meeting their needs. In line with the Whole of Syria Adolescent Strategy, this program aims to select and build capacity of adolescent leaders who can serve as part of an Adolescent Advisory Committee to reach out to other groups of adolescents in the future.

Program Description

PARTICIPANTS: Pregnant, married adolescent girls (age 10-19).

This curriculum is targeted towards adolescents who are pregnant for the first time and between their second and sixth month of pregnancy.

- If there are not enough girls who meet these criteria in the community, you can expand the criteria to new mothers or adolescents pregnant for a second time.
- In case other pregnant adolescents express interest after the first cycle has begun, wait to identify a sufficient number of new potential participants to begin a second group. Also consider referring such girls to other organizations conducting similar projects in the same area.

VENUE: Sessions should take place in either an adolescent-friendly space either within an official Women and Girls' Safe Space (WGSS) or a room in a primary health center (PHC) or any other safe, confidential, comfortable and reliable location that is equipped with materials to facilitate this activity. One room could be available for children accompanying their mothers. Arrangements would need to be made for a babysitter in this case.

Facilitators should make arrangements for a second room or alternate location within the PHC during sensitive sessions (for example, module 8).

FACILITATOR(S): Each session should be facilitated by a health worker and a psychosocial support (PSS) worker (both females) using the standardized curriculum developed for pregnant adolescents. These facilitators should be equipped and trained on SRH and GBV basics, adolescent-friendly communication skills, coaching, and counselling. All YMC facilitators should be trained on the full YMC curriculum, and should invite and encourage adolescents to take on leadership roles (such as note-taking, co-facilitating sessions, etc.) YMC facilitators should also be oriented to the broader AMAL initiative including the community and health provider elements.

METHODOLOGY/PROGRAM: Each cycle will consist of at least eight sessions. Sessions will be conducted once a week at an agreed upon time by each YMC. Each session will last approximately two hours and will include life skills and SRH information. The topics of the eight sessions are as follows:

1. Communication skills and pregnancy
2. Interpersonal relations and pregnancy
3. Critical thinking, danger signs in pregnancy, and STIs
4. Decision making, healthy pregnancies, and self-care

5. Critical thinking, birth planning and delivery
6. Self-esteem and postpartum family planning
7. Emotional wellbeing and family planning
8. Violence prevention, newborn care, and postpartum care

After completing the whole cycle, participants should be awarded with certificate and/or baby kit (or dignity kit).

In addition to the YMC sessions, facilitators will lead sessions for mothers and mothers-in-laws and will support activities for Community Advisory Groups. *(Additional information on CAGs is provided in AMAL component 2, page 3).*

YMC participants who have been selected to serve as part of an AMAL Adolescent Advisory Committee, will also go through three additional sessions on serving as AMAL Adolescent Leaders. The objective of these additional sessions is to build a pool of adolescent leaders and SRH promoters at community level who can serve as part of an Adolescent Advisory Committee and help to reach other adolescents in need. These sessions will include:

- Session 9 – Introduction to the AMAL Adolescent Advisory Committee and serving as an AMAL leader and role model
- Session 10 – Community Mapping
- Session 11 – Action Planning

Before facilitating the leadership sessions for AMAL Adolescent Advisory Committee (AAC) members, it is important that facilitators fully understand the goals and roles of the AACs (see the AAC Terms of Reference on page 137).

YMC Facilitation Guidance

Each YMC session consists of informative, interactive activities including games, theater, question and answers, and discussions to stimulate the conversation and learn about pregnancy, childbirth, baby care, sexual health, STI prevention, family planning, problem solving, self-efficacy, and critical thinking.

1. **Before the start of the session, the facilitators should familiarize themselves with the information and activities by reading through the whole session.** At the beginning of each session you will find the title of the session, the topics addressed, what materials are needed to conduct the session, and the estimated time for the activities.
2. **Read the instructions carefully.** Each activity has instructions that the facilitator should read aloud to the group before beginning each activity.
3. **Follow the steps outlined in each session.** Some steps say, "read aloud to the group," which means that the facilitator should read what is written for all members of the group to hear. Others provide instructions for an activity or discussion. Please follow all of these directions.
4. **Don't lecture, rather have a conversation with the group.** In the activities, there is a list of questions that the facilitator should ask the group to stimulate the discussion. Ensure that all members of the group have the opportunity to speak and that the conversation is not dominated by just a few participants.

General Techniques:

- Recognize and manage girls' discomfort
- Avoid lecturing or preaching
- Share accurate information
- Don't give your own opinions
- Ask for support if you need help responding to particular issues
- Talk to the group about the importance of privacy
- Make sure you set ground rules from the start of the activity and remind girls of them at the beginning of each session

Tips:

- Prepare in advance – the sessions are easy to facilitate but some require some planning, so be sure to read and become familiar with the session a few days before and prepare the materials.
- Arrive at least 20 minutes before the session starts to set up the space.

- Come prepared with supplies and materials for each session.
- Welcome and include all girls equally.
- Support all of the girls, including talkative and quiet ones, to participate in sessions equally. Be fully attentive and engaged throughout the sessions.
- Create a participatory environment, create a relaxed atmosphere by arranging seating in a circle so that you can make eye contact with everyone.
- **HAVE FUN!** The sessions should be interesting for girls and it's important for girls to enjoy the sessions, so don't be afraid to have fun during the sessions.
- Observe and recognize the warning signs for girls who are at risk, and if necessary, refer them to supportive services.
- Follow the agreed procedures referral and reporting procedures if girls are at risk or require support and maintain confidentiality.
- Provide information for girls about services and support in the community.
- Set a good example for girls (during or outside of sessions) through respectful and positive behavior.

On sensitive topics:

- The curriculum includes many sensitive sessions, specifically on reproductive health and safety. Therefore, it is critical that facilitators are equipped to deal with some of the issues that may arise. Nearly all adolescents who live through a humanitarian crisis are likely to demonstrate some initial changes in their behavior, emotions, thoughts and social relations. This is normal. It is important to remember that with adequate support most adolescents will recover and regain normal functioning. Some sessions may trigger memories for girls, the girls you are working with have experienced distressing situations and therefore, when dealing with certain topics, it's important to be very aware of their reactions and how to manage these. Be aware of the types of services and support available for adolescents in your area, if in doubt, consult your manager.

Facilitator Tip	Rationale	Don't say	Instead, say
Do not ask direct questions to girls about sensitive topics	This can put girls under pressure and they can be unwilling to share their personal experiences due	"What do you want?" or "what would you do?"	"What do girls like you want?" or "what would girls like you do?"

	to fear of judgment from other girls in the group.		
Give examples when trying to explain difficult ideas, through a scenario or a role play or by rephrasing	This can put girls under pressure and they can be unwilling to share their personal experiences due to fear of judgment from other girls in the group.	“What goals do you want to achieve in the future?”	“Hala is 14 years old. When she is 21, she hopes she will have finished school and have a job as a teacher. To reach this point, she studies hard at school. Becoming a teacher is Hala’s goal”
Give examples when trying to explain difficult ideas, through a scenario or a role play or by rephrasing	This can put girls under pressure and they can be unwilling to share their personal experiences due to fear of judgment from other girls in the group.	“Case management is a service offered to women and girls who experience gender-based violence”	“Sometimes, things happen to women and girls that can make them feel uncomfortable. There is someone available for girls to speak to if this happens.”
Explain that there is no right or wrong answer.	This can put girls under pressure and they can be unwilling to share their personal experiences due to fear of judgment from other girls in the group.	If girls suggest negative practices don’t say: “that’s wrong” or “what you said is bad”	If girls suggest negative practices, say: “let’s think about the pros and cons of this suggestion.”

Recommendations

- **Promote meaningful participation of adolescents** (provide regular opportunities for feedback and solicit suggestions from program participants to inform adaptation of program, venue, timing, etc.).
- Establish **mentorship** between facilitators from each site with an ASRH expert from the organization.
- For each session, ensure that group agreements (defined in session 1) are followed and that all handouts and materials are prepared before the session.

- Remember to get a sense of receptiveness of participants. Stop or pause any sessions with breaks or relaxation activities to ensure participants do not feel tired or lose focus.

Always remember:

- Trust: Building trust before these sessions is crucial.
- Plan ahead: What do you want to achieve during the session? Are you confident about the information you are presenting?
- Set your limits: You may feel embarrassed to answer some of the questions girls ask. Be honest and tell them if you are unable to answer their questions.
- Get advice: Talk to your colleagues or supervisor to get their advice on how to tackle these topics. Ask for their help if you need to. When seeking advice, remember to respect girls' privacy and refrain from sharing information about them with others.
- Language: Think about how you will explain sensitive terms to the girls

At the beginning of each session:

- Welcome participants back
- Remind them that is a confidential and safe space, no personal or identifying information will be shared outside of this group
- Ask them if they used any skills or information learned from a previous session, and if so, to share their experiences
- Ask if they shared the information they learned with anyone else

During each session:

- Be prepared to deal with shyness
- Remind girls of the ground rules and confidentiality
- Establish what they know first, before giving them information (they may be able to explain it in a way that other girls understand better)
- Provide girls with accurate and factual information
- Ask them at each stage if they are ready to continue to the next topic – get their consent.
- If you do not know the answer to a question they ask, be honest about that. Try to find the answer for the next session.
- Do not push the girls to answer questions they are not comfortable with. Do not ask them direct questions related to their personal experience. If they share their personal experiences, thank them for sharing.

- If you have concerns about these topics due to your personal beliefs or values, please talk to your supervisor. It is essential that information provided to participants is factual, objective, and delivered in a sensitive and non-judgmental way.

At the end of each session:

- Ask girls if anything remains unclear
- Evaluate the session on flipchart paper using the smiley face technique (see pages 135-137).
 - Ask about the quality of the session (we want to understand how helpful participants found the information that was provided and how satisfied they were with the session overall).
 - Ask about their satisfaction with the health facility provider and client interaction.
 - Ask about if their communication with husbands/family members has improved on these topics (ability for adolescents to pass on this information and negotiate with family members)
 - Also, guided by the session evaluation, ask group members if there is anything they would have liked to change or to be done differently in today's session (such as time spent on each topic, interest in each sub session). Give them the opportunity to write their comments/feedback suggestions in a confidential way (i.e. give them paper that they can write on and hand in if they are not comfortable verbalizing certain issues). Remind them that YMC sessions are a safe space and facilitators are committed to ensuring confidentiality. If you do not feel comfortable providing information on a certain topic, discuss with your co-facilitator or call upon other AMAL project staff for additional support.
 - Remind them where they can find SRH and/or PSS services.
 - Make sure to ask about any pending questions or concerns that need to be addressed. Make time to discuss these in the current session or next session if possible.

Effective Facilitation and Conflict Resolution Strategies

In order to manage both intergenerational disagreement and differences in opinion between YMC participants, it is essential that facilitators are equipped with conflict-resolution strategies and other techniques for encouraging respectful exchange of dialogue. The following provides guidance on ways to promote meaningful exchange.

Core facilitations skills to encourage participation, exchange, and dialogue¹

Active listening: Using effective nonverbal communication

People often communicate their thoughts and feelings without speaking a word. A facilitator's physical posture, facial expressions, and gestures express his or her thoughts and feelings as much as his/her words do. Certain types of nonverbal communication, or "body language," encourage open communication and facilitate learning. Types of effective nonverbal communication that facilitators can use include:

- Maintaining appropriate eye contact with participants and showing interest in what is being said, for example, by nodding their heads or smiling
- Standing in front of learners without placing any barriers, such as a desk or podium, between themselves and participants
- Standing in relaxed, yet confident postures
- Demonstrating enthusiasm about the topic by moving around the room and gesturing
- Avoiding distracting movements, such as tapping their feet, pacing back and forth, or passing out handouts while someone is speaking.

Effective facilitators will also pay attention to the nonverbal communication of their participants. For example, a person's body language may indicate that they are uncomfortable discussing a certain topic or are bored or distracted during a training course.

Active listening: Paraphrasing

Paraphrasing, or restating what someone has said to you, is an effective way to make sure that you and the speaker understand each other. It also shows that you are listening carefully to what is being said. If you have misunderstood, speakers have an opportunity to clarify the point they were trying to communicate.

Examples of paraphrasing:

- "What I hear you saying is that health centers in your project area do not have adequate supplies of contraceptives. Is this correct?"
- "In other words, you find that women are often reluctant to discuss these topics with a male doctor?"

¹ From "Training Guidelines for Implementing Social Analysis Action: Module 3-Handout 3.1: Facilitation Skills for SAA," by CARE, 2007.

Using open-ended questions to generate dialogue

Closed-ended questions are questions that elicit short answers, often “yes” or “no.” They can be used to check in with the group, for example, to find out whether or not they understand the material or are ready to move to the next topic. Closed-ended questions can also be useful when the trainer is trying to uncover specific information or make a point. However, as they leave respondents with only a yes/no answer, they will not generate rich dialogue.

Leading questions guide a respondent to answer a certain way. With these types of questions, respondents often feel that they are expected to provide the answer the questioner is looking for and again do not lend to engaging dialogue.

By asking open-ended questions, trainers can elicit in-depth responses, thus engaging participants more fully in discussions and activities. Open-ended questions begin with “how,” “what,” “when” and “tell me about.” They do not have a “yes” or “no” answer. When facilitators find that their questions are not eliciting desired in-depth responses, they should examine their communication style to determine whether they are using open or closed-ended questions.

Examples of closed-ended questions:

- “Is the meaning of that word clear?”
- “Do the practitioners in your facility mainly use surgical techniques?”

Examples of leading questions:

- “You use condoms, don’t you?”
- “Social norms in this community prevent women from seeking family planning services, right?”

Examples of open-ended questions:

- “What skills are you hoping to learn during this training session?”
- “Tell me some possible reasons why you think this situation keeps happening in your community.”
- “Why do you think women are unable to access family planning services in this community?”

Invite and encourage everyone to participate

As a facilitator, it is your role to invite and encourage everyone to contribute, including the quieter group members. This will lead to richer discussion and ensure no one voice or group dominates the

discussion. You can also encourage interaction and exchange among the participants this way, instead of having all conversation directed towards or through you as the facilitator.

For example, when someone in the group has expressed an opinion or thought, you can ask the rest of the group: *Does anyone have a reaction or opinion about what he/she just said? Does anyone have a different point of view? Does everyone agree?* Give the original speaker an opportunity to respond to any reactions or comments given on what they had shared. It will be your responsibility as a facilitator to keep the exchange respectful and inclusive.

For those who do not speak up, you can invite them to share their ideas. Pay attention to signs that they have something to share and encourage them to do so. Be sure to thank them for sharing and note how important their point was, as this will help to encourage their continued participation. Never interrupt someone, tell anyone their opinion is incorrect, or discourage a person's point of view.

Managing challenging situations: Divergent opinions, entrenched beliefs, and sensitive topics

Different points of view can be hard to manage... but they can create very important opportunities to learn and question beliefs and norms!

How would you respond to a situation like this one?

Participant 1: "Young women shouldn't be allowed to seek contraception without their parents' approval. In fact, they should not be having babies!"

Participant 2: "Young women have the right to seek contraception when they want and need it – whether or not their parents know or approve."

First, try to "keep your cool." We are asking people to talk about sensitive and challenging issues, so conflict and tension is a normal and important part of this process.

If possible, create a structured learning opportunity that enables participants to:

- Hear all the different opinions in the group so they learn about other points of view (recommended activities: *Buzz Words, Thought Shower, or Four Corners*).
- Explore the root causes of a social norm or practice (recommended activity: *But why?*). Use probing techniques and questioning to invite people to share their ideas and prompt deeper reflection and thinking. Examples of probing questions:
 - Can you tell me more about that?
 - What happened next?
 - Why do you think that happened?
 - Who is affected when that happens and what are the effects?

- What are some of the consequences of that belief/action/norm?
- Discuss the consequences of adhering to a norm or practice, including which groups are most affected/adversely affected (recommended activity: *Chain of Effects*).
- Remember: if you can't resolve the conflict you can change the topic and return to it later, when you feel prepared (tell the group you need to respect time by moving on).

Activities to create learning opportunities when you face divergent points of view:^{2,3}

- **Four Corners/Values Clarification:** Start with an opportunity for honest and anonymous self-reflection, then ask participants to think about and represent other people's points of view. An anonymous way to create space for divergent opinions and practice understanding other points of view.⁴
- **Thought Shower:** A way to create space for divergent opinions by using unfinished sentences.⁵
- **Buzz Groups:** Respectful way to brainstorm about very sensitive topics, helps ensure quieter voices are heard and that many different perspectives get heard, shows the diversity of opinions in a group.⁵
- **But Why?:** This tool is designed to explore the underlying root causes of a social norm or practice by continuously asking why.⁶
- **Chain of Effects:** This tool prompts a discussion of the consequences of adhering to a norm or practice, including which groups are most affected/adversely affected, by asking: What are some of the consequences of that belief? Who is affected by that belief and how? Are there some groups that are negatively affected by this belief/practice?⁶

² Adapted from "Training Guidelines for Implementing Social Analysis Action: Module 3-Handout 3.1: Facilitation Skills for SAA," by CARE, 2007.

³ Adapted from: "Effective training in reproductive health: Course design and delivery reference manual," by Christina Wegs, Katherine Turner and Betsy Randall-David. 2003. Chapel Hill, NC, Ipas.

⁴ See *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health* (page 85). Available at: https://www.care.org/sites/default/files/documents/social_analysis_manual.pdf

⁵ See *Tools Together Now!* (pages 152, 112). Available at:

<https://www.ngoconnect.net/sites/default/files/resources/Tools%20Together%20Now%21%20100%20Participatory%20Tools%20to%20Mobilise%20Communities%20for%20HIV.pdf>

⁶ See *Keep the Best, Change the Rest* (page 26, 28). Available at:

https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_alliance_gender_sexuality_toolkit_558.pdf

Session 1

Communication skills and emotions

Content

- 1.1 Introduction (30 minutes)
- 1.2 Communication skills (40 minutes)
- 1.3 Emotions and fertility (1 hour)
- 1.4 Wrap-up (20 minutes)

Total time: 2 hours, 30 minutes

1.1 Introduction

Objective: At the end of this, trainees will:

1. Know each other
2. Have set the group agreements
3. Understand the concept of the “club”

Materials required: Flip chart, markers, copies of the baseline survey/pre-test (see pages 120-126 one copy for each participant)

Time allocated: 30 minutes

Methodology and procedures:

- Name game
- Explanation of activities
- Group agreements

Facilitator note: As the first session, it's important to make the girls feel very comfortable and keep their energy levels up as there is a lot of information to share. This is an extended session, so allow enough time to complete it.

Facilitation steps

Name game (10 minutes)

- Ask the girls to make a circle.
- One girl starts by saying her name and something that she likes that begins with her name.
- The next girl repeats the name of the first girl and something she likes and then says her own name.
- The next girl repeats the names of the first two girls and then says her own name and the things they like.
- Keep going around the circle until the last girl has to repeat the names of all the girls and say her own name.
- The girls will not remember all the names and the things they like, but the objective is to let them have fun, laugh, and get to know each other.

Explanation of activities (10 minutes)

EXPLAIN: Today is the first day of our girls' group. This is a safe and fun learning place where you can learn new skills and information. The skills and information that you will gain in this group, together with the friends that you will make, should help you to lead a happy and healthy life.

This group was created to help each of you, pregnant adolescents or young first-time mothers, with this important next phase in your life. The group will help you better understand your pregnancy, childbirth and what you can do to take care of yourselves and your first baby. It is normal to have a whole range of different feelings and many questions during your pregnancy. This program has been prepared to help answer the questions that many girls like you (and your partners) have during their first pregnancy. Your feedback is really important for us to be able to address your needs and to improve the "club". Whatever will be said in this room will be confidential, meaning that we will never mention your name outside of this room, unless you ask us to do so (for example if you want to refer you to a service or a professional). We are asking all members of this group to respect confidentiality. You will learn more about confidentiality, respect and consent. It applies to professionals, but it applies to you too. At the end of the first eight sessions, if you do not miss any session, and pass the tests, you will be given a certificate. After the first eight sessions, there may be other opportunities for those who wish to continue. We will explain more on that later. For now, we want to re-iterate that this group is your group, we want it to be relevant and safe.

ASK: Is it clear up to now? Is the time and location of the group sessions appropriate? What do we want to call our group? (*Give them time to decide on a name*).

EXPLAIN: There will be fun activities, learning sessions and relaxation. In each meeting, something new will be discussed. You are free to ask questions, talk, share ideas and have fun.

ASK: Do you have any questions about the information I shared with you?

Group agreements (10 minutes)

EXPLAIN: You will now create group agreements that will apply to this meeting and all future meetings.

FACILITATOR TIP: Group agreements are "guidelines" that will be created by the girls. The aim of this is to establish a sense of safety and respect.

SAY: Before we begin, we should set some group agreements that will help us to make sure that this is a safe space for us to express our opinions and ideas freely. Some of the topics we discuss may be quite sensitive and there may be some girls who have personal experiences that they want to share. If anyone of you would like to talk to me individually if they are having any problems in their life, I am here to listen. We will not discuss personal experiences here because we don't know what could happen to that information if shared with people outside of the group. If you want to talk to me after the session, I am available to you. I promise never to share anything you tell me privately with anyone else.

ASK: What are some of the things we want to agree on to make sure this is a safe space for us, where we can feel comfortable? (Write down their suggestions on flip chart paper). Here are some suggestions you can provide if needed:

- Have fun and be creative.
- Please remember that these sessions are a safe and confidential space. Do not share personal details shared by other members of this group with people outside the group.
- Be respectful and a good listener.

DO: Write the agreements on a flip chart paper in a fun and creative way. Put the agreements up in the room before each meeting for the girls to see during the course.

FACILITATOR TIP: It is good to return to these agreements regularly to remind girls about what they agreed upon.

Administer pre-test (15 minutes)

DO: Hand out copies of the baseline survey to all participants along with pencils/pens. Give them 15 minutes to complete it, then collect them and move on to the next part of the session.

1.2 Communication Skills

Objective: At the end of this, trainees will be able to...

1. Identify good communication skills
2. Understand and list barriers to good communication

Materials required: Flip chart, markers

Time allocated: 40 minutes

Methodology and procedures:

- Discussions
- Role play
- Interactive participation

Facilitation steps

Summary (10 minutes)

EXPLAIN: When we present our ideas to convince others for progressive change, the need to have human communication skills is prominent. Adequate addressing and receiving opinions from people require having attentive listening practice through time. By utilizing functional communication skills of negotiation one can protect self and others from possible dominating impositions. Effective and result oriented communication could be developed through process of strategic practice.

Some examples of effective communication skills are:

- Active and attentive face-to-face listening
- Negotiating to have mutually responsible and protected sexual practice.
- Producing reasonable and fact / data-based issues.
- Asking for complete information and clarity of ideas.
- Trying to understand other point of views.

Short story (10 minutes)

SAY: Amina is an middle school student living with her husband in the house of her in-laws. They promised her that she could stay in school after she married their son. However, Amina is now pregnant and if she wants to go back to school after she gives birth, she will need the support of her mother in law, Umm Tarek, to keep the baby while she is in school. But Umm Tarek wants Amina to be a housewife, produce more grandchildren, and take care of the household. Amina does not want to interrupt her education due to pregnancy, so she wants to use contraception after she gives birth to this baby and to go back to school after a year.

ASK: I need two volunteers to play Amina and Umm Tarek. I will give you the text to read.

Role play script

Umm Tarek: Amina, please come I want to discuss one issue with you.

Amina: Okay, what is it about?

Umm Tarek: Please sit down.

Amina: (frightened by the situation, Amina sits down in front of Umm Tarek with her head down)

Umm Tarek: Amina, now you are able to read and write. This is enough for you. You are pregnant now and are going to give birth. You are not a child anymore. Children go to school, not mothers. I want you to stay at home, take care of this child to come, have more children and take care of your husband and

us your in-laws. I know that you want to take contraception to avoid pregnancy after this baby, but I do not agree.

Amina: (hearing unexpected words from her mother-in-law, she puts her head down) Why is that? Didn't you promise that I could continue my education? Education is important, I will be able to get a job and give more opportunities to my children.

Umm Tarek: From today onwards I don't want to see you going to school. And you are not allowed to use contraception after this baby. How dare you talk like that to me? Go away from here now, I know what is best.

Amina: (leaves, crying)

Discussion questions (20 minutes)

- (question for the girl who played Amina): What did you feel as Amina?
- (question for the girl who played Umm Tarek): What did you feel as Umm Tarek?
- Do you agree with Umm Tarek's ideas?
- Could this happen in your community?
- Why was Amina finding it difficult to express her thoughts?
- What would you do if you were in the place of Amina? What options or alternatives can she explore?
- Who can support Amina to deal with these barriers?

Wrap up the discussion with the tips proposed by the participants. Suggest others if they are not raised, including:

- Respect yourself: you have needs, rights, wants like anyone else
- Keep eye contact, stand straight, show confidence, but not arrogance
- Respect the other one, starting with good listening, not interrupting
- Make sure that you focus on the issue, do not blame the other person
- Don't be defensive, don't be aggressive
- Discuss only one issue at a time and do not deviate

- Listen carefully to the points raised by the other party
- Show active listening by rephrasing “I hear you say...”, “It sounds like you feel...”, “You are telling me that...”
- Stay calm, have a steady tone, appropriate volume
- Express yourself clearly about what you want and why. Take responsibility with phrases like “I think,” and “I feel”
- Think before you speak and plan what you are going to say
- Learn to say “no,” do it clearly without lying and explaining why

1.3 Emotions and Fertility

Objective: At the end of this, trainees will...

1. Know details about fertility
2. Discuss emotional changes during pregnancy

Materials required: Markers, IEC, YMC flipbook (page 2 – female and male reproductive systems, page 3 – menstrual cycle)

Time allocated: 60 minutes

Methodology and procedures:

- Discussions
- Sharing experiences
- Interactive participation

Facilitation steps

Emotions (20 minutes)

ASK: Now you are pregnant. What does this mean for you as a girl? It's a new reality, things are different now. What are some of the changes that are happening in your life? What are the good things that are happening in this new phase of your life? What are the things that will change which are not so positive?

DO: Encourage the girls to share experiences and give them time to think and respond. Don't comment. Write down on a flipchart the positive and negative points expressed.

ASK: Who can you talk to about these issues? What did you do to feel better? And now, how do you feel about your pregnancy? Did you want to wait longer to have your baby?

When all the questions above are discussed with the group, show page 7 of the flipbook ("emotions and strengths of the group"). Ask what they understand of the illustrations.

Fertility (30 minutes)

SAY: It is very normal that you go through many different emotions when you are pregnant. Your feelings can change from the pressure you feel in your new life. You can feel happy at one moment and then become very sad or even cry the next. This group is here for you to share how you feel and receive support from other young women going through the same situation.

We will now talk about the female and male reproductive system to understand how a woman can become pregnant and what happens to the body before, during and after menstruation.

ASK: Does anyone know how a woman can become pregnant? Allow some time for the participants to think and respond.

EXPLAIN the illustrations on page 3 of the flipbook and the text on page 4.

ASK: Are there any more questions on the reproductive systems? Respond to any questions that may arise. Then continue with the following:

ASK: What do you know about menstruation? Allow some time for the participants to think and respond.

EXPLAIN: Do you remember the time when your body went through a lot of changes and you started growing breasts and more body hair? These changes are called puberty. During puberty, many changes happened in your body and your feelings as you began to develop and mature. During puberty, girls get their first menstruation. Menstruation means that your reproductive system is now active and that you could become pregnant, even though your own development is not finished. There are still a few more years between your first menstruation and the end of your brain and body development. Boys also undergo changes when they go through puberty (body hair, deeper voice for instance). At the end of the puberty phase, a boy is capable of getting a girl pregnant when they have unprotected sexual intercourse (meaning having sex without using a condom or another contraceptive).

Menstruation happens when blood and tissue from the uterus come out of the vagina. Menstruation lasts between 3 to 7 days and occurs every month (around every 26 to 32 days). This is called the menstrual cycle. It is normal for women to have shorter or longer menstrual cycles. During the menstrual cycle, the lining of the uterus, made of tissue and blood, gets thicker to prepare for a pregnancy. If a woman becomes pregnant, the blood from the lining is full of nutrients and helps a baby grow. If a woman is not pregnant, her body does not need the thick lining of the uterus, and this will flow out of her vagina—this is called menstruation.

There are certain days during the menstrual cycle in which you have more risk/chance to get pregnant. Generally, in the middle of the menstrual cycle, a woman produces secretions from her vagina, and these last for several days. The secretions are completely normal when they are whitish or transparent, do not smell and itch or cause pain. This is a sign of good health. The secretions happen between days 11 to 18 after menstruation, starting from the first day that menstruation began. This is called the fertile period and is the time when the woman can become pregnant if she has unprotected sex. The secretions help keep the sperm alive in the woman's reproductive system. The sperm can only survive and fertilize the egg when there are secretions. But sperm can live up to five days inside a woman. So, a woman can still get pregnant if she has sex several days before the fertile period! The aspect of secretions can change if you take medicines, or because of an inflammation or an infection. We will discuss that in another session, but you need to know that understanding when you are fertile just with the aspect of the secretion is difficult.

However, it is very normal for young women to have irregular menstrual cycles. In other words, one month the menstruation can come some days earlier or a few days later (normally between 26-32 days,

but can also be around 35 days). Therefore, the days when a young woman is fertile, too, may vary each month. So, using the menstrual cycle is not a safe way to avoid pregnancy. A girl/woman can get pregnant pretty much any day of their cycle! Meanwhile, a man does not have a cycle, he is fertile every day after he reaches puberty and has had his first ejaculation (the release of semen from the penis of a man.)

DO: Show the illustrations and explain the menstrual cycle on page 4 of the flipbook, using the text of page.

True/False game (10 minutes)

FACILITATOR TIP: If possible, do this game in a way that the girls can have fun and move. Ask them to stand up and go on one side of the room for true and the other side for false.

Read each sentence and give the participants time to think and respond. Then read the right answer.

1. Menstruation is when a woman discharges blood through the vagina during her menstrual cycle.
2. Most times, a menstrual cycle is 15 days long.
3. A woman can become pregnant while she is having her menstruation.
4. A man is fertile only once a week.
5. The sperm of a man can live up to five days inside a woman.

Answers

1. TRUE. Every month, the inner walls of the uterus thicken with blood, preparing to receive the baby. If the woman does not become pregnant, the blood leaves the body through menstruation.
2. FALSE. Most menstrual cycles last about one month, or between 26 to 32 days.
3. FALSE. A woman can only become pregnant during her fertile days, in the middle of her menstrual cycle. When the woman has secretions (fluid coming out of the vagina), the egg leaves the fallopian tube during this time and moves to the uterus. If an egg meets the sperm, or is being fertilized, the woman can become pregnant. However, this should not be used as contraception because spermatozoid can survive several days in the woman's body and "wait" for the egg. Hence a woman can be fertilized only during her fertile days but can become pregnant even if she has sex before her fertile days.
4. FALSE. A man is fertile every day
5. TRUE. The sperm can stay alive within the woman for up to 5 days.

1.4 Wrap-Up

Time allocated: 20 minutes

EXPLAIN: As I previously mentioned, we have eight sessions for you all to participate in. Beyond that, if you feel passionate about the kind of work I am doing and have time and interest in supporting other girls in your community, you could become an AMAL adolescent leader. This will require that you join the next sessions/ a new cycle of YMC with another group of girls and participate in project review meetings. The project will rely on your insights and feedback for strengthening YMC and other elements of this project to support adolescents' access to SRH services and to feel supported in their community. In addition, you will help to identify girls in the community who could benefit from this program. Once we have completed a few sessions and you have a better sense of what this project entails, please come to me and let me know if you're interested in such an opportunity.

Before closing the first session, ask the participants if they have any questions, doubts or worries regarding the topics discussed today. Ask several group members (two or three) to share one thing they learned today or what surprised them.

ASK: What are you going to do with the information you learned today? Who can you share this information with?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see pages 114-116).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

Session 2

My pregnancy and interpersonal relations

Content

- 2.1 Recap (10 minutes)
- 2.2 Interpersonal relations (30 minutes)
- 2.3 Pregnancy (1 hour and 20 minutes)
- 2.4 Wrap-up (15 minutes)

Total time: 2 hours, 15 minutes

2.1 Recap

Welcome participants back. Ask if they have used any skills or information from the last session.

ASK: During the first session, we talked about the importance of communication. Can someone remind us what we talked about? Did you utilize this information in the last week? Please share any feedback. We also talked about how a woman can become pregnant. Can anyone explain this to the group?

Give the participants some time to think and respond. Answer any questions that they may have and then continue with the rest of session two.

2.2 Interpersonal relations

Objective: At the end of this, trainees will be able to...

1. Understand what an interpersonal relationship is.
2. Know how to negotiate with others.

Materials required: Handout of short story if feasible in your setting (see page 29)

Time allocated: 30 minutes

Methodology and procedures:

- Read short story
- Group discussion

Facilitation steps

SAY: Every day, for various reasons, we create relations with different people of diverse identities. In order to live a peaceful and happy life of working with people, interpersonal skills of creating relations is very crucial.

It is always important to remember that building strong interpersonal relationships is an important life skill and we develop these skills because we want to and it is important to us, not because we have to.

DO: Read the following short story to the group and then facilitate a group discussion using the guiding questions below.

Short story

Ahmed and Samira are husband and wife. Samira was 13 years old when they were married and they had recently relocated from their homes due to conflict. Prior to their wedding, they had reached an agreement that Ahmed would support Samira to finish her high school education. However, insecurity in the area they were living made Ahmed less supportive, and he no longer wanted Samira to continue going to school. He and his mother decided that he should instead work to get Samira pregnant, which would consequently interrupt her studies.

Ahmed told Samira that she should stop going to the health center and using contraceptives. Samira reminded him of his promise to support her education. Ahmed's mother heard the conflict between the two of them and came to interject. She told Samira: "you are a wife, and your first duty is to bear children and provide for your husband. You don't need to go to school. I will teach you how to keep your house and take care of your children and your husband. If you don't agree, I will complain to your father."

Ahmed also told her: "you are a woman now that you are married, not a child that goes to school."

Samira again reminded him of his to her. Ahmed replied that she can continue with school as long as she is not pregnant. However, while saying this, he tore up her contraceptive appointment card.

After Samira was forced to stop using contraceptives, she conceived a child and therefore had to stop going to school.

Discussion questions

- What is the main problem for Samira?
- How can Samira negotiate with her husband and mother-in-law?
- What would you do if you were Samira? Why? First, how would you go about ensuring a healthy pregnancy and delivery? How might Samira convince Ahmed and her mother-in-law to see her side of things? Then after the pregnancy, how should she start communicating and negotiate to ensure she fulfills her goals?

Ensure these points are raised:

- Samira is an adolescent. Her body is not ready to conceive children, a pregnancy would be risky. In addition, she has her whole life ahead of her. She should continue her education to ensure she can lead a full life with different opportunities.
- Talking points for discussions with husband and mother-in-law: Samira is young and has a lot of time to have children. If she has an education, she could be a better mother and ensure her children are better educated. She also will have more opportunities to work and support the household, particularly during times of economic hardship.

- Samira should seek antenatal care services as well as delivery by a skilled birth attendant at a health facility.
- After she is no longer pregnant, Samira should be allowed to pursue her own goals (in addition to having a family). Discuss how she might negotiate contraceptive use to ensure healthy timing and spacing of pregnancy in the future.

SAY: Now that we have discussed the importance of interpersonal relationships, we want to turn our attention to a topic that you all expressed an interest in learning more about – your pregnancies!

2.3 Pregnancy

Objective: At the end of this, trainees will understand what occurs in different trimesters of pregnancy (how a baby grows/develops), danger signs, and the importance of antenatal care.

Materials required: Flipbook (pages 5-7)

Time allocated: 1 hour 20 minutes

Methodology and procedures:

- Consult flipbook
- Explanations and discussion

Facilitation steps

SAY: Today we are going to talk about what happens during a pregnancy, how a baby grows inside your body, and what you can expect during this time. We will also discuss what you can do to stay healthy so your baby is healthy.

ASK: Does anyone know how long a pregnancy lasts before the baby is born?

Give participants time to share their answers.

EXPLAIN: A pregnancy takes about nine months, or 280 days – 40 weeks from the time of fertilization of the egg until a baby is born. Sometimes a baby is born earlier, which happens quite frequently amongst adolescents. Therefore, it is important to be prepared for the birth. If you live far from a health facility with attendants to help with childbirth, you may want to stay with someone you trust who lives closer to the health facility than you.

A pregnancy is divided into 3 trimesters – each with a duration of 3 months.

The first trimester

ASK: The first change that you most likely noticed when you became pregnant was that your menstruation stopped. What other changes in your body and feelings did you start to notice in the first three months of your pregnancy?

Give some time for the participants to think and respond. Suggest the following if not raised:

- Feeling tired or dizzy
- Headaches
- Changes in your breasts (becoming bigger and fuller, more sensitive, the area around the nipple becoming darker)
- Needing to urinate more often than usual
- Nausea and vomiting (often in the morning – sometimes called 'morning sickness', but some girls may feel nausea during the day as well)
- Wanting to eat specific foods or not wanting to eat foods you normally like
- Changes in your feelings: you may feel very happy one moment, and sad or tearful the next

SAY: All these changes in feelings, pain and emotions are normal during the beginning of your pregnancy.

ASK: What did you do to deal with all those feelings?

After discussion, offer suggestions on how to cope with these issues:

- Tiredness: you may feel tired frequently in the beginning of your pregnancy. Rest as much as possible—even during the day.
- Nausea: normally the feeling of nausea goes away after the third or fourth month of pregnancy. Eating something light in the morning when you wake up or drinking lemongrass tea can alleviate some of this. If you feel very nauseous and feel you have to vomit, eating small quantities of food or fruits during the day can help.
- In general: drink lots of clean water during the day, do light and regular exercise such as walking, increase the frequency of your meals, and continue eating three meals a day (breakfast, lunch, dinner) and include a snack in the morning and one in the afternoon. Increase the variety of foods you eat, if possible. A pregnant woman should eat healthy foods such as fruits, vegetables (including dark green leafy ones), beans, lentils, fish, chicken, rice, nuts, etc.

- Remember: you are young and are still growing, and what you are eating also feeds your baby! A nutritious diet will help your baby grow strong and healthy. And when you eat well, you stay strong and healthy, which reduces the risks of getting sick during your pregnancy.

SAY: At the beginning of pregnancy, your baby is about the size of a grain of rice. He or she will slowly grow arms and legs, eyes, ears, a brain and a heart. By the end of this trimester, your baby will grow to 7-10 centimeters long. Even though you may not feel it yet, your baby has grown arms and legs that are starting to move. The risks of malformations or problems of your baby are greater if you drink alcohol, smoke and/or use drugs during pregnancy.

Your baby grows within your uterus in a sack with water, called the amniotic fluid. He/she receives all the nutrition needed via a 'tube', called the umbilical cord. This cord will be cut right after birth, and when that is healed, will become the belly button or navel.

DO: Show the illustrations of the 1st to 3rd month of pregnancy from page 5 of the Flipbook.

SAY: If you have any of the following problems, please go to the nearest health facility to seek care, because these are signs that something is not all right with you or the baby:

- **Pain:** burning pain in the area around your stomach, contractions, or a strong pain at the top of your belly that does not go away
- **Bleeding from your vagina:** bright red blood that soaks through a pad or clothing within five minutes
- **Leakage from the vagina:** abundant leakage of that looks like water coming out of your vagina, leakage of brownish or green, bad smelling fluids from the vagina
- **Fever:** body temperature higher than 37°C, sweating and chills
- **Body weight:** if your belly is not growing or you are gaining a lot of weight very fast, or if you notice that your fingers, face, or legs are very swollen
- **Frequent vomiting** and difficulties in eating or continuous vomiting lasting more than a day
- **Breathing:** very fast breathing or difficulties in breathing
- **Headache:** feeling weak/dizzy, or a strong headache that doesn't go away after two or three hours
- **Blurred vision,** seeing dark spots, or light intolerance/sensitivity
- **Seizures** (your body shakes out of your control while you are not conscious)
- **Baby movements:** you don't feel your baby moving for more than 24 hours

SAY: It is very important to share this information with your husband and your family because they can be prepared to help you get to the health center if you experience one or more of these signs.

The second trimester

EXPLAIN: Your baby grows very quickly during the second trimester. The brain of the baby starts to develop. As of the fourth month, your baby is already learning about the environment around him/her. By the fifth month, your baby can feel when something is touching your belly. By the sixth month (the end of the second trimester), your baby will be over 30 centimeters long, weighing about half a kilo. Your baby has eyelashes and some hair on his or her head. You will also begin to feel the baby move inside of your belly. By the end of this trimester, you should feel your baby moving every day.

ASK: Has anyone already felt their baby kick or move in their belly? (IMPORTANT – if anyone is five or six months pregnant and has not felt their baby move yet, they should go to the nearest health facility to seek care immediately).

DO: Show the illustrations of the 4th, 5th, and 6th months of pregnancy on page 5 of the Flipbook.

EXPLAIN: As your baby grows, your body will also grow and change. You will continue experiencing some of the changes you had during your first trimester, but you may also experience or feel:

- The baby moving
- White discharge from your vagina that does not smell or itch
- Feeling hungrier
- Feeling out of breath easily – which did not happen before you were pregnant
- Stuffy nose or nose bleeds
- Swollen ankles, feet, veins in your legs
- Backaches
- Difficulty falling asleep
- Small amounts of liquid (milk) start coming from your nipples (this is normal)

ASK the following questions one at a time and give the participants some time to think and respond. Make sure that all participants have a chance to share and that the same participants are not the only ones who are answering.

- What were your feelings during this trimester (fourth to sixth month of your pregnancy)?
- With whom can you talk about these feelings and changes?
- Did they help you? Why or why not?

EXPLAIN: You will continue to have changing moods and feelings from the hormones of pregnancy but also due to the pressures you might be feeling in the house. You may even be used to them by now.

You may start to feel happier because your baby is growing, and your morning sickness may be gone, but you may also be scared to think about having your baby. These feelings are all normal and all girls and women have these feelings, even if they have had several children already. Try to discuss your feelings and fears with someone you trust, like your husband, your mother, your sister, the girls in this group or a friend.

The last trimester

EXPLAIN: During this period, your baby is growing and developing very fast. You can help your baby become healthy and smart by making good decisions. Did you know that as of seven months, your baby can already hear, see, smell and taste?

- Hear: your baby, while still in your belly, already starts to listen to your and your husband's voice. When your baby is born, s/he will recognize the tone of your voice. Therefore, it is very important to talk and sing to your baby while pregnant. Your baby will feel more comfortable and loved when born.
- Smell: during this time, a baby will start to smell. They can smell the flowers around your house or the garlic you use while cooking, for example.
- See: if you would put a light on your belly, the heart rate of the baby will change! However, a baby can only really start to see when s/he is 6 months old.
- Taste: even before being born, babies start to get used to the taste of the food you eat, so keep a diversified diet.

EXPLAIN: Until the last weeks of pregnancy, the brain and the lungs of your baby are developing. When your baby is ready to be born, s/he will be between 45 to 50 centimeters long and will weigh between 3 and 3.5 kilograms.

What happens to your body during the third trimester? You may feel more discomfort during this last part of your pregnancy since you and your baby have grown. Additional changes in this trimester may include:

- Feeling your baby kick and move often
- More white discharge from your vagina
- Leg cramps
- Sharp pain in your groin area, especially when lifting, turning or carrying something heavy
- More difficulty breathing because the baby is higher and close to your lungs (this is normal)
- Belly button sticking out

- Cramping of your womb and your stomach feeling hard and tight. This can last up to 60 seconds and happen many times during the day. These are called contractions and usually are not painful. We will discuss much more about contractions in future sessions.
- Towards the end of this trimester, your baby drops down lower in your body to prepare for birth—you can breathe easier, but you will probably have to urinate more frequently.

DO: Show the illustrations of the 7th, 8th and 9th month of pregnancy (page 5 of the flipbook).

2.4 Wrap-up

Before closing the session, ask participants if they have any questions, doubts or worries regarding the topics discussed today. Ask several group members (two or three) to share one thing they learned today or what surprised them.

ASK: What are you going to do with the information you learned today? Who can you share this information with?

ASK: Is there anything you think should have been done differently in today's session (such as time spent on each topic, interest in each sub-session, etc.)?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 114).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

Session 3

Antenatal care and danger signs during pregnancy

Content

- 3.1 Recap (10 minutes)
- 3.2 Critical thinking (40 minutes)
- 3.3 Antenatal care and danger signs in pregnancy (50 minutes)
- 3.4 STIs (45 minutes)
- 3.5 Wrap-up (15 minutes)

Total time: 2 hours, 40 minutes

3.1 Recap

Time allocated: 10 minutes

Welcome participants back. Ask if they have used any skills or information from the last session.

ASK: Last session, we discussed the ways that interpersonal relationships can affect pregnancy. We also talked about what happens at various stages of pregnancy. Can someone remind me of one change that happens during the first trimester? What about the second trimester? And finally, what is one change that happens during the third trimester?

Give the participants some time to think and respond. Answer any questions that they may have and then continue with the themes of session three.

3.2 Critical thinking

Objective: At the end of this, trainees will...

1. Be able to identify cause-effect relationships
2. Know how to anticipate or predict results/consequences before acting

Materials required: Flip chart paper, case story

Time allocated: 40 minutes

Methodology and procedures:

- Icebreaking and brainstorming
- Presentation of the theme idea
- Reinforcing interactive participation

Facilitation steps

SAY: In order to make good decisions and act upon them, it is important to consider possible positive and negative outcomes. Analyzing those potential strong/weak points of an issue is what we call critical thinking. For example, during the transitional period of adolescence, diverse and counteracting occurrences could take place. Hence, before taking a decision, we need to think about the root cause - effect relationship of an issue, advantages and disadvantages of making different choices and to critically think through one's own decision.

Here are some examples on critical thinking skills:

- Before saying YES or NO to an issue, it is important to analyze and anticipate the possible outcomes of the response to an issue.
- Identifying potential threats and vulnerable situations prior to committing to involvement.
- Identifying myths and rumors from tangible and objective realities.
- Avoiding hasty and rushed generalizations or decisions.

DO: Read the following short story to the group.

Short story

Fatima is a young mother with two children. She was living with her husband in northern Syria until he left for Turkey six months ago. He told her he would be coming back, but it has become difficult for him to return for the family. She is nervous because there have been several attacks on infrastructure and houses in her community. She wants to leave her town as soon as possible to join her husband. She was also told that the border crossing into Turkey will close in two days. She is alone with her two children and wants to choose the safest way of getting to Turkey. Here are the options she is considering:

- 1. Swim across the river with the children.** Unfortunately, she and her children have no experience with swimming, so she worries she could be washed away by the river and drowned.
- 2. Go with a smuggler.** There is a man who has a boat and has brought several people from her community in Syria to Turkey, but Fatima has heard that he requires sexual favors in return for providing such support.
- 3. Go through the mountains.** This is a dangerous option, because many armed groups operate in the mountains, and they would have to spend several nights sleeping out in the open.

ASK: Given this situation, which choice is best for Fatima? (Explain your reason.) What other options should she consider? What did you learn from this story?

FACILITATOR NOTE: Encourage participants to evaluate pros and cons/advantages and disadvantages of each scenario. Consider Fatima's existing capacities and assets and to be creative about identifying alternative strategies to solve this issue. Encourage participants to explore their values, cultural, social and gender norms that influence their choices or decisions. Note: there is no right or wrong answer. The purpose of this exercise is to explore the influences of culture, norms and values on decision-making and how we can critically consider these aspects to make the right decision for the individual. Individuals are of course influenced by their norms and values. However, in times of crisis, they may need to overcome these challenges or influences if they choose that survival is more important. It is important to overcome value judgements to meet their goals, in this case survival.

ASK: Now that we have discussed the importance of critical thinking, can you think about how this skill influences your sexual and reproductive health status and decision-making?

SAY: Next, we will move on to discussing SRH topics focused on danger signs in pregnancy and antenatal care.

3.3 Antenatal care and danger signs in pregnancy

Objective: At the end of this, participants will be able to:

1. Explain the importance of antenatal care
2. Define STIs, recognize common signs and symptoms of STIs, and explain the importance of STI testing
3. Identify pregnancy warning signs that require medical attention

Materials required: Flipbook (pages 7-10)

Time allocated: 50 minutes

Methodology and procedures:

- Recap of previous session
- Explanations and discussion

Facilitation steps

Recap (5 minutes)

During the previous session, we talked about the changes a woman experiences when she is pregnant, the different stages of pregnancy and how a woman can look after herself during these stages. Can anyone explain this to the group? Give the participants some time to think and respond. Answer any questions that they may have and then continue with the activities for this session.

The importance of the antenatal consultation (45 minutes)

EXPLAIN: Antenatal means before birth. Antenatal care consultations – which are done with pregnant people before the baby is born – are important because they monitor the health of the mother and the growth of the baby before birth. It is very important for a pregnant woman to have at least four antenatal care consultations in a health facility or mobile health clinic.

As soon as you think you are pregnant, you, together with your husband/family member, should go to the health center for your first antenatal care consultation. During these consultations, you will also receive testing for sexually transmitted infections (STIs).

ASK:

- Who in this group has been to an antenatal care consultation?
- Did anyone accompany you? If so, who?

- How was your experience?
- Do you know what the midwives/doctors/nurses do during the antenatal consultation?
- Do you know why it is important to have at least four antenatal consultations before your baby is born?

DO: Show the illustrations on page 7 of the flipbook and explain what happens during an antenatal care visit.

ASK: Do you think that your husband should accompany you to the antenatal care consultation? Give some time to the participants to think and respond.

EXPLAIN: It is important that your husband goes with you to the antenatal consultation because he also will need to understand what actions you should take to stay healthy and strong so that your baby will grow healthy and strong.

When your husband comes with you to the antenatal consultation, he will learn about the importance taking iron supplements and having good nutrition practices during pregnancy and while breastfeeding. Health providers will explain the danger signs to look out for and what you both can do to prepare for your delivery. With this information, your husband can (and should) give you all the support you need.

Danger signs during pregnancy

SAY: You should be aware of signs from your body that indicate possible health problems with you and/or your baby. These are called danger signs. If you experience any of these signs, go to the nearest health facility immediately.

DO: Show the illustrations on page 10 of the flipbook and explain each of these using the text on page 18. You may also want to provide participants with copies of the *Preparing for Pregnancy and Motherhood* brochure in the annex. (Use other resource materials on danger signs in pregnancy if available).

Session 3.4 STIs

Objective: At the end of this, trainees will be able to...

1. Have a general understanding of what sexually transmitted infections are, how they can be transmitted and a few symptoms.
2. Understand the importance of seeking health care if they might have an STI, particularly during pregnancy.

Materials required: Flipbook pages 35-38

Time allocated: 45 minutes

Methodology and procedures: Explanation using flipbook followed by question and answer session

Facilitation steps

Introduction (15 minutes)

ASK: Have you heard of any infections that are passed from one person to another? Do you know how infections are transmitted between individuals?

EXPLAIN:

- STIs are passed from person to person during ‘intimate interaction’
- They can also be passed through needles, razor blades, and knives that were previously used by someone infected.

EXPLAIN: Infections are harmful to your health. Sometimes, a person who has an infection might not feel any pain or sickness, which is why it is important to see a doctor to know your health status.

ASK: Have you heard of STIs before? Can you name any of them? (ANSWERS: Syphilis, Herpes, Gonorrhea, Chlamydia, HIV/AIDS).

Things you can see and things you can feel activity (30 Minutes)

SAY: Sometimes a person with an infection might not see or feel anything different. But sometimes there are changes. What are some of the things a person could see or feel that will alert them to visit a doctor?

Make sure the group covers the following ideas:

Seeing	Feeling
A sore on a penis, vagina, or opening of vagina	Itchiness inside the vagina or itchy pubic hair
Pus coming from the penis or end of penis being red	Burning pain when passing urine, feeling like you have to urinate frequently
Heavy and smelly discharge on a girl’s panties	Pain in the womb and fever
Small cauliflower-like growths on or near the genitals	Pain during sex
Seeing brown insects moving and small white eggs on pubic hair	

ASK: How can someone reduce the risk of passing on these infections? *ANSWERS:*

- Abstinence or using a condom during sex (Explain that condoms do not protect against all STIs).
- Don't share needles for ear piercing
- Make sure when you get any type of injection that the needle is new or has been cleaned
- Don't share knives or razor blades with other people
- When near blood, try to avoid touching it directly – use gloves or another type of barrier if you must clean or otherwise handle a wound or cut

ASK: When should someone go to a health facility for treatment for an STI? (*ANSWER: As soon as they think they have an STI, if a husband tells them that they have an STI, or if they suspect he might have one.*)

ASK: Where can someone go if they think they might have an STI? (Be prepared with information on nearby services).

EXPLAIN: If someone thinks they have an STI, they should first go to a health facility or hospital for treatment, as it is not possible to treat them at home. It is also important to take all of the medication given by the health provider and to tell their partner that they have an STI and so they can be treated too. Otherwise, the STI may get passed to them again later on.

ASK: What can happen when an STI is not treated? (*ANSWER: Miscarriage, infertility, STI transmitted to baby in womb or during childbirth.*)

3.5 Wrap-up

Today, we learned how a baby grows inside the mother's womb, we learned that we can already talk and sing to our babies before birth, and we learned how important it is for a pregnant woman to go with her husband to the antenatal consultations at the health center. We also learned to look out for danger signs during pregnancy.

ASK all the participants if they have any questions, doubts or worries regarding the topics discussed today. Also ask several group members (two or three) to share one thing they learned today or what surprised them.

ASK: What are you going to do with the information you learned today? With whom can you share this?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 114).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

Session 4

Decision making and caring for yourself during pregnancy

Content

- 4.1 Recap (10 minutes)
- 4.2 Decision making (40 minutes)
- 4.3 Tips for a healthy pregnancy (1 hour and 20 minutes)
- 4.4 Wrap-up (15 minutes)

Total time: 2 hours, 25 minutes

4.1 Recap (10 minutes)

SAY: In our last session, we talked about four topics. Who can tell me what they were? (*ANSWER: critical thinking, antenatal care, STIs, pregnancy danger signs*). We covered a lot of information last week, so today I would like to begin with a recap from last session. Please break up into three small groups – one should discuss antenatal care, the second will discuss STIs, and the third will discuss pregnancy danger signs. Each group should write down at least two sentences about what you learned last time, then we will share them as a group.

Wait five minutes, then bring everyone back together to share what they wrote down. Answer any questions that they may have and then continue with the rest of the session.

4.2 Decision making

Objectives: At the end of this, trainees will be able to...

1. Review options and choose the most appropriate one
2. Anticipate possible outcomes and consequences of everyday decisions
3. Feel responsible for the would-be final impacts.

Materials Required: Flipbook, markers, flip chart paper

Time Allocated: 40 minutes

Methodology and procedures:

- Recap of previous session
- Presentation and clarification of the topic
- Reviewing sample experiences of trainees
- Group work
- Discussion

Facilitation steps

SAY: To make good decisions, we must take time to think through the consequences of the actions we are considering. There may be significant opportunities but also risks and consequences to different decisions. Therefore, we should thoroughly analyze each situation before deciding what we are going to do.

DO: Read the following short story to the group and discuss the situation and its implications.

Short story

Amina is a 15-year-old married girl living with her husband, Hamza. She has already been married for two years. When they were first married, Hamza had a shop and business was good. However, soon after, the shop and their houses were destroyed during a bombardment. They went to Hamza's parents to ask for shelter and food, but Hamza's parents were also in a difficult situation, living with relatives and having no more income.

They left to live in an IDP camp 50 kilometers away, and now they rely on humanitarian assistance. Amina is pregnant and she is due to give birth in the next month. Hamza is becoming very stressed by the whole situation and they quarrel a lot. He decided to go to Idlib where he can work and live with his uncle's family.

Amina has been ill for a week. She goes to see a midwife, who tells her that she needs to rest, stop stressing, and eat more fresh and healthy food. She also explains to her that she absolutely needs to deliver in the health facility because she has more risks of complications due to her young age. Amina doesn't have the money to buy healthy food and she cannot rest in her temporary shelter due to the heat, the noise, and the lack of comfort. She thinks that it might be better to leave this place as Hamza did and join him in Idlib, although there is no room for her in Hamza's uncle's house. She is very stressed and doesn't know what to do.

Questions for discussion:

- Which life skill does Amina need to use?
- Why did Amina become ill?
- What problems might Amina face during delivery?
- What are Amina's options?
- Do you feel that she evaluated all of her options? What other solutions would you try to explore if you were Amina?

ANSWERS:

- Life-skill: decision making
- Amina became ill because she does not have the family or economic support she needs; she is stressed and does not have access to the resources or conditions or look after herself.
- She will likely face complications in pregnancy as she is an adolescent; therefore, she has to ensure she has access to a health facility for high quality life-saving services in delivery.

- She could go to Idlib and live in a crowded shelter with Hamza's uncle's family; or she could remain the camp.
- Amina could explore other options such as approaching camp management or other humanitarian organizations or the midwife to make special arrangements for her given the risks related to her pregnancy (such as delivering at a maternity ward); she could try to find other relatives to stay with; she could attend PSS sessions to help with her stress and develop coping mechanisms.

FACILITATORS NOTE: The main point of this discussion is to encourage preparedness and planning for safe delivery. It is important to walk girls through various options, find the resources and support needed to ensure a) Amina can deliver at the facility b) that she is able to receive adequate follow up services c) exploring her support systems so that she can receive additional support such as PSS or emotional support

SAY: Now that we have talked about the importance of decision making, we want to continue to talk about how to care for yourself and your baby during pregnancy.

4.3 Caring for yourself during pregnancy

Objective: At the end of this, trainees will be able to...

1. Understand what food is best to eat during pregnancy
2. Know how to take care of themselves while they are pregnant

Materials required: Flipbook (page 11-14)

Time allocated: 1 hour 20 minutes

Methodology and procedures:

- Recap of previous session
- Explanation, games, discussion

Facilitation steps

Recap (10 minutes)

During the previous session, we talked about the importance of having at least four antenatal consultations and how to recognize the danger signs during pregnancy. Can anyone explain this to the group?

Give the participants some time to think and respond. Answer any questions that they may have and then continue with the discussion.

Healthy nutrition during pregnancy (30 minutes)

SAY: Your baby is developing inside you. What you eat is important to stay healthy and strong, especially during your pregnancy, because what you eat is what the baby eats!

ASK:

- Do you know what kind of food is good for you to eat when you are pregnant? How do you know this?
- What do you like to eat? Has this changed since you became pregnant?
- Are there specific foods that you should or should not eat because you are pregnant?

EXPLAIN: A pregnant woman should eat a variety of different foods for her and her baby to be strong and healthy. You should eat several times throughout the day in small amounts each time, and attempt to get plenty of fruits, vegetables, and protein.

Protein comes mostly from foods of animal origin (such as eggs, milk, meat, or fish) and legumes (such as beans, lentils and peas), and eating it will help strengthen your blood and will help prevent anaemia during pregnancy. Proteins also enable growth, both for you and your baby (remember that as an adolescent, you are also still growing!).

Foods rich in vitamins and minerals such as pumpkin, carrots, green leafy vegetables, tomato, cabbage, figs, etc. will help your baby grow strong and healthy, and help prevent you from getting sick during pregnancy.

Nuts (almonds, pistachio), oil, honey, pumpkin seeds, and cucumber seeds will give you energy and your baby strength. You should also eat plenty of rice, maize, pasta, bread, and potatoes.

It is important to drink plenty of water every day. You should also rest as much as possible because this will help the baby to grow well.

It is also very important from the to take iron tablets daily (you can get these during antenatal visits at the health facility) from the beginning of your pregnancy to at least three months after giving birth. Iron tablets (which is combined with the mineral folic acid) are essential for the proper development of the baby's brain and body and will help you to have an uncomplicated birth. It is recommended that even when not pregnant, women should take iron supplements from time to time (because every month when a woman is menstruating, she will lose some blood and with that, iron). Iron pills will help to replenish the iron lost during menstruation. If you take iron supplements when not pregnant, you will ensure that once you become pregnant, your baby will have all the iron and folic acid needed to avoid malformations of the brain in the first months of pregnancy. You need to know that drinking tea during meals or when you take your iron tablets reduces the absorption of iron by your body. You can still continue to drink tea, but between meals and not with your tablets.

DO: Show the illustrations on pages 11- 12 of the flipbook (regarding healthy nutrition).

ASK:

- Which of the foods described here in the illustration are you used to eating where you live?
- How many times do you normally eat during the day?
- Who decides in your home/your family, what you should or should not eat?
- Who cooks at your home?
- Is it possible to eat a variety (different kinds) of foods? Why or why not?
- Is there any food you should avoid during pregnancy? Why?

SAY: In many communities, certain foods are believed to be forbidden when you are pregnant. Here are some examples girls like you told us:

- “A pregnant woman should not take vitamin supplements like folic acid because it will make her fat.”
- If a pregnant woman eats shrimp, her baby will be born malformed.

These beliefs are not true. Avoid following traditional beliefs associated with pregnancy that conflict with the scientific advice you are learning.

Other precautions to take when you are pregnant (30 minutes)

ASK: Now that you are pregnant, you not only have to take care of yourself, but also of the baby growing inside you. What kind of precautions should you take during pregnancy?

After the participants respond, explain the following.

A pregnant woman should take care of her personal hygiene by:

- Washing your body every day with clean water and soap: bathing will help you feel more relaxed and will help prevent skin diseases.
- Brushing your teeth: brush your teeth at least twice a day, when you wake up and before going to sleep with a toothbrush and toothpaste.
- Washing your hands often with clean water and soap, especially after using the bathroom, before and after cooking and before and after eating, to avoid getting sick with diarrhoea, roundworms or other diseases that spread easily through dirty hands.

More pregnancy tips:

- Avoid carrying heavy loads.

- Take sufficient rest, especially the last few months of your pregnancy. You will need to be well rested and have all your energy for the birth.
- Do light exercise: going for a walk or getting a massage will help keep your body fit and your mind calm and relaxed.
- Avoid consuming alcohol, tobacco, and limit caffeine intake as it will directly impact the development and growth of your child.
- Avoid taking drugs, unless prescribed (always inform the health provider that you are pregnant when you seek care for problems unrelated to your pregnancy).
- Go to antenatal consultations as soon as you think you may be pregnant: you should have at least four antenatal consultations throughout your pregnancy.

DO: Show participants pages 13-14 of the flipbook and ask the participants to explain the illustrations regarding the precautions a pregnant woman should take to stay healthy.

4.4 Wrap up

EXPLAIN: If you feel passionate about the kind of work this project aims to do and have time and interest in supporting other girls in your community, you could become an AMAL adolescent leader. This will require that you join the next sessions/a new cycle of YMC with another group of girls and participate in project review meetings. The project will rely on your insights and feedback for strengthening the YMCs and other elements of this project to support adolescents' access to SRH services and to feel supported in their community. In addition, you will help to identify girls in the community who could benefit from this program. If you have time and interest in serving as an AMAL adolescent leader in your community, please come and let me know in the next week, as we will plan accordingly.

SAY: Today, we learned that it is important for a pregnant woman to eat a variety of foods and to eat several times during the day for her and her baby's health. We also talked about how to take care of our bodies when we are pregnant.

DO: Before closing the session, ask participants if they have any questions, doubts or worries regarding the topics discussed today. Ask several group members (two or three) to share one thing they learned today or what surprised them.

ASK: What are you going to do with the information you learned today? Who can you share this information with?

ASK: Is there anything you think should have been done differently in today's session (such as time spent on each topic, interest in each sub-session, etc.)?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 114).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session. Make sure everyone knows when and where the next group session will be held the following week.

Thank everyone for their active participation and dismiss the group.

Session 5

Problem solving and birth planning

Content

- 5.1 Recap (10 minutes)
- 5.2 Problem solving (30 minutes)
- 5.3 Birth planning and delivery (2 hours)
- 5.4 Wrap-up (15 minutes)

Total time: 2 hours, 55 minutes

5.1 Recap

DO: Hand out sheets of paper, one to each participant.

SAY: Welcome back, everyone. Last week we talked about caring of yourself during the pregnancy, good nutrition, and other tips for a healthy pregnancy. Everyone has a piece of paper in front of them. I would like you to write down 3 things you learned from our last session. I will give you 5 minutes to fill out this information, then we will discuss them as a group.

FACILITATOR NOTE: If not all participants are literate, arrange people in partners or small groups with one person who can write notes for everyone.

Wait five minutes, then bring everyone back together to share what they wrote down. Answer any questions that they may have and then continue with the rest of the session.

5.2 Problem solving

Objectives: At the end of this, trainees will be able to...

1. Clearly identify the nature, cause(s), consequences, and possible solutions(s) of a problem
2. Choose the BEST alternative among other available options
3. Act upon their choice

Materials required: Flip chart paper, markers

Time allocated: 30 minutes

Methodology and procedures:

- Recap of previous session
- Sharing experiences
- Presentation/clarification of the topic
- Role play/drama
- Discussion

Facilitation steps

SAY: In our everyday lives, we are confronted with many challenges. We must constantly solve problems to survive. Analyzing causes and effects can help us to make good choices and implement solutions to the problems we face.

Some examples of problem solving;

- Using contraceptives to prevent unplanned pregnancy

- Proper and consistent use of condom to protect yourself and others from STIs

DO: Read the following short story out loud and facilitate a discussion about the scenario it describes.

Short story

Zeinab got married to 28-year-old Majid when she was 14 years old because her family was in a difficult economic situation after being displaced from their home due to conflict. Her marriage was set without her involvement and she had never met Majid before. Majid's mother is eager to see the child of her son and she reminds him of this regularly. As was expected of her, Zeinab had a baby within the first year of her marriage. Childbirth was difficult, she faced prolonged labor and sought care at a nearby hospital where she was given a caesarean section to get the baby out. The gynecologist told Zeinab's mother and Majid that it would be much safer for Zeinab to wait to have her second baby for at least another five or six years to avoid complications in pregnancy. She suggested that the couple should use a contraceptive method.

Majid's mother refused to accept that a contraceptive method was necessary, because she wanted to see another child in the house. She told Zeinab that it was common for her and her friends to have five children when they were young and she pushed Zeinab to have another child as soon as possible. Majid wanted Zeinab to be healthy, but he also wanted to obey the order from his mother.

ASK:

- What problem is Zeinab facing?
- What should Zeinab do to ensure she is following the advice of her doctor?
- What is Majid's mother's issue?
- How would you advise Zeinab to overcome these issues?

Ensure these main points are discussed:

There is a pattern in Zeinab's life, that she has not been able to make decisions for herself even prior to her marriage. Zeinab and Majid could seek support from family members or other community members whom Majid's mother would be more likely to listen to. They should reiterate that having another child at this stage would be life-threatening for Zeinab and any new baby. In addition, waiting to get pregnant would allow her body to recover from her complicated pregnancy and give her time to look after her first baby and herself. The point of the exercise is for participants to consider potential opportunities, sources of support and solutions to address challenges that they face.

5.3 Birth planning and delivery

Objective: At the end of this, trainees will be able to:

1. Explain the importance of giving birth in a health facility
2. Identify why having a birth plan is an important step to facilitate a healthy delivery
3. Use their birth plan as a basis to ensure timely access to services

Materials required: Paper, markers, and tape. Flipbook pages 15 - 20

Methodology and procedures:

- Presentation and clarification
- Group work
- Discussion

Time allocated: 2 hours

Facilitation steps

SAY: We always hear that it is important to give birth in the health center.

ASK: Why do you think this would be better than giving birth at home? *Give several participants the chance to think and answer.*

EXPLAIN: It is safer for you to give birth at the health center because there are trained health workers there who can help you and your baby. You may know what month and day your baby is expected to be born, but most babies are not born exactly on that day. Therefore, you, your husband, and your family should prepare for the delivery in advance. Then when the time comes for the birth, you are less likely to have problems.

It is important to have a birth plan which includes everything related to the birth. It is possible you or your baby may have a problem during your pregnancy, your delivery, or during the period right after birth. For example, your baby may be born too early, or you may have to stay a few days or weeks at the maternity ward because your delivery is slower than anticipated.

SAY: You, your husband, and other family members should be ready for the arrival of the new baby and be able to solve any problems—like knowing where to go and how to get there—that may arise during your pregnancy or delivery. We will now make a birth plan together.

ASK: What do you think should be in your birth plan? *Give participants the chance to think and answer.*

SAY: I will give you an example. When I am pregnant, I need to decide who will come with me to the health facility when it is time to give birth. I should ask that person ahead of time if they willing to come with me.

Making a birth plan (30 minutes)

DO: Divide participants in small groups (two or three girls each – making sure that each group has at least one person in it who is able to write) and give each group a sheet of paper and a writing instrument. Ask them to write or draw all their ideas for what should be included in a birth plan.

After 10 minutes, ask all participants to come back to the large group, where they should present their birth plan to the others.

When every group has presented their plan, discuss together what should be in a birth plan. Suggest the following template.

- I will deliver in health facility (name)_____.

- I will use _____ as transport to go to the maternity ward when the time comes for the delivery.

- _____(name) will come with me to the health facility.

- If I cannot make it to the health facility on time, I will call the health center emergency number, which is _____.

- If they cannot send the ambulance, I will deliver with the home midwife (name)_____ or doctor (name) _____, and her phone number is (number) _____.
I will ensure I have a clean delivery kit in my house.

- I will need (amount of money) _____ to pay for transport to the health facility and back home, and for any additional costs.

- Other transportation arrangements needed are: _____.

- I have my prenatal registration card/booklet from the health facility. I keep it (place) _____.

- I have clean and dry clothes (and a small hat) for my baby and for me to wear during and after the birth.

- If I live far away from the maternity ward, I will organize another home close to the maternity ward where I can stay until the delivery. That home belongs to (name) _____.

DO: Show page 15 of the flipbook and ask the participants to explain each illustration. When finished, read the text on page 16.

SAY: Now that we have seen what components a birth plan should include, we will have another 10 minutes to finalize our own plans to make sure that we have thought through everything that is

necessary for a safe delivery.

One by one, giving some time to the participants to think and discuss before moving on to the next question.

- Who do you think should decide where you will deliver your baby? Why?
- With whom can you discuss about preparing for your delivery? Is this easy or difficult? Why?"
- What parts of the birth plan are the most difficult to organize? Who can help you with that?

EXPLAIN: Remember, you should make a birth plan months before your planned date of delivery! Make arrangements for getting to the maternity ward (transport, finances, emergency telephone numbers, alternative arrangements for living closer for the 2 weeks before pregnancy, if needed).

SAY: Now we know that it is important for a pregnant woman not to wait until the labor pains begin to think about what it takes to have a safe delivery and a healthy baby. All pregnant women, with the support of their husbands and family members, have to begin preparing a birth plan so that, when the time comes for delivery, they can arrive on time to a well-equipped health facility. You can start planning for your birth from the moment you know you are pregnant.

Danger signs: when do I have to go to the health center?

Duration: 30 minutes

Material: Flipbook pages 19 and 20

Methodology: Explanation and discussion

Facilitator, SAY:

In the previous sessions we learned how the baby grows within your womb, what kind of changes your body is going through during the pregnancy, and what you can do so you and your baby stay healthy. We also talked about the changes in your body, your emotions, and discomforts you may experience when pregnant.

ASK: What kind of discomforts are normal during pregnancy? Who has experienced these?

When the participants have discussed this for a couple of minutes, explain:

The following discomforts are normal when you are pregnant:

Nausea; urinate frequently; Pain in your back; Sensitivity; Tiredness;
Desire to eat certain foods and a dislike for foods you normally like; Feeling sad or irritated or rapid changes in emotions; Heartburn, a burning feeling in your stomach.

These are all normal. But there are also different signs that something is wrong with you or the baby, called **danger signs**. When you experience one of the danger signs, you have to seek immediate help at the nearest health facility.

Facilitator, ASK: does anyone remember what are danger signs during pregnancy?

EXPLAIN:

You can show page 9 of the Flipbook again to show what the danger signs during pregnancy are:

Heavy bleeding through your vagina that soaks through a pad; Fluid that looks like water coming out of your vagina; Sweating and chills with a fever over 38 degrees Celsius; Strong pain; You don't feel your baby moving for more than 24 hours; Strong headache, vision problem, swollen hands or face

Remember: it is very important to share this information with your husband and your family because then they will be better prepared in case you need to go to the health center if you experience one or more of these signs.

The birth is beginning!

We made a birth plan so you are prepared to have a safe delivery and a healthy baby. As the date of birth approaches, the prenatal consultations will be scheduled from once a month to every two weeks in the last month to once a week. During the prenatal consultations, the nurse will assess your and your baby's health status and see his/her growth and development over time.

Now, let's talk more about childbirth. There are questions you may have.

Start the discussion with the first question below. Give participants time to think and respond. Let them ask questions, and then read the right answer.

I have heard many scary stories about childbirth. Are these stories true?

Scary stories are not true and many of them are caused by lack of information and fear of pregnancy and childbirth. It is very important that you know the danger signs during pregnancy and delivery and that you have a birth plan. So, if a problem may arise, you're ready. You have to trust the information you receive at the health center and from our group. This will help you relax and you will feel confident in giving birth. Make the birth plan and you will be very well prepared to receive your new baby.

Will childbirth hurt a lot?

Each woman experiences the pain of childbirth differently. The pain of the contractions comes and goes. Sometimes it can hurt a lot, but you can relax in between. It's good to have a family member or someone you trust with you during labor to help you manage the pain. This person can massage you, talk to you, help you stay calm, give you water or do other things to help you.

How do I know that labor will begin?

Signs that you are entering labor vary for every pregnant woman. Labor often begins with contractions. The contractions are cramps or pain in the lower part of your belly making it feel hard and tight. Contractions last between 30 to 60 seconds at the beginning of labor.

You may have already had small, painless contractions during the last months of your pregnancy that come and go several times a day. This is normal and is not a sign of labor. Labor contractions are different. They become stronger, longer, and painful; they come back every 5 to 10 minutes, and don't go away after two hours.

It is not possible to know, exactly, when labor begins, but usually between the 38th and 40th week of pregnancy. However, it is quite common for adolescents to begin labor earlier (36 weeks or before). You may see a pink discharge with a little blood coming out of your vagina, which may appear a few hours or days before the onset of labor.

Sometimes labor begins when your water breaks and there is fluid coming out of the vagina. These are signs that you are in labor and will give birth within 6 to 24 hours.

Will the baby tear my body? Are there any ways to avoid this?

Some new mothers will tell you that they had some tearing of the birth canal when the baby came out. This does not happen to everyone. Pushing with your contractions and being in a comfortable position during labor can help avoid this. Some women like to sit upright, squat down or lie on their side when they deliver the baby. Giving birth in these positions can help to avoid tearing of the birth canal. The nurse/midwife should allow you to deliver in the position most comfortable for you.

If you do have a tear, the nurse may need to put in some stitches to help it heal. The healing usually takes up to 6 weeks. You should not start having sexual relations until the tear heals because it can open again and become infected. If this happens, you will need to go to a health center right away for treatment.

The birthing process (20 minutes)

Facilitator, read aloud:

1st stage: the cervix opens and the baby is moving down to the birth canal;

2nd stage: the baby is pushed out – the actual birth;

3rd stage: the placenta is pushed out of the uterus and your body.

1st stage:

The contractions you are feeling prepare your body for your baby to come out of the uterus. The first phase, generally, is the longest part of the birthing process. This is the time to go the health center/maternity if you are not already at the Maternal Waiting House. At the end of the first phase, the contractions will be very strong and last between one and two minutes each. The baby is ready to be pushed out of the birth canal.

2nd stage:

The pressure of the baby's head in the birth canal makes you want to push down. You may feel very tired now with some nausea and cramping in your legs. This is normal, and you are almost finished! It can take between 15 minutes and four hours to push the baby out.

You will need to try and push down as hard as you can during your contractions. Taking a deep breath in through your mouth and blowing it out hard can help make it easier for you to push down. It is normal to push between one and three times during a contraction. Each contraction and push will help move the baby closer to being born, so it is important to push every time if you can.

You may feel a stinging or burning sensation when the baby's head comes out. Hold on – you are almost there. During the next few contractions, the rest of the baby's body will come out and you will be a new mother. As soon as the baby comes out, it is good for both you and the baby to have the baby put directly on your chest while the birth attendant dries the baby and cuts the umbilical cord.

How to take care of yourself during the second stage?

Continue to rest between contractions. Sip water or juice if you want to. Have someone wipe your face with a cool towel. Imagine yourself strong, happy and holding your baby in just a few minutes.

Show the illustrations on page 17 of the Flipbook, while explaining the text on page 18. Make sure to answer any questions the participants may have before continuing with the following:

First breastfeed:

After birth, your baby needs to be quickly dried with a clean, dry cloth.

After your baby is dried, the towel should be set aside and should not be used on you or your baby again. The nurse should do this while your baby is lying on your chest. You are the best "heater" for your baby. Put your baby's stomach down on top of your chest to keep him/her warm. Your baby will be able to hear and feel the beating of your heart that s/he has heard in the last 9 months. This will help keep your baby calm and will help him/her get to know you. If you squeeze your breast a little, the first yellowish milk, the colostrum, will come out. When the baby smells this, s/he will look for your breast to start breastfeeding. As soon as s/he opens his mouth, put your nipple in, and your baby will begin to

nurse without anyone having to teach him/her. This yellowish milk is like the first vaccine your baby will receive to protect him/her from illnesses, and will help cleanse the baby's intestines.

3rd Stage:

Your baby is born, but you have one last step to go through before labor is over. The placenta, which provided your baby with nutrition and air during his/her time in your womb, needs to come out. This usually happens between 5 and 30 minutes after the baby is born. The nurse or midwife will help deliver the placenta and make sure all of it has been released. Delivering the placenta is much easier than delivering the baby. You may need to push down a few times to help it come out. After the placenta is out, your labor is over.

Important: if the placenta does not come out after an hour after the baby is born, you will need to seek immediate care from a health worker to help the placenta come out.

Now that your labor is over and you have your baby, your body will continue to go through many changes. You will notice right away that you will have bleeding. This is very normal and will continue to happen for about the next three to six weeks. This is your body getting rid of the fluids that were in your womb; your bleeding will become lighter every day. You will probably also have some blood clots, usually between the size of a small lime or an orange.

Remember: we talked about the three stages of childbirth. Now you know more or less what to expect. Because of the lack of information and fear of childbirth, it is common for some people to tell false and frightening stories. You must trust the information you receive at the health center and in this group.

Danger signs of labor (duration 15 minutes)

If you feel any of the problems described here below during the birth, you have to seek the immediate help of someone close (family, husband, or if already at the health center, a nurse or midwife).

Show page 19 of the Flipbook and read the text on page 20 and make sure that all participants understand and are able to recognize the danger signs of labor.

5.4 Wrap Up (duration 10 minutes)

This is the end of our session on the birthing process. Today, we learned about the importance of working together with your husband and family on making a birth plan so that you are prepared for the birth, especially if it starts earlier than you expect. We talked about the three stages of childbirth and the danger signs during labor.

Ask a couple of group members (two or three) to share something they learned today or something that surprised them.

ASK: what will you do with this information? With whom can you share what you have learned today?

Then SAY: in the next session, we'll talk about how you can take care of you and your baby after giving birth. We'll learn about the baby's development and the importance of playing with your baby.

We ask each of you to invite your partners or father of your child to come with you and attend our next session. Everyone is invited. Make sure that everyone remembers the date, place and time of next week's session.

Thank you all so much for your participation! We look forward to seeing you and your partners here next week.

Session 6

Building confidence and postpartum family planning

Content

- 6.1 Recap (10 minutes)
- 6.2 Self-esteem (40 minutes)
- 6.3 Postpartum family planning (1 hour and 30 minutes)
- 6.4 Wrap-up (15 minutes)

Total time: 2 hours, 35 minutes

6.1 Recap

SAY: Last session, we talked about decision making. We also discussed the importance of having a birth plan. With a partner, discuss the following questions. I will give you five minutes to discuss, then we will talk about them as a group:

- What is one reason why delivering in a health facility can help protect you and/or your baby?
- What is a birth plan?
- How can husbands and other family members help with the preparation of a birth plan?

After 5 minutes, come back together to discuss as a large group. Answer any questions they may have before moving on to the rest of session 6. Show page 15 of the flipbook to participants to review if necessary.

6.2 Self-esteem development

Objective: At the end of the self-esteem session trainees will be able to understand self-esteem and self-worth.

Materials required: Flip chart paper and markers

Methodology and procedures:

- **Sharing experiences**
- **Discussion**

Time allocated: 40 Minutes

Facilitation steps

Compliment your neighbor (10 minutes)

DO: Have the girls stand in a circle and all hold hands.

EXPLAIN: One of you will start the activity by gently squeezing your neighbor's hand and saying one nice thing about them. Your neighbor will do the same to the next person and so on until everyone around the circle has participated.

Once they get all the way around the circle one time, do the activity again in the reverse order, so each person compliments their neighbor on the other side.

ASK: How did you feel about the nice things your neighbor said about you?

Where does confidence come from? (20 minutes)

DO: Split the group in half. Ask one group to think about a girl who is confident (feels comfortable and happy with herself) and draw her. The other group will think about a girl who is not confident and draw her.

SAY: I want you to draw the two girls. Think about what they look like, and how they behave differently. Why is one girl confident and not the other girl? After, we will share our drawings with the group.

ASK: What is the same about these girls and what is different?

EXPLAIN: Self-confidence is not about how smart, rich, accomplished or beautiful you are. Confidence comes from inside you. Material and physical traits do not give you confidence, but having confidence makes you powerful. Whether a girl feels confident or not can change day to day, due to many things. It is possible to gain confidence over time. If you gain more knowledge and skills, you are likely to be more confident.

ASK:

- How can you work on your confidence if it is low?
- How can you support each other as a group to build each other's confidence?

Staying confident (20 minutes)

SAY: I will tell you a story about a girl who lost her confidence. When I am finished, you will make suggestions for how she might get her confidence back.

READ: Lubna was always worried about what people thought about her. Lubna was a really nice girl, smart, funny and a good friend. One day, Lubna was walking to the community centre, when she saw a group standing outside a shop. They started calling her names and teasing her. Lubna was very upset and it made her feel sad. She didn't feel good about herself. She lost her confidence.

ASK: What can Lubna do to get her confidence back? (Ask them to think about encouraging words she can say to herself, speaking to a friend/family member who can make her feel better).

DO: Have the girls go back into their groups to discuss. When they have finished, invite them to share their ideas with the group.

SAY: So this is what Lubna did. She told her friend what happened. Her friend told her that it was not a personal attack on Lubna, the group were just behaving in a silly way. Lubna's friend told her how she thought Lubna was a good person. This made her feel much better.

You should do your best not to compare yourself to others. Don't worry about what other people think of you. Do something you love. Take some time for relaxation. Good posture (standing up straight with shoulders back) will automatically make you feel more confident. Be good to yourself – know your

strengths and develop them. Believe in yourself, your abilities, and potential. It is not about what others say about you, rather it is how you perceive yourself and believe in yourself. It is important to translate this into actions, decision-making and self-confidence. Do not let others define you, define yourself instead.

When I look around the room, I see a room full of very smart, capable, caring and thoughtful girls. You all have provided support to each other and have developed and grown through the time we have spent together. I can see that you have grown in confidence and will keep on growing. Knowing what you like about yourself, and what you want to improve can help build your confidence. It is important to recognize that you all already have tremendous capacities and skills that you can leverage.

6.3 Influencers, healthy timing and spacing of pregnancies, postpartum family planning

Objective: At the end of this session trainees will be able to...

1. Explain how key influencers affect how many children a couple may have
2. Describe the importance of healthy timing and spacing of pregnancies (HTSP)
3. Describe how to use lactational amenorrhea (LAM) as a birth spacing method and explain where to seek modern family planning methods

Materials required: Flipbook (pages 32-34), name tags with the following names on them...

- Hayya
- Mustafa
- Mother-in-law
- Family leader
- Religious leaders
- Traditional birth attendant
- Teacher
- Midwife

Add other types of people in the community if necessary so that every YMC participant can have a name tag.

Time allocated: 1 hour, 30 minutes

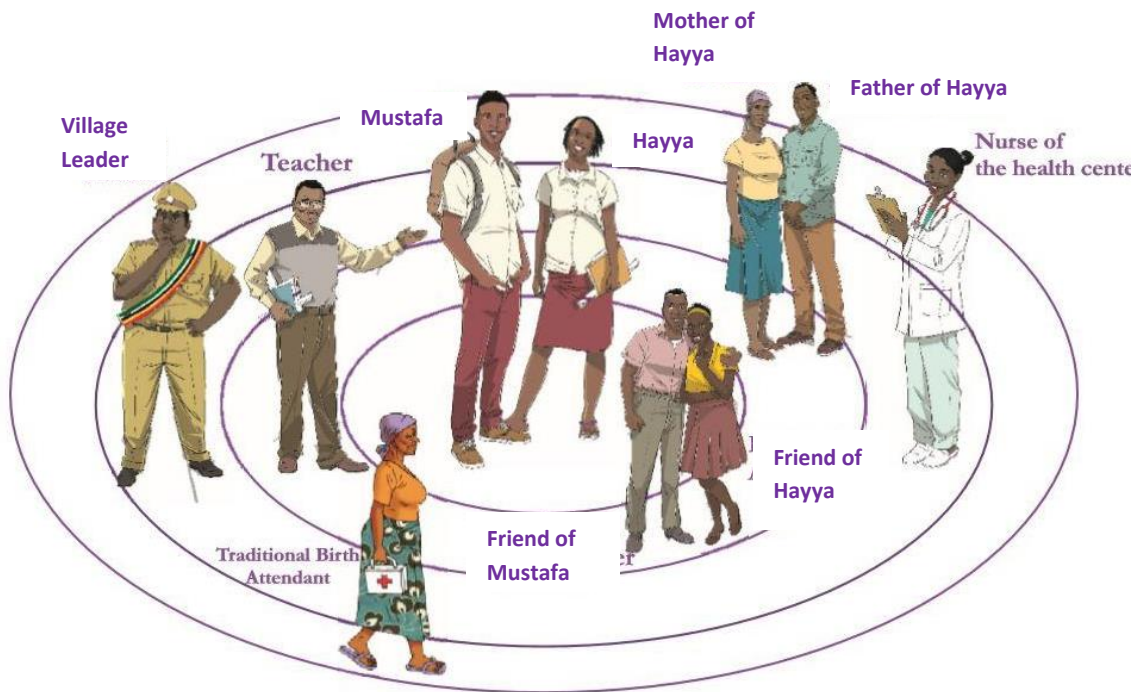
Methodology and procedures:

- Role play
- Explanation and discussion

Facilitation steps

Circle of influence (30 minutes)

EXPLAIN: Everyone has their own values and opinions, and we usually believe that our values and opinions are correct, whereas anyone who believes differently is wrong. Because of this, family members, friends, and others in the community may pressure you to believe and act the same way as they do. During this next activity, we will discuss how the thoughts, attitudes, beliefs, and actions of other people in our community can influence our own decisions.



DO: Mark four concentric circles on the floor as shown in the figure above. Give each participant one of the name tags that was prepared before the session – they will play the character indicated on the name tag for this activity.

Ask the participants who have the name tags that say *Hayya* (a pregnant adolescent girl) and *Mustafa* (the husband of Hayya), to stand together in the center of all the circles.

SAY: Now, all of you have a name tag of a type of person who might have some kind of influence in the life of Hayya and Mustafa, and specifically on their decisions about when and if to have more children, whether or not they use a family planning method, or whether and when they should seek health information and services. You can see that we have four circles on the ground. The circle closest to the couple is where the people who are most influential on their decisions should stand. The people who have a little bit less influence, but still have some influence, should stand in the next circle out (the middle circle). Finally, people who have less influence on the couple, but still influence the community in which they live in should stand in the last, outermost circle.

ASK: Are there any very influential people missing from our list of characters? *Discuss as a group and add name tags for these people if necessary.*

When I say *GO*, you should all position yourself where you think you should stand based on your character. Decide amongst yourselves where everyone should stand based on the reality in your community. Remember, the people who influence the couple the most should be standing closest, and those with less influence should be further away.

DO: Say *GO*. Allow the group about 10 minutes to arrange themselves in the way they think illustrates their character's level of influence in the community. Allow them to debate and discuss amongst themselves. When all the participants are in their place in the circles, ask the girls playing Hayya and Mustafa who they think have the most influence on their decisions as a couple and why. Then ask the people who have positioned themselves in the circle closest to the couple to explain what kind of influence they have over them and why. Continue to ask the participants in the next circle the same question, until all participants in the four circles have a chance to explain their influence on the young couple.

After everyone has had a chance to explain their level of influence, ask them all to sit down and facilitate a discussion. **ASK:**

- What did you think of this activity?
- How is it relevant to life in your community?
- What does this exercise tell you about a young married woman or young mother's ability to make choices about when and if to have a child?
- How is she influenced and pressured by those people around her?
- Who are the people with the most influence and power over young men's decisions? And who has the most influence and power over a young woman/young mother?
- Who pressures young women to have children? And who pressures young men?
- Who can give adolescent and young women support so that they can be empowered to make their own decisions on when and how many children to have?
- Who can give support to young men so that they can make these decisions jointly with their spouses?

FACILITATOR NOTE: Participants should recognize the innermost circle of influence on these decisions. Starting with their husbands, adolescent girls should feel confident to build relationships of trust, communication, support, and negotiation with their husbands and mothers-in-law. Furthermore, adolescent girls could engage other influencers such as health providers or respected community members such as elders or religious leaders in supporting their goals. Participants should recognize that these influences could be barriers to accomplishing their goals or meeting their needs. However, if adolescent girls are able to negotiate with these influencers, they could become their greatest forms of support.

Healthy timing and spacing of pregnancies (30 minutes)

SAY: Becoming pregnant soon after the birth of a child can cause serious health problems for a mother and her baby. If births are properly spaced out, a family has more time to earn money which they can spend on feeding, clothing, and educating the children, and more time to play with and care for the new baby. Therefore, it is important you **plan** your next pregnancy.

EXPLAIN: For your and your baby's health, it is best to wait at least 24 months (two years) after you give birth before getting pregnant again. It is likely that if you become pregnant again less than 24 months after giving birth, your next baby may be born too small, too early, or with serious health problems. Having a baby too soon may cause health problems for you, too. Waiting 24 months or more will also allow you to breastfeed your baby a full two years, which is what health experts recommend; and it is much more likely that your next baby will be born and grow up healthy. *As you know, breastfeeding is also recommended in the Quran.* If a woman has had a miscarriage or an abortion, she should wait at least six months before trying to get pregnant again.

ASK: How can you avoid getting pregnant right away after a child is born?

Allow time for participants to share their thoughts, beliefs and experiences (5-10 mins max).

EXPLAIN: To avoid getting pregnant, you and your husband should seek family planning services from a community health worker or at a health facility. Family planning providers have information and tools that can help couples to plan when they want to have children, how many children they want to have, how much time they will take between one pregnancy and the next, and what to do when they do not want to have any more children.

Contraceptives are the methods used for planning the healthy timing and spacing of your pregnancies. Every couple must decide for themselves if and how they want to plan their family. No one can decide for you and your husband.

ASK:

- Why should couples wait at least two years after the birth of one child to become pregnant again?
- Who is responsible for avoiding pregnancy in a relationship? Why do you think that?
- What are some of the problems a couple may encounter when they have another child within two years of each other?
- What kind of modern family planning methods do you know of?

The modern family planning methods available are: condoms, the pill, injectables, implants, and IUDs.

SAY: Next session we will talk about contraceptives in more detail.

Postpartum family planning (30 minutes)

ASK:

- What are the local customs/beliefs about how long a woman should wait after the birth of a child to have sexual relations again? Why is it so?
- Do people generally follow these customs?

EXPLAIN: Women need time for their bodies to recover after giving birth. It is recommended that you wait at least six weeks after childbirth before having sex again. However, what is most important is that you feel ready before having sexual relations. Vaginal soreness, feeling tired, and changes in your hormones may make you not want to have sex yet. Talk with your husband about how you are feeling. You should not have sex if you do not want to.

Your fertility, which dictates when you can become pregnant again, returns approximately after four to six weeks after the birth (post-partum). Some adolescents will begin menstruating again after this time. Exclusive breastfeeding helps reduce your fertility for some months after giving birth. However, please remember there are many other methods of family planning that are more effective than breastfeeding as contraception.

We talked about fertility, the menstrual cycle and how to get pregnant earlier. The fertile time is when a woman can become pregnant. This means that you can become pregnant around two weeks before your menstruation returns after a pregnancy. If you are not exclusively breastfeeding, you will have to use a modern method of contraception to avoid becoming pregnant again too soon (before your last child is at least two years old). During your antenatal consultations, you can discuss with the midwife the methods you can use right after birth to avoid becoming pregnant too soon.

DO: Show page 3 of the flipbook and explain once more when a woman is fertile during her menstrual cycle and when she can become pregnant.

SAY: If you are exclusively breastfeeding – meaning you breastfeed your baby as often as the baby wants and you do not give them any other food or liquid for the first six months – this can delay the start of your menstrual cycle after giving birth. This is called the **lactational amenorrhea method (LAM)**. Exclusive breastfeeding prevents the release of eggs from the ovaries. There are three conditions that must be met for LAM to be effective and not become pregnant:

1. The mother's monthly bleeding – menstruation – has not returned after birth
2. The baby is exclusively breastfed and is fed often, day and night
3. The baby is less than six months old

Breastfeeding must be the baby's **only source of nourishment**. The return of the menstrual cycle is a sign that the method is no longer providing effective pregnancy prevention. If all three conditions are not met, a woman is not protected against pregnancy anymore and she should start to use a modern

contraceptive method. A woman should continue to breastfeed her baby after starting to use a family planning method. There are many methods that you can start using immediately after birth.

If you did not already decide on what contraceptive method you plan to use after birth, you should try to decide soon, definitely before your menstruation returns. It is best to have a plan in place and a method chosen and available by the third month postpartum but no later than six months after birth, when you start to introduce other foods and liquids to your baby. If you are worried about becoming pregnant but have not yet decided what modern method to use, condoms will work well as a second method with LAM or until you and your husband have decided what method to use.

6.4 Wrap-up

SAY: Today, we talked about which people in our families and community have influence over the lives of young couples. We also learned that around four to six weeks after giving birth, the fertility of a woman returns, meaning she can become pregnant again if she is not using a modern family planning method. For the health and wellbeing of the baby and the young mother, it is important to wait at least two years after the birth of the child to try to become pregnant again.

DO: Invite two or three participants to share something they learned today, or that surprised them.

ASK: What will you do with this information? With whom can you share what you have learned today?

ASK: Is there anything you would have liked to change or to be done differently in today's session (such as time spent on each topic, interest in each sub session)?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 114).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

Session 7

Emotions and wellbeing

Content

- 7.1 Recap (10 minutes)
- 7.2 Emotions and wellbeing (20 minutes)
- 7.3 Family planning (1 hour and 30 minutes)
- 7.4 Wrap-up (15 minutes)

Total time: 2 hours, 20 minutes

7.1 Recap

Welcome participants back.

ASK: What did you find new or interesting about last session? Were you able to use any of the skills or information you learned?

Answer any questions they may have before moving on to the rest of session 7.

7.2 Emotions and wellbeing

Objective: At the end of this, trainees will be able to:

1. Identify a personal safety network
2. Understand what case management is

Materials required: none

Time allocated: 20 minutes

Methodology and procedures:

- Recap of previous session
- Explanations and discussion

Facilitation steps

SAY: Today we are going to use our imagination. I want you to walk in the room without looking at each other. Let's forget that we are in this location and try to follow the story I'm going to tell you now...

FACILITATOR NOTE: Pause between sentences so participants can take their time to imagine what you're telling them.

Let's walk around the room but imagine that you are walking in nature. The weather is amazing today! The sky is blue, and the sun is shining. You can feel the breeze on your skin. You can see colorful balloons in the sky. Some of these balloons are small and some others are big. While walking, I want each one of you to catch a balloon by the string. Catch a small balloon if you're feeling good today, or a big balloon if you're not feeling very good. After catching the balloon, let it go back into the sky and keep walking until everyone starts walking in one circle.

ASK: How did you feel while walking? What could make girls catch a small balloon? What about the big balloon? (What are the things that can make a girl feel good? What are the things that can make her feel uncomfortable?)

EXPLAIN: Sometimes, you may wake up in the morning and feel very good. Other times, you may not feel good or comfortable. You may have some concerns or challenges they wish to talk about because each big balloon can turn into a small one, but maybe they don't know who they can talk to.

In our program, in addition to these sessions, someone is trained to listen to the concerns of girls in a very confidential safe space, where any girl can freely express and open up around anything bothering her. The purpose of this exercise was to remind us all that these services are available at health facilities. If this is not the case, please use methodologies developed by the GBV sub-cluster in undertaking referrals for case management and other relevant services.

Now that we have talked about your emotional wellbeing, let us turn our attention to a topic we started to discuss during the last session: family planning.

7.3 Family planning

Objective: At the end of this, trainees will be able to...

1. Use strategies to discuss family planning methods with their partner
2. Identify common family planning methods
3. Describe common misconceptions about modern family planning method

Materials required: Flipbook (pages 32-34), samples of various contraceptive methods

Time allocated: 1 hour 30 minutes

Methodology and procedures

- Explanations and discussion
- Game of true or false

Facilitation steps

EXPLAIN: Last week we talked about the importance of healthy timing and spacing of pregnancies. We learned that four to six weeks after giving birth, one's fertility or ability to become pregnant will return.

ASK: How long do health experts recommend one should wait before trying to get pregnant again after the birth of your child?

SAY: For the health and wellbeing of the mother and the child, you should wait at least 24 months or 2 years since your last child was born to become pregnant again. If a woman has had a miscarriage or an abortion, she should wait at least 6 months before trying to get pregnant again. Planning and spacing your children has many benefits for the couple and the child. For example, you and your spouse will have more time to care for your child and your body will fully recover from your pregnancy. During this time, you may have opportunities to gain more skills and knowledge through WGSS, schools or other vocational training

sites that can benefit your whole family. Therefore, a couple should consider using a modern method of family planning to avoid unwanted pregnancies. It is important that both young women and young men, learn about contraceptive methods.

Now that you have learned so much about your body and pregnancy, many other girls your age or younger may come to you for advice. You might want to tell them that it is important to space your pregnancies by at least 24 months, and also that in the ideal situation, girls should wait until they are 19 to get pregnant. This is because the complications related to pregnancy increase for younger girls, especially 19 and under. We know that risks of complications are high for girls between ages 15-19 but are even higher for girls 10-14 years old. This is exactly why we are strongly recommending that you attend at least four ANC consultations, ensure that you have access to a clean and safe delivery by a midwife or doctor at the health facility and that you are able to choose a family planning method to space your next pregnancy.

What is family planning? (45 minutes)

SAY: Now we will talk about the family planning methods that are available, free of charge, at the local health facility. As you know, family planning is deciding how many children you want to have and when you want to have them. You have the right to know about your family planning options and to access the contraceptive of your choice. No one can decide for you what kind of method is best for you.

ASK:

- Do you think you would like to start using a family planning method after you give birth?
- How feasible is this for you?
- What challenges do you anticipate? Are there life skills you have learned from these sessions that may help you?
- Which contraceptive methods do you know?

After the participants have identified some methods, explain all the other options that are available.

- **Short-acting methods:** condoms, oral contraceptive pills, injectables
- **Long-acting reversible methods:** inter-uterine devices (IUDs) and implants
- **Permanent methods:** vasectomy, sterilization (male or female)
- **Emergency contraception:** to take after unprotected sex, breakage of the condom or, for instance, rape. The EC can be taken up to 5 days (120 hours), after having sex. It should not be used as a regular method. When a woman is already pregnant, emergency contraception will not cause an abortion.

DO: Tell participants how each contraceptive method works and respond to the questions of the participants. It is important to mention that all modern methods may have some side effects. More specific

questions and detailed information can be obtained at the antenatal and post-partum consultations or from family planning counselors at the local health facility.

DO: Demonstrate the correct use of a male condom.

SAY: Male condoms can be used any time you have sex, including immediately after the birth of your child. Condoms are the only method that, when used correctly, prevent unplanned pregnancy and the transmission of STIs and HIV. Many men and women like to use condoms because they have no side effects and they are easy to find. However, many people have trouble using condoms correctly and consistently, so using another contraceptive method in addition to condoms can help to ensure you do not experience an unplanned pregnancy.

DO: Show all the methods from the demonstrator and page 33 of the flipbook and explain how to use each method and their side effects using the text on page 34.

How to talk about family planning (30 minutes)

DO: Divide the group into two smaller groups. Ask each group to prepare a short performance based on one of the following scenarios. The groups can add more characters in their play so it better reflects their own reality if desired.

Scenario 1 (for group 1)

Six months ago, Amani and Amr had their first baby. They like each other a lot and look forward to having sex again. Amani has heard that it is better to wait at least two years before falling pregnant again, and she would like to use a modern family planning method. However, Amr does not want to hear about that. His friends told him that when a woman starts talking about family planning, it is because she is not happy with her marriage. And Amani's mother-in-law told her that next year she wants to see her next grandchild, and that she will have to get pregnant soon!

How can Amani and Amr resolve this situation?

Scenario 2 (for group 2)

Basel and Layla have known each other since school and got married early at the age of 15. Layla had heard from her aunt (who is a midwife) that she should wait a few years before getting pregnant and that there are some family planning methods she could consider. Basel did not know anything about contraceptives and Amani was ashamed to discuss it with him. Now they have a five-month-old girl.

Layla likes being a mother but also wants to go back to school. Basel started working to support their family, but he also wants to study further to have a better life and does not want to have another child now. They never talked about family planning. Basel wants to have sex with Layla again, but he's afraid of getting her pregnant again. Meanwhile, Layla's mother and mother-in-law are encouraging her to have more children soon 'to complete the family.' They say that she should not think about going back to school

because her place is now at home to care for her husband and child. Layla has heard that the nearby health facility offers family planning, but she does not know whether or not adolescents can seek services. She is afraid to ask because she is only 16 years old.

How can Basel and Layla resolve this situation?

DO: Give the groups 10 minutes to prepare their theater piece, then invite one group at the time to perform for the others. After both groups performed, ask all the participants to sit in one large circle again and have a discussion.

ASK:

- Could a situation like any of these scenarios happen in your community?
- How can Amani and Layla talk about family planning with their husbands to space their pregnancies?
- What would you say to your mother-in-law/mother?

FACILITATOR NOTE: Link communicating about family planning exercise to emotions and wellbeing. It is important to note to participants that it is okay for them to want different things for their lives than what others do, and that it is okay for them to not feel guilty about considering their own needs, wellbeing, and life goals. They should feel confident in communicating about these needs and goals with their husbands and other important people in their lives.

EXPLAIN that family planning helps to prevent unwanted pregnancy and therefore unsafe abortion. Some women who don't have access to family planning may utilize unsafe traditional methods to self-induce abortions, which is a leading cause for death from pregnancy. If you hear of anyone who is experiencing complications due to a self-induced abortion, they should visit a health facility immediately as this can be life-threatening.

Do you know your modern contraceptive methods? (15 minutes)

Depending on how much time you have left, choose some or all of these statements to go through.

DO: Select two locations (for example, two trees or two sides of the room) about five meters apart. Tell the group that one location is called *TRUE* and the other is *FALSE*. *I DON'T KNOW* is a location in-between.

SAY: I am going to read a statement to you about contraceptives. If you think the statement is true, run to the *TRUE* location. If you think the statement is false, run to the *FALSE* location. If you do not know, stay somewhere in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.

DO: Read each statement below and allow the participants a few seconds to think, respond, and run to their locations. Ask at least two people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many people to do so. After a short discussion, read the correct answer.

Statements

1. Avoiding pregnancy is the responsibility of the girl or woman.
2. Condoms prevent against pregnancy and sexually transmitted infections, including HIV.
3. Injectable contraception does not impact a woman's breast milk if she is breastfeeding.
4. A woman who chooses to use an injectable contraceptive method won't be able to get pregnant even after she stops using it.
5. The pill will cause infertility.
6. IUDs should only be used by women who have already had babies.
7. Emergency contraception can cause an abortion.

Answers

1. *FALSE.* The community may view family planning and visiting a health center as a woman's responsibility. However, when both men and women are involved in the decision-making process and work together to select a contraceptive method, they are happier with the choice of the method, which increases the possibility of consistent and correct use each time the couple has sex.
2. *TRUE.* Condoms are the only contraceptive method that can protect against pregnancy and sexually transmitted infections, including HIV, at the same time. However, it is always good to use a second method of contraception to ensure dual protection.
3. *TRUE.* Injectable contraception does not decrease the amount of breast milk and it does not affect the breast milk itself or the health of the infant. Women can use the injection starting six weeks after childbirth.
4. *FALSE.* Sometimes there is a delay of 6 to 12 months after the last injection before a woman can become pregnant again. But there is no evidence that women become infertile because of the injection.
5. *FALSE.* Once a woman stops taking the pill, she is immediately able to become pregnant.
6. *FALSE.* Any woman, young or old, with or without children, can safely use an IUD.
7. *FALSE.* Emergency contraception does not result in abortion if a woman is already pregnant. It is effective only to prevent pregnancy after unprotected sex. The sooner that the pills are taken after sex, the better they work to prevent pregnancy. They have been shown to prevent pregnancy up to five days after having sex.

DO: Once you have gone through all the statements or you have run out of time, ask all participants to come and sit in the circle again for the last activity of the session.

7.4 Wrap-up

DO: Invite two or three participants to share something they learned today, or that surprised them.

ASK:

- What will you do with this information? With whom can you share what you have learned today?
- Why do you think it is important that boys and girls learn about family planning and modern contraceptive methods?
- Where can young people like you go to receive more information about contraceptives?
- What do you think that people in your community think of young people, like you, using a contraceptive method? Do you think they have the correct information?
- Do you think a woman can decide for herself/alone if she wants to start using a contraceptive method?

Evaluation and dismissal (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 114).

SAY: Next week, we would like to invite all the young women for our final session of this support group. We will talk about different types of violence, newborn care, exclusive breastfeeding, and the importance of medical consultations after birth.

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Remind participants that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

Session 8

Violence, newborn care, postpartum care

Content

- 8.1 Recap (10 minutes)
- 8.2 Icebreaker (10 minutes)
- 8.3 Types of violence (45 minutes)
- 8.4 Newborn care, exclusive breastfeeding postpartum care (1 hour 20 minutes)
- 8.5 End line evaluation and wrap-up (30 minutes)

Total time: 2 hours, 50 minutes

8.1 Recap

Welcome participants back. Remind them that this is the last YMC session, unless they are continuing on to the leadership training.

ASK: Were you able to use any of the skills or information you learned in the last session? Did you share what you learned with anyone else?

DO: Divide participants into two groups, assign each group a topic: either talking to your partner about family planning, or common modern family planning myths.

SAY: In your small group, please create a list of at least four important facts you learned from last session on your topic. After you finish, nominate a representative from your group to share what you discussed with the class.

After a few minutes, bring everyone back together to share what they discussed. Answer any questions they may have before moving on to the rest of session 8.

8.2 Icebreaker game

Materials required: none

Time allocated: 30 minutes

Facilitation steps

Animal game (10 minutes)

DO: Ask all participants to think about their favorite animal. Then, without speaking to each other, tell them to arrange themselves in order from the biggest to the smallest animal – they can only communicate by imitating the sound and the movements of their animal. When all participants have found a place in the line, ask them to tell others what animal he or she had in mind. Verify if the line was correctly organized.

8.3 Types of violence

Objective: At the end of this, trainees will have learned about different types of violence.

Materials required: none

Time allocated: 45 minutes

Methodology and procedures:

- Explanation and discussion
- Scenarios

Facilitation steps

SAY: Today we are going to talk about a difficult topic. We are going to discuss violence, especially violence against women and girls. Let's remember the group agreements discussed in the first meeting. If you want to discuss any personal experiences of violence, you can approach me any time after the session and we can discuss in a private space.

SAY: Gender-based violence (GBV) is violence that is directed at an individual based on his or her sex, gender identity or expression of masculinity and/or femininity. GBV includes physical, sexual, verbal, emotional and psychological abuse, threats, coercion, and economic or educational deprivation. It can occur in public or private life. It can happen to anyone, but it most often is used against women and girls.

Tell them that you will be reading a few different short stories, and together they will examine whether the stories describe an act of violence or not and how this is applicable in your community.

FACILITATOR NOTE: Some girls in the session may have experienced abuse or know someone that has. You should pay close attention to the behaviors and comments from the girls. Notice who seems quiet, disengaged or visibly upset and/or aggressive. Make sure you follow up with those girls after the session.

Depending on the group's level of acceptance and understanding, you may want to adapt the below scenarios to be more clear or relevant.

Types of violence (20 minutes)

DO: Read the following story out loud.

Razan is walking down the street, and she sees a group of boys standing outside a shop. She crosses the road because she wants to avoid them. They start shouting at her, saying things about the way she is walking, the way she is dressed, and the way she looks.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Razan did experience a form of violence known as emotional violence. Emotional violence is when someone makes another person feel fear to gain control of them. Examples include: threatening to hit or kill someone, yelling or shouting, saying hurtful things, calling someone worthless or stupid, making comments about someone's appearance or body, or keeping them from seeing their family, parents, or friends.

DO: Read the following short story out loud.

Hala's parents stopped her from going to school because they didn't think education was important for girls. One day, Hala tried talking to her parents about going back to school. Her mother told her that only her brothers were allowed to go to school, and there was no use for Hala to attend.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Hala did experience a form of GBV, because she was denied opportunities based on her gender. Girls are sometimes kept out of school, prevented from seeing a health provider (even when they are ill), or denied basic needs such as water, food, and shelter simply because they are girls. (Note that being denied these things because of other reasons – such as lack of money or safety issues – is different than being denied something because of your gender).

DO: Read the following short story out loud.

Samira is 15 years old. One day, when she came home from her friend's house, her mother told her that she will be getting married next week to a man that requested to marry her. Samira doesn't want to marry this man, but her parents told her that she has no choice.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Samira did experience a form of GBV – forced marriage. This is when someone is married against their will, and they have no ability to refuse.

DO: Read the following short story out loud.

Aya's mum and dad argue a lot at home. One day, Aya was woken up at night by her parents shouting. She went to see what was happening, and she saw her father hit her mother.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Aya's mom did experience a form of GBV – physical violence. Examples of this include hitting, pushing, using force to hurt or hold someone, or using any weapons (i.e., hands, stick, harmful tools) to cause someone pain or injury.

DO: Read the following short story out loud.

Nadin is an internally displaced girl in a new community with limited financial resources. She always goes to the same store to buy bread. One day, when Nadin tried to pay for the bread, the shopkeeper said she didn't need to pay. A week later, the same thing happened. Nadin was happy because she saved some money. But the third time she went, the shopkeeper again insisted that she did not need to pay, but he made sexual advances toward her. When she refused, he told her that she had no choice because of all the free bread he gave her.

ASK: Is this a type of violence? If yes, what kind, if not, why not? (Allow some time for them to consider and discuss).

SAY: Nadin did experience a form of GBV – sexual violence. Examples of this include unwanted kissing or touching, rape, sexual games, and any forced sexual acts (even if done in exchange for assistance).

SAY: A person's body belongs to them, and no one has the right to touch or hurt someone else's body. If a girl or woman experiences GBV, she should be able to seek help from someone she trusts. It is important to know that it is never a victim's fault he/she was abused – the fault lies with the abuser.

SAY: A person's body belongs to them and no one has the right to hurt someone's body. If a girl experiences this type of violence, she should tell someone she trusts and she should know it is not her fault.

Ensure that girls understand the following points throughout the discussion:

- *No form of abuse happens by accident.*
- *Abuse is not the fault of the person abused.*
- *One of the reasons one person abuses another is to control them. Some abusers use their physical strength to force the other person to perform sexual acts.*
- *Abuse can happen once or many times by the same abuser.*
- *Often abuse is a pattern repeated over time.*

Blame (25 minutes)

SAY: When a girl experiences violence, they might not want to discuss it with anyone.

ASK:

- What could be some of the reasons why girls keep this information to themselves? (*POSSIBLE ANSWERS: they don't know who to trust, they are scared of the news spreading, they want to avoid judgement from people, or they think they are to blame for what happened*).
- What could be some of the reasons why it would be helpful to share this information with a trusted person? (*POSSIBLE ANSWERS: they might feel less alone, they can get help finding solutions and developing a plan to move forward*).
- Is the survivor of violence ever to blame for what happens to them? (*Ensure the girls understand that it is NEVER the survivor's fault*).

DO: Ask the girls to start to walk around the room, taking up all of the available space. Explain that you are going to read some more scenarios, and after each scenario you will ask a question. Participants should think about their answers as they walk, and when they have decided on an answer, they should stop walking. (Once everyone has stopped walking, ask one or two participants to explain their answers).

Scenario 1: *A man forgets his phone on a table in a restaurant. Someone steals the phone. Who is responsible? (CORRECT ANSWER: it is the responsibility of the person who took the phone, because it is a decision that person made).*

Scenario 2: *A girl is walking home late at night after spending time at her friend's house. She is wearing tight trousers. A man comes and tries to grab her, she manages to run away. Who is responsible? (The girls may say that the girl shouldn't be walking at night or wearing those clothes. It's important to emphasize that sometimes we can try to prevent situations by walking in groups or during the day, but a girl is never to blame in this situation. CORRECT ANSWER: the perpetrator made the decision to approach her, he is responsible).*

Scenario 3: *A husband and wife are arguing because the wife did not cook dinner. The husband pushes the wife and she hurt her arm. Who is responsible? (The girls may say that the woman is responsible as she should have completed her chores. It is important that they understand that under no circumstances is she to blame for being physically assaulted by her husband. There are different ways to solve problems. CORRECT ANSWER: the husband is responsible).*

Scenario 4: *A boy is walking home from school, and he stops at a shop to buy a soda. When he leaves the shop, a group asks him to give them his soda. The boy says no, so the group beat him. Who is responsible? (The girls may say that the boy should have handed over his soda. It is important for them to understand that even if the boy had other options, he is not to blame for being beaten. CORRECT ANSWER: the group made the decision to beat up the boy, so they are responsible).*

SAY: A survivor is NEVER to blame for the abuse that happens to them. Even if some people may think that the survivor could have done something to prevent the abuse from happening, the perpetrator could have made the choice not to abuse. The responsibility ALWAYS lies with the perpetrator. If a girl is being abused, it is not her fault. If possible, she should tell a person that she trusts about the abuse and that she might need help to stop it. If a girl does not know who to tell, caseworkers at the safe space can help. They will keep everything a girl says a secret and will help them come up with a plan to try and keep them safe.

8.4 Newborn care, exclusive breastfeeding, and postpartum consultation

Objective: At the end of this, trainees will be able to:

1. Recognize signs of maternal depression
2. Explain important newborn care practices
3. Articulate the importance of exclusive breastfeeding to newborn health
4. Recognize danger signs that may indicate a serious health concern of the baby or mother

Materials required: Flipbook (pages 22-26)

Time allocated: 1 hour 30 minutes

Methodology and procedures:

- Explanation and discussion

Facilitation steps

SAY: Now that we have talked about some important aspects related to violence and keeping yourself safe, we will turn our attention to some topics specifically for you and your baby. We are going to talk about how you, as a young new mother, have to take care of yourself and your baby. We will talk about exclusive breastfeeding and the postnatal consultation. We will conclude today with learning how you can stimulate the development of your baby to make sure that she or he will grow up healthy and smart.

Maternal depression (15 minutes)

Many first-time mothers have a mix of feelings after birth, because their bodies are going through many changes. You may feel very tired, and this may last for several weeks. Because you need to get up and feed your newborn baby at least every three hours, day and night, you will not have much time to sleep. Lack of sleep can make you feel sad, frustrated, anxious, as well as tired. Hormones and physical changes also contribute. It is important to know that all new mothers have these feelings and they will disappear as the baby grows and you can sleep more at night. Your confidence as a new mother will grow every day!

However, if your sadness is not going away, it may be a sign that you are starting to have a maternal depression. Maternal depression may occur before or after childbirth.

Some signs of maternal depression:

- Lack of interest in anything around you
- You avoid looking directly at people
- You are less attentive to the baby, perhaps not reacting when they cry
- Loss of weight, sleep, or appetite
- You can't stop crying, feeling sad
- You may feel irritated or angry for no reason, having no patience with your baby, your partner, family, or friends

When a new mother has maternal depression, there are also certain risks for the baby, such as:

- Poor hygiene, health, and growth
- Delays in the cognitive and emotional development
- Problems with behavior, for example aggression or passivity

If you think you may have a maternal depression, please go and seek help at the nearest health facility. The midwives there can support you and there may be a group of mothers you can join for emotional support.

ASK:

- Do you think that there are girls or women in your community who have been sad before or after the birth of their child?
- What do you think a woman who becomes sad/depressed could do to feel better? What could be the role of the husband and family in such a situation?

Taking care of your newborn baby, the new mother, and exclusive breastfeeding (30 minutes)

ASK: We will now continue to learn together what your baby needs to stay healthy and grow strong. What do you think are the most important things you and your family can do to keep your baby healthy?

Give some time to the participants to think, respond, and discuss together. Then provide more information.

EXPLAIN: The most important things you and your family can do to keep your baby healthy are:

- Always keep your baby warm and dry
 - You can check if your baby is cold by feeling his/her feet. If they are cold, you can put them directly on your chest (skin to skin) to warm them up quickly (the father can also do this!)
 - Keep your baby covered and put a hat on his/her head
- Never put anything on the umbilical cord (except chlorhexidine if it is available) – especially no oil, saliva, excrement, or traditional medicine – this can cause a serious infection
 - Always wash your hands before and after caring for the cord of your baby
 - If the cord starts to smell badly, take the baby to the health center
 - Do not cover the cord with clothes (diapers), as the cord may become too warm and the wound will take longer to dry
 - The cord should fall off without help within 10 days after birth
- Wash your hands after going to the latrine and before and after handling food or breastfeeding
- Keep your baby away from sick people as much as possible

Breastfeeding

EXPLAIN: Right after your baby is born, keep him/her close to your breast until s/he starts to breastfeed. The first breast milk (what comes in the first 2 days after birth) is dense and yellowish. This first milk is

very good for your baby: it is very nutritious and protects your baby against illnesses so s/he can grow strong. Other important things to know about breastfeeding:

- You should only feed your baby breast milk for the first six months. Breast milk has everything your baby needs, s/he does not yet need other food, water, tea or liquids.
- Your newborn baby will be hungry very often during the day and night, usually every two to four hours in the first weeks of life. You will need to feed your baby as often as s/he wants. There may be days when your baby wants to drink more because s/he is in a phase of rapid growth and will need more milk to grow. Babies can sleep as much as 20 hours a day, so take time to get some rest while the baby is sleeping.
- When feeding your baby, you should stop all other activities: this is a unique moment between you and your baby where you will get to know each other and create trust in one another. To make sure the baby's belly is full, you can breastfeed from one breast until your baby lets go of that breast, which means that either the baby is full or the breast is empty. If the breast is already empty and your baby continues to look for the milk, then you can give him/her the other breast. When you feed like this, your baby will have all the water and nutrients s/he needs and will not be hungry again so soon.

Hygiene

EXPLAIN: To prevent your baby from getting diarrhea or any other sickness related to poor hygiene, it is important that you always wash your hands with clean water and soap after using the latrine/bathroom, after changing your baby's diaper, before and after preparing food, before and after eating, and before breastfeeding your baby or feeding any other child.

You should also do your best to keep people who are sick away from your baby, and to keep the baby away from places where sick people are. Also keep your baby away from places with lots of smoke or flies.

Take your baby to the postpartum consultations to make sure he/she is healthy. The first consultation should be done within three days of the baby's birth if the baby was not born at the health facility.

Baby's first bath

EXPLAIN: Babies should not be washed for the first 24 hours after birth. The baby can become very cold if it is washed in the first 24 hours and get sick. Do not let anyone rub away the white film on the baby's skin, this thin layer is actually protecting your baby.

Keeping your baby warm and dry is the best way to keep him/her healthy. After 24 hours, your baby can be washed with a warm washcloth using gentle strokes. You can hold your baby in a blanket or towel when washing him. Make sure that the room where you are washing the baby is warm and not next to an open window or door. Never put your baby on a cold surface while you are washing him. Use a separate washcloth to wipe the baby's eyes to prevent him/her from getting an infection in his/her eyes. Dry the

baby with a clean, dry towel and put clean, dry clothes and a hat on right after the bath so your baby won't get cold. Babies do not need strong soap or oil on their skin, just use warm, clean water. Your baby can be washed in a basin with warm water and gentle soap after the cord stump falls off, usually between seven and 10 days. Your husband can also bathe the baby!

Show the illustrations on page 37 of the flipbook and ask the participants to explain what is happening in them. Read the text on page 38. Respond to any questions the participants may have before continuing with the next activity.

Exclusive breastfeeding (30 minutes)

SAY: I'm going to read you the story from Majida, a girl from a village just like yours.

DO: Read the story below and facilitate a discussion on what it says.

Majida's story

When I came home from the maternity ward with my first baby, everyone was very happy because I had a handsome, chubby, and healthy boy. My grandmother Ula told me she would do a special ceremony to celebrate the arrival of another member of the family. She insisted that my baby needed to have a traditional tea to become stronger and healthier. I did not want her to do that, because at the prenatal consultation the midwife said that I should just give my baby my breast milk for the first six months. But I could not stand up to my grandmother, and my baby drank the traditional tea. Now he has pain in his tummy and diarrhea.

ASK:

- What do you think Majida should have done?
- Is this something that could happen to you? How would you react?
- How can you convince your family not to give any food, traditional medicine, or liquids to your baby for the first six months?

EXPLAIN:

- Your breast milk is the best thing you can give to your baby because it has all the nutrients he or she needs in the first six months of life. Breast milk will keep your baby healthy as it protects against many diseases, including diarrhea, infections, and cough.
- If your baby does not seem satisfied or is still hungry after you fed him, try to give him/her the other breast, and feed your baby more often. Your body adapts to how often and much you

breastfeed and will produce more milk if you breastfeed more. Do not give other liquids, powder milk, or food the first six months. After six months, you can start giving your baby porridge or smashed fruit while you continue to breastfeed until your child is at least two years old.

- You should only give your baby medication given to you by the health center. If your family insists on giving your baby traditional medicine, explain that you respect the tradition but that your baby should only drink breast milk for the first six months because it is best for him/her.

ASK: How can you take care of yourself when breastfeeding? *(If there are young mothers in the group, ask if they want to share their experiences with the group on how they are taking care of themselves while breastfeeding.)*

EXPLAIN: Sometimes a mother's breasts get very full and hard, especially during the first few days after birth. This can be painful and make it difficult for the baby to breastfeed. It can also cause an infection and a fever in the mother. There are easy ways to treat this problem.

- Breastfeed the baby every two to three hours, both day and night, on both breasts. (Remember, make sure that one breast is completely empty before changing to the other breast). Stay in bed if you can and keep the baby next to you so you can feed him/her often.
- Place hot, wet cloths on the breasts for 15–20 minutes before each feeding. This technique will also help soften the breasts, which will allow you to massage the them to express the milk into a clean flask/bottle. (Only use a bottle that has been boiled for five minutes and allowed to dry completely before use). After expressing the milk, close the bottle and store it in a fridge (for a maximum of five days) or in the freezer (up to 3 months) so that someone else can give breast milk to the baby even when you are not there.
- Put cool cloths or fresh cabbage leaves on the breasts between feedings. Let the milk come out and support your breasts with a towel or cloth.
- If the baby has trouble getting onto the breast because it is swollen, remove a little milk by hand until the breast is soft enough for the baby to take

As a new mother, you should eat as much or more varied foods than when you were pregnant to produce milk. You should eat foods like fruits, vegetables, and other foods rich in protein and fats, such as meat, peanuts, peas, eggs. You should also eat corn, rice, sweet potatoes, cassava, beans, and whatever else is available and appeals to you. You should also drink plenty of fluids, such as clean water, tea, juices, and milk, but you cannot drink alcohol because alcohol passes through the milk to the baby.

SAY: If you have any problems, such as fever or red, painful spots in one or both breasts, please go immediately to the nearest health facility for treatment. That may be a sign of a serious illness that does not go away by itself!

Danger signs after birth (15 minutes)

SAY: It is possible that you or your newborn baby may experience complications that arise after birth.

DO: Review the illustrations on page 23 of the flipbook and read the messages on page 24.

Postpartum consultation (20 minutes)

ASK: Does anyone know what happens during a postpartum consultation? *Encourage the participants to talk about their experiences if they have already been to a postpartum consultation.*

EXPLAIN: When you deliver in a health facility, the first postpartum consultation will be done right before you and your baby leave to go home. The nurse will check on the new mother and baby to see if they are healthy and recovering well from the birth. The baby will receive its first vaccination. If there is any problem, the nurse will be able to provide treatment. The nurse will also provide counseling on the use of family planning after birth and discuss what methods would be best for you to plan and space your next pregnancy.

DO: Show the illustrations on page 25 of the flipbook and explain them using the text on page 26.

How to play with your baby (30 minutes)

ASK: How do you play with a baby when s/he is still really small? Can you give some examples?

Suggested answers:

- Sing and talk to him/her
- Play hide and seek by hiding your face in your hands and then 'appearing' again
- Let your baby touch different things (something soft, something hard, your hand, etc.)

DO: Show the illustrations on page 29 of the flipbook and explain them using the text on page.

ASK: Do you think you can play with your children using these examples? *Discuss.*

SAY: Mothers and fathers can play with their baby from the moment of birth. You do not need any toys to play! You can just use your body, your voice, and things you have around. The more you play and talk with your baby, the healthier and smarter s/he will become! But remember, it is our responsibility to ensure that the spaces where our babies and children live and play are safe. Take steps to protect them from accidents such as bruising, cuts, drowning, or choking.

8.5 Wrap-up

SAY: Today we learned how we can care for our newborn, how you, as a new mother, can take care of yourself together with the help of your spouse and family, and about the importance of both mom and dad stimulating the baby through playing, talking and singing.

DO: Invite two or three participants to share something they learned today, or that surprised them.

ASK: What will you do with this information? With whom can you share what you have learned today?

Evaluation (10 minutes)

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see pages 114). Remind participants that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues if they feel comfortable doing so.

Administer end line survey (15 minutes)

DO: All YMC participants should complete the end line survey (see page 128). After it is completed, move on to final comments and dismiss the group.

SAY: We have come to the end of our time together! I hope everyone has learned as much as I have learned from you! For many of you, this might be the last time we are together. However, if you would like to serve as an AMAL Adolescent Leader or are interested in joining additional sessions to develop your leadership skills, you are welcome to join us for three more sessions.

Whether you come to the extra sessions or not, please remember the dreams and plans that you have for your future, even after your children are born. Remember what you have learned here in our group; it may help you especially when you have problems or difficulties with your husbands or wives, in-laws, friends, uncles, aunts, grandmothers and others.

You can (and should) do all the good things you have learned here for the sake of your health, your children and your family in general. You are not alone! With this group, you have a great resource for support. And remember that you can always get more information from your community health worker, the midwives and nurses at the health facility.

Thank everyone for their active participation and dismiss the group.

ADOLESCENT LEADERSHIP SESSIONS

COMPONENT 1: Young Mothers' Clubs

Facilitator Guide and Curriculum

Session 9

Being a role model

Content

- 9.1 Introduction to the AMAL leadership sessions (30 minutes)
- 9.2 Being a role model (1 hour 30 minutes)
- 9.3 Reflection (15 minutes)
- 9.4 Wrap-up (15 minutes)

Total time: 2 hours 30 minutes

9.1. Introduction to AMAL leadership sessions

Congratulate everyone for completing the YMC sessions and for volunteering to serve as AMAL adolescent leaders in their community.

DO: Facilitate a participatory discussion with the group using the following discussion prompts.

- What does AMAL mean? Why do you think that name was chosen for this program?
- What was your experience with YMC like? Do you feel like it met your needs? How?
- In your opinion, was there something missing or that should be improved?

FACILITATOR NOTE: Write down key points on flip chart paper that you can post and refer to during subsequent sessions.

DO: Thank participants for their participation and honest feedback and encourage them to add other thoughts on the flip chart as they come to mind. Let them know that you will come back to the list later to consider if and how the Adolescent Advisory Committee (AAC) can improve the YMC experience for other girls.

DO: Remind them of the purpose of the AMAL Initiative and the key elements of the project (in simple language), building on what has come out of the discussion. Walk through the AAC terms of reference (see page 135) but in a participatory manner. (For example, ask participants to read different sections of the ToR and clarify any questions they might have).

9.2 Being a role model

Objective: At the end of this, trainees will be able to identify the essential qualities of an AMAL leader or role model.

Materials required: Flip chart paper, markers, pens, copies of the AMAL leader/role model handout (see page 101)

Time allocated: 1 hour 30 minutes

Facilitation steps

SAY: One of the purposes of these sessions is to develop your ability to be role models for health (especially SRH) in the community.

ASK: Do you know what the term *role model* means? (*Allow time for the group to discuss*).

EXPLAIN: A role model is someone who behaves in a certain way to be an example to others.

ASK: Has anyone in your life been a role model for you? This person could be an authority figure such as a parent, workmate, or religious leader. What behaviours and attitudes did this person model?

ASK: Are you a role model for anyone in your life? This person could be a child, family member, workmate or someone else in the community. What sort of behaviours and attitudes (roles) do you model for them?

EXPLAIN: Next, we will be discussing and agreeing on the behaviours and attitudes that we will exemplify as AMAL role models.

Role model agreement (1 hour)

DO: Divide the group into four smaller groups. Tell participants that they are going to discuss and agree on the behaviors and attitudes that a good role model should have. Give each participant a copy of the AMAL leader or role model handout. Assign each small group to address one of the following:

- Things an AMAL role model should **say** (mouth)
- Things an AMAL role model should **know** (brain)
- Things an AMAL role model should **do** (hands)
- How an AMAL role model should **behave** (heart)

The groups should take time to brainstorm and write down suggestions on the handout, and then bring their ideas to the larger group to discuss.

Make sure the following behaviors and attitudes make it into the agreement:

- *Speak the truth (facts) about SRH and challenge myths*
- *Keep an open mind and do not judge*
- *Keep private information confidential (do not gossip)*
- *Help people access health services*

DO: Give each small group an opportunity to present a summary of their discussion and ideas back to the rest of the participants. You may need offer changes to any suggestions that are not suitable for an AMAL leader or role model. Once participants have agreed on a few behaviours for each category (say, know, do, and behave), write them in on a piece of flip chart paper that should be featured at the front of the room for future sessions (this will become the group's role model agreement).

OPTIONAL: If the group is in agreement about the behaviours and attitudes of an AMAL role model, you may invite them to sign their name on the bottom of the paper.

9.3 Reflection

ASK:

- How are you feeling about being an AMAL leader/role model?
- Who will support you in your new role? Who may not be supportive? How can members of the group support each other?

EXPLAIN: Being an SRH role model is all about taking small, practical actions that promote good SRH in your own lives, your households, and your communities.

DO: Ask participants to spend some time thinking about one thing they can do immediately in their own lives, households, and communities to promote good SRH. Invite one or two people to share their thoughts if there is time (but this is not compulsory).

9.4 Wrap-Up

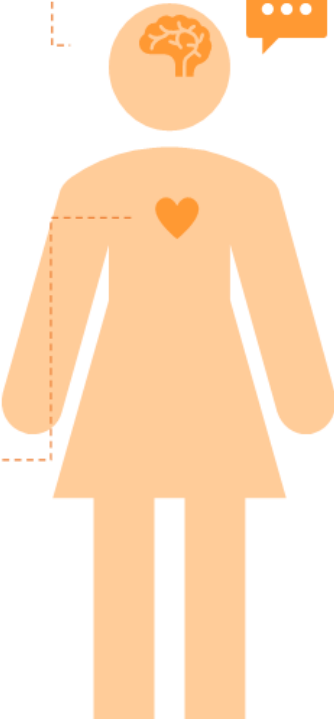
Inform participants of the date, time, location, and topic for the next session. Remind them that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

Thank everyone for their active participation and dismiss the group.

AMAL Role Model Handout

What we should know

What we should say



How we should behave

What we should do:

Signatures of group participants

Date

Session 10

Community mapping

Content

- 10.1 Recap (10 minutes)
- 10.2 Community mapping exercise (1 hour 20 minutes)
- 10.3 Reflection (25 minutes)
- 10.4 Wrap-Up (5 minutes)

Total time: 2 hours

10.1 Recap

Welcome participants back.

ASK: During the last session, we talked about the AMAL project and your role. Can someone remind us what we talked about? *Give the participants some time to think and respond.*

ASK: Did you utilize this information in the last week? Please share any feedback. *Pause for responses.*

ASK: We also talked about the AMAL adolescent advisory committee. Can anyone explain this to the group? *Give the participants some time to think and respond. Answer any questions that they may have and then continue with the rest of the session.*

10.2 Community mapping exercise

Objective: At the end of this, trainees will be able to understand the needs of their community.

Materials required: Flip chart paper, markers (six different colours)

Time allocated: 1 hour 20 minutes

Methodology and procedures:

- Explanation and discussion

Facilitation steps

Defining communities (10 minutes)

ASK: An important characteristic of a good leader is that they understand their community and its needs. Does anyone know what 'community' means? *Encourage everyone to contribute, even if they are not sure.*

EXPLAIN: A community has the following characteristics:

- It usually has a geographical boundary that everyone agrees on.
- The people there share something in common (for example, faith, culture, natural resources and so on).
- It has a story (history) of how it came to be.
- Community members feel a sense of loyalty and belonging to each other and the place (it forms part of their identity).

- Communities are dynamic, they are influenced by several factors and change over time.
- There are communities within communities.

SAY: Even though a community is something that we share, the way people experience/perceive their community is often different.

My community, our community (1 hour 10 minutes)

DO: Divide the group into smaller groups, particularly for unmarried adolescents, adolescent mothers, pregnant adolescents, married adolescents (with no children) and divorced adolescents. Don't worry if the groups are different sizes. Give each group a piece of flip chart paper and six colour markers.

SAY: Draw what your community looks like or a map of your community. Remember to include (if they exist):

- Roads
- Rivers
- Homes
- Sporting fields
- Schools
- Religious and prayer spaces such as mosques
- Markets
- Shops
- Clinics/ health facilities
- Buildings
- Guesthouses/bars
- Other landmarks (features)

SAY: Now using a different colour marker for each one, look at your map and circle the places where:

- You feel safe
- You feel unsafe
- You go for leisure/recreation
- You go to work
- You feel happy
- You feel unhappy

Ask each group to present their map to the larger group, explaining their choices

10.3 Reflection

DO: Have the group sit in a circle facing each other.

ASK:

- What are the main similarities you noticed between the maps?
- What are the main differences you noticed between the maps?
- Which group circled the most places as being unsafe? Why?

SAY: Remember that everyone experiences their community differently. When community decisions are made by only one group of people (for example, adult men) then the experiences of the other groups (especially women and youth) can be forgotten.

ASK:

- Are there any other adolescents who are marginalized, hard to reach or with special needs that we should consider? How would this differ for them (example: in terms of their safety, access, happiness, etc.)?
- Does everyone have the right to feel safe and happy in their community?
- What can we do to make this a reality?

SAY: As a leader it is important to think about the different experiences of community members when making decisions. Now that we have completed the mapping for each key group of adolescents (married adolescents, adolescent mothers, pregnant adolescents, married adolescents with no children and divorced adolescents), let's discuss how you as adolescent leaders can link them to these resources. Remember that if you're a facilitator of the YMC/AMAL sessions, you could be a first point of contact or resource for others.

DO: Brainstorm with AMAL leaders about what kind of information would be helpful for them to share with other adolescents in their communities. Examples of this could include: nearest health facility, available services, nearest safe space, timings/hours of operation of facilities, etc. Share relevant resources and/or information that you might already have.

10.4 Wrap-Up

Inform participants of the date, time, location, and topic for the next session. Remind them that if they are in need of any PSS or SRH services, they should visit the health facility or come talk to the facilitator after the session.

SAY: Thank you for your efforts today! See you next time.

DO: After the session, gather with your AMAL project team. Discuss with them how you meet these information requests from the AMAL adolescent leaders.

Session 11

Action planning

Content

- 11.1 Recap (10 minutes)
- 11.2 Visioning and action planning (1 hour 30 minutes)
- 11.3 Wrap-up (30 minutes)

Total time: 2 hours 10 minutes

11.1 Recap

Welcome participants back.

ASK: During the last session, we talked about mapping of your community from the perspective of different groups of adolescents. Can someone remind us what we talked about?

Give the participants some time to think and respond.

ASK: Did you utilize this information in the last week? Please share any feedback.

Pause for responses.

ASK: We also talked about how we can support efforts to help other adolescents to feel more safe, happy or receive the support they need. Can someone remind us about some approaches for this?

Give the participants some time to think and respond.

SAY: I want you to remember that as AMAL leaders, you are role models and sources of support for other adolescents in the community. It is part of your role to identify adolescents who could benefit from YMC and broader AMAL referrals. Your feedback and guidance are also critical to ensuring the AMAL project is responsive to adolescents' needs. *Answer any questions that they may have and then continue with the rest of the session.*

11.2 Visioning and action planning

Objective: At the end of this, trainees will be able to set goals and develop a plan for their leadership development and create a road map from their community's current reality to their final vision.

Materials required: A clean floor or enough sheets or blankets to cover a space for participants to lie on the floor, one large sheet of drawing paper per participant, printed action planning template for each participant, pens, pencils, flip chart, paper and markers, and soft music

Time allocated: 1 hour 30 minutes

Methodology and procedures:

- Explanation and discussion

Facilitation steps

Visioning (20 minutes)

DO: Arrange seats in a circle and place flip chart paper where it will be seen by everyone in the circle. Leave enough space for participants to comfortably lie on the floor. Put blankets on the floor if available.

SAY: We will now do an exercise called *I have a dream*.⁵

DO: Invite participants to lie on the floor and relax with their eyes closed. Encourage them to take deep breaths and relax their minds and bodies completely.

SAY: Think about your community. *Pause for 1 minute*. Think of why you love it. *Pause for 2 minutes*. Think of what you don't like about it. *Pause for 2 minutes*. What do you wish was different about your community? *Pause for 2 minutes*.

DO: Have everyone sit up. Using the flip chart paper, ask them to write down some quick notes about their communities' current reality, and their dream for the future in the context of adolescent girls and their needs.

Action planning (1 hour 10 minutes)

DO: Make copies of action planning templates in advance (see page 111). Put AMAL leaders into pairs, especially if they support the same YMC cycle and/or community.

SAY: Now that you have in mind a vision for your community, let us discuss how you can make this a reality. Action planning is a good way to get started. Let's develop an initial action plan for how you plan to serve as AMAL leaders and active members of the AAC. Think about the way your community is now, and what you want it to be instead. Using the action planning template below, think about what you need to do to make your vision real. Identify who, what, when, and where.

SAY: One of your big roles is outreach with other adolescents in the community. When creating your action plan, think about:

- How will you identify adolescents in need in your community?
- What kind of support or information will you provide to them?
- Who will you refer them to?

SAY: When planning for your participation in YMC sessions, think about:

- How often will you join upcoming YMC sessions?
- How will you support the AMAL facilitators?
- What will you look out for among other YMC participants to inform and improve the quality of YMC sessions to make them more responsive to adolescent needs?

SAY: When planning for your participation in review meetings with YMC facilitators and AMAL project staff, think about:

- How often will you participate in review meetings?
- How will you receive feedback from adolescents and convey their feedback to health providers to improve adolescent access to SRH/GBV services?

⁵ From UNFPA Empowering Young Women to Lead Change manual. Available at: <https://www.unfpa.org/resources/empowering-young-women-lead-change>

- How will you work with the project staff to share feedback from adolescents on the AMAL project?

FACILITATOR NOTE: AAC members should be invited to meet with YMC facilitators, health providers and project staff every two sessions (therefore, four review meetings per YMC cycle).

11.3 Wrap-up

DO: Have the group sit in a circle facing each other.

ASK: How do you feel about this exercise? Are you ready to serve as an AMAL adolescent leader?
Give participants a few minutes to think and share.

SAY: Congratulations! You have now completed the three additional leadership sessions. We are excited to have your important contributions in strengthening this program to meet the needs of adolescents in this community. Thank you for your time and valuable inputs. Congratulations and all the best!

DO: [Depending on location] Provide AMAL adolescents leaders with an AMAL certificate as well as bag or sticker. Remind participants about the time for next YMC meeting and/or project review meetings.

Action Planning Template

Activity	Who are you working with or reaching out to?	How frequently will this activity be done?	Where will this activity be done?	What resources if any will be needed?	Anticipated challenge/risk if any (including ideas for how you might address these risks)?

ANNEX

COMPONENT 1: Young Mothers' Clubs **Monitoring and Evaluation Tools, Additional Information**

Young Mothers Club: End-of-Session Evaluation

Instructions for Facilitators

DO: Place the three smiley face evaluation sheets (see pages 135-137) around the room, leaving space in between for participants to move around. Give each participant a small object (ex: a rock, a bean etc.).

SAY: “Now, we are going to evaluate how you felt about today’s session. Each of you has an [object]. I will read a series of questions, and I want you to stand up and place your [object] on the sheet with the face that best represents your response to the question. You can choose a sad face, which I’ve placed _____, a neutral face, which I’ve placed _____, or a happy face, which I’ve placed _____. In between questions, we will pause quickly to count the responses. Are there any questions?”
[Pause for questions].

SAY: “Here is the first question: How do you feel about yourself after this session? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1a on the YMC Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: How do you feel about the health facility provider’s interaction with you during this session? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1b on the YMC Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: How do you feel about whether this session will improve your ability to communicate with your husband/family on the topics we discussed today? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1c on the YMC Session Evaluation Form.

SAY: “Thank you. For these next two questions, you do not need to use your [objects]. Please just tell me your answers. What, if anything, would you change about this session?”

DO: Write down any responses you hear under Q2 on the YMC Session Evaluation Form.

SAY: “Which concepts, if any, did you find difficult to understand?”

DO: Write down any responses you hear under Q3 on the YMC Session Evaluation Form.

SAY: "Thank you for your participation. See you at the next session!"

Young Mothers Club (YMC) Session Evaluation Form *[to be completed by YMC Facilitators]*

Session Title and Date: _____

Site Name and Location: _____

Name, Title and Contact Information of Facilitator 1: _____

Name, Title and Contact Information of facilitator 2: _____

Total Number of Participants registered in this YMC: _____

Total Number of Participants in attendance today: _____

Did a community health worker attend the training? (circle one) Yes / No

1. Add up the results from the face evaluation activity to complete this table.

	# of sad faces	# of neutral faces	# of happy faces
a. How do you feel about yourself after this session?			
b. How do you feel about the health facility provider's interaction with you during this session?			
c. How do you feel about whether this session will improve your ability to communicate with your husband/family on today's topics?			

2. What would participants change about this session for next time, if anything?

3. What activities/concepts were most difficult for participants to understand, if any?

4. Based on participants' response to the knowledge check questions and behavior during the session, how well do you feel the participants understood the session on a scale of 1-5? Please circle your answer below.

AMAL COMPONENT 1: YOUNG MOTHERS' CLUBS

1
Did not
understand
at all

2
Understood
very little

3
Neutral

4
Understood
most things

5
Understood
perfectly

Young Mothers Club: Informed Consent

Hello.

My name is _____. I am working with _____. We are conducting a survey about your experiences to inform the Young Mothers Club program. The information we collect will help us understand more about your values and attitudes towards your health and life in general.

As part of this effort, I would like to ask you some questions about your life, your health, and the norms in your community. The questions usually take about 30 minutes. The answers you give will be confidential and will not be shared with anyone other than the members of the survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views and experience are very important to us. If I ask you any question you don't want to answer, just let me know and I will go to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact _____.

Do you have any questions?

[Answer any questions]

May I begin the interview now?

Yes

No

[If 'yes', proceed with survey]

Signature of interviewer: _____

Date: _____

Young Mothers Club: Baseline Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES		
1	What is your marital status?	<ul style="list-style-type: none"> <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed 		
2	How many children do you have?	<ul style="list-style-type: none"> <input type="radio"/> No children <input type="radio"/> Currently pregnant with first child <input type="radio"/> One child <input type="radio"/> Two or more children 		
3	What was your age at marriage?	_____ years		
4	What is your current age?	_____ years		
5	Have you ever attended school?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [<i>Skip to Q#7</i>] 		
6	What is the highest level of school you attended: Primary, secondary, or higher?	<ul style="list-style-type: none"> <input type="radio"/> Primary <input type="radio"/> Middle <input type="radio"/> Secondary <input type="radio"/> Higher 		
7	How did you hear about YMC? <i>Multiple-choice. Please select all that apply.</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Health facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Friend/ relative <input type="checkbox"/> Social media <input type="checkbox"/> Other, please specify: _____ [<i>record response</i>] 		
8	In the last 6 months, how many times have you visited a health facility for care for yourself?	_____ [<i>If 'zero', skip to Q#11</i>]		
9	"Now I would like to ask you some questions about any recent visits you might have made to a health facility or clinic. Please answer Yes or No."	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No			

9.1	During your most recent visit, did the health provider explain that any information you shared was confidential and private?		
9.2	Did the health provider talk to you about family planning?		
9.3	Did the health provider invite your mother/mother-in-law to participate in some or all of the visit/discussion?		
9.4	Did the health provider give you a chance to ask her questions?		
9.5	[If she has at least one child] Was your most recent child delivered by a health worker or in a health facility?		
10	"Now I would like to ask you how you felt during that most recent visit to health facility or clinic. I am going to read a series of statements about how you might have felt. Please let me know if you agree or disagree."	Agree	Disagree
10.1	I felt I could discuss any problems, questions or concerns with the provider without feeling embarrassed		
10.2	The provider gave me enough information to make a decision about if I should use family planning method and what method to use		
10.3	I felt like the provider cared about my needs and helped meet them		
10.4	I am satisfied with the care and services I received from the provider		
11	"Now I am going to read some statements about how confident you feel in your own ability to visit a health facility. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it."	* Item response options: 5-point Likert scale, where: Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to go to the health facility.	

AMAL COMPONENT 1: YOUNG MOTHERS' CLUBS

	<i>For each question, choose only one answer*</i>	Completely Sure	Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure	Not at all Sure
11.1	I could seek health services at the health facility whenever I want to.					
11.2	I could go to the health facility even if my husband did not want me to.					
11.3	I could go to the health facility even if I have work to do at home.					
11.4	I could go to the health facility even if my family thought I was neglecting my household duties.					
11.5	For my next delivery (childbirth), I will have a health worker present or go to the health facility					
12	<p>Now I am going to ask you some questions about how confident you feel in your own ability to talk to your husband about family planning. Even if you do not want to use family planning right now, try to imagine sometime in the future when you might wish to use family planning. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it.”</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to discuss and use family planning.</i></p>				
		Completely Sure	Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure	Not at all Sure
12.1	How sure are you that you could bring up the topic of family planning with your husband?					
12.2	How sure are you that you could tell your husband that you wanted to use family planning?					
12.3	How sure are you that you could use family planning?					

12.4	How sure are you that you could use family planning, even if your husband did not want to?					
13	Are you <u>currently</u> doing something or using any method to delay or avoid getting pregnant?	Yes		No [Skip to Q14]		
13.1	Which family planning method are you using? <i>Record all mentioned</i>	IUD				
		Injectables				
		Implants				
		Pill				
		Condom				
		Female condom				
		Emergency contraception				
		Standard days method				
		Rhythm method				
		Withdrawal				
		Female sterilization				
		Male sterilization				
		Other modern method				
		Other traditional method				
		Yes				
Mainly hers						
13.2	Does your husband know that you are currently using a method of family planning?	Mainly husbands	No	Don't know		
13.3	Would you say that the decision to use a method of family planning was mainly your decision alone, mainly your husband's decision alone, or a joint decision you both took together?	Joint decision				
		Other				
		<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly</i>				

		<p><i>Disagree = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates a greater expectation of negative outcomes associated with delaying childbirth.</i></p>				
		Strongly Agree				
14	<p>"Now I'd like to know about your perceptions of the consequences associated with using family planning. I'm going to read some statements, and for each one, please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree." <i>For each question, choose only one answer*</i></p>		Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
14.1	People in my community think a girl should marry as early as possible to protect her chastity.					
14.2	People in our community expect girls to have their first child soon after marriage.					
14.3	If I do not have a child soon after marriage, my husband/mother-in-law/family would disown/reject me.					
14.4	If people in my community knew I was using family planning, I would be badly perceived.	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1.</i></p>				

		<i>Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.</i>				
14.5	If people in my community knew I was using family planning, they would criticize my husband/family for allowing me to do so	Strongly Agree				
15	"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" <i>For each question, choose only one answer*</i>		Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
15.1	A man should have the final say about decisions in his home					
15.2	A wife should always obey her husband					
15.3	A man is the one who decides when to have sex with his wife					
15.4	If a woman wants to avoid being pregnant, she needs her husband's permission to use contraception	<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and</i>				

		<i>Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.</i>				
15.5	It is the mother's responsibility to take care of the children	Strongly Agree				
16	"Now I am going to read a list of statements dealing with your general feelings about yourself. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>		Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
16.1	On the whole, I feel happy about who I am					
16.2	I feel that I have much to be proud of					
16.3	I am able to do things as well as most other people					
16.4	I am a person of worth, an equal plane with others	<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3,</i>				

		<i>Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher collective self-efficacy.</i>				
16.5	I have respect for myself	Completely Sure				
17	"Now I am going to ask some questions about how girls your age in the community help each other and work together to improve their lives. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it" <i>For each question, choose only one answer*</i>		Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure	Not at all Sure
17.1	How sure are you that girls in your community could work together to improve how adolescents are treated at the health facility?					
17.2	How sure are you that girls in your community could work together to prevent each other from being married too young?					
17.3	How sure are you that girls in your community could work together to get government services you need?					

17.4	How sure are you that girls in your community could work together to improve the health and well-being of girls in your community?					
------	--	--	--	--	--	--

Young Mothers Club: End line Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES				
1	What is your current age?	_____ years				
2	How many YMC sessions have you attended?	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-8 (All)				
3	Overall, what is your level of satisfaction with YMC program?	Completely satisfied	Somewhat satisfied	No opinion	Somewhat unsatisfied	Completely unsatisfied
4	How has your participation in YMC affected your life? <i>[Write down participants' response]</i>					
5	How has your participation in YMC affected your relationships with your husband/mother-in-law/family? <i>[Write down participants' response]</i>					

6	How has your participation in YMC affected your knowledge of family planning and interactions with health providers? <i>[Write down participants' response]</i>					
7	Please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree with this statement: Participating in YMC has increased by ability to seek health care in the health facility	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
8	In the last 6 months, how many times have you visited a health facility for care for yourself?	_____ <i>[If 'zero', skip to Q#11]</i>				
9	"Now I would like to ask you some questions about any recent visits you might have made to a health facility or clinic. Please answer Yes or No."	Yes			No	
9.1	During your most recent visit, did the health provider explain that any information you shared was confidential and private?					
9.2	Did the health provider talk to you about family planning?					
9.3	Did the health provider invite your mother/mother-in-law to participate in some or all of the visit/discussion?					
9.4	Did the health provider give you a chance to ask her questions?					
9.5	<i>[If she has at least one child]</i> Was your most recent child delivered by a health worker or in a health facility?					
10	"Now I would like to ask you how you felt during that most recent visit to health facility or clinic. I am going to read a series of statements about how you might have felt. Please let me know if you agree or disagree."	Agree			Disagree	

10.1	I felt I could discuss any problems, questions or concerns with the provider without feeling embarrassed				
10.2	The provider gave me enough information to make a decision about if I should use family planning method and what method to use				
10.3	I felt like the provider cared about my needs and helped meet them				
10.4	I am satisfied with the care and services I received from the provider				
11	<p>"Now I am going to read some statements about how confident you feel in your own ability to visit a health facility. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it."</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>* Item response options: 5 - point Likert scale, where: Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1 - 5, and a higher scale score indicates higher self - efficacy to go to the health facility.</i></p>			
		Completely Sure	Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure
11.1	I could seek health services at the health facility whenever I want to.				
11.2	I could go to the health facility even if my husband did not want me to.				
11.3	I could go to the health facility even if I have work to do at home.				
11.4	I could go to the health facility even if my family thought I was neglecting my household duties.				
11.5	For my next delivery (childbirth), I will have a health worker present or go to the health facility				

12	<p>Now I am going to ask you some questions about how confident you feel in your own ability to talk to your husband about family planning. Even if you do not want to use family planning right now, try to imagine sometime in the future when you might wish to use family planning. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it.”</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Completely Sure = 5, Somewhat Sure = 4, Neither Sure/Unsure = 3, Somewhat Unsure = 2, and Not at all Sure = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates higher self-efficacy to discuss and use family planning.</i></p>				
		Completely Sure	Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure	Not at all Sure
12.1	How sure are you that you could bring up the topic of family planning with your husband?					
12.2	How sure are you that you could tell your husband that you wanted to use family planning?					
12.3	How sure are you that you could use family planning?					
12.4	How sure are you that you could use family planning, even if your husband did not want to?					
13	Are you <u>currently</u> doing something or using any method to delay or avoid getting pregnant?	Yes		No [<i>Skip to Q14</i>]		
13.1	<p>Which family planning method are you using?</p> <p><i>Record all mentioned</i></p>	Female sterilization				
		Male sterilization				
		IUD				
		Injectables				
		Implants				
		Pill				
		Condom				
Female condom						

		Emergency contraception				
		Standard days method				
		Rhythm method				
		Withdrawal				
		Other modern method				
		Other traditional method				
13.2	Does your husband know that you are currently using a method of family planning?	Yes	No	Don't know		
13.3	Would you say that the decision to use a method of family planning was mainly your decision alone, mainly your husband's decision alone, or a joint decision you both took together?	Mainly hers				
		Mainly husbands				
		Joint decision				
		Other				
14	"Now I'd like to know about your perceptions of the consequences associated with using family planning. I'm going to read some statements, and for each one, please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree." <i>For each question, choose only one answer*</i>	<i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. The scale was constructed by summing the item scores and dividing by the number of items. The scale score range is 1-5, and a higher scale score indicates a greater expectation of negative outcomes associated with delaying childbirth.</i>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
14.1	People in my village think a girl should marry as early as possible to protect her chastity.					
14.2	People in our village expect girls to have their first child soon after marriage.					
14.3	If I do not have a child soon after marriage, my husband/mother-in-law/family would disown/reject me.					

14.4	If people in my village knew I was using family planning, I would be badly perceived.					
14.5	If people in my village knew I was using family planning, they would criticize my husband/family for allowing me to do so					
15	"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" <i>For each question, choose only one answer*</i>	*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
15.1	A man should have the final say about decisions in his home					
15.2	A wife should always obey her husband					
15.3	A man is the one who decides when to have sex with his wife					
15.4	If a woman wants to avoid being pregnant, she needs her husband's permission to use contraception					
15.5	It is the mother's responsibility to take care of the children					
16	"Now I am going to read a list of statements dealing with your general feelings about yourself. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>	*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
16.1	On the whole, I feel happy about who I am					
16.2	I feel that I have much to be proud of					
16.3	I am able to do things as well as most other people					

16.4	I am a person of worth, an equal plane with others					
16.5	I have respect for myself					
17	<p>"Now I am going to ask some questions about how girls your age in the community help each other and work together to improve their lives. For each scenario I would like you to tell me whether you are completely sure you could do it, somewhat sure you could do it, neither sure or unsure you could do it, somewhat unsure you could do it, not at all sure you could do it" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher collective self-efficacy.</i></p>				
		Completely Sure	Somewhat Sure	Neither Sure/Unsure	Somewhat Unsure	Not at all Sure
17.1	How sure are you that girls in your community could work together to improve how adolescents are treated at the health facility?					
17.2	How sure are you that girls in your community could work together to prevent each other from being married too young?					
17.3	How sure are you that girls in your community could work together to get government services you need?					
17.4	How sure are you that girls in your community could work together to improve the health and well-being of girls in your community?					

Smiley Face Evaluation Sheets – Page 1



HAPPY

Smiley Face Evaluation Sheets – Page 2



NEUTRAL

Smiley Face Evaluation Sheets – Page 3



SAD

AMAL Adolescent Advisory Committee (AACs) Terms of Reference

Adolescent Advisory Committees are meant to optimize the capacities of adolescent leaders. Their meaningful participation along the program cycle of the AMAL Initiative programming is crucial in ensuring adolescent-responsiveness. Project staff should adapt the purpose and modality of the group to ensure that it's functionality appropriately supports the dynamic nature, capacities and needs of adolescents both within the AAC and program participants.

Purpose:

Adolescent Advisory Committees play a key role in strengthening the responsiveness of the program to the needs of adolescents by (1) liaising with YMC facilitators and Community Advisory Groups on a periodic basis to share recommendations and feedback for strengthening AMAL activities, starting with the Young Mothers' Clubs sessions and (2) identifying hard-to-reach and marginalized adolescents in their communities to refer them to AMAL programming including referrals to health facilities, community health workers and other support systems

Who can this group consist of?

This group consists of adolescents who have completed the eight sessions of YMC or are members of an existing YMC and demonstrated leadership and interest in supporting program activities and other adolescents in their communities. They then undergo additional leadership sessions as part of the AMAL initiative.

Creating the AAC:

- YMC facilitators share the ToR of the Adolescent Advisory Committee during the first day of YMC and let adolescents know that this is an opportunity for those who have continued interest and time to devote to the AMAL Initiative beyond the eight YMC sessions
- YMC facilitators keep track of adolescents that demonstrate natural leadership, proactiveness and commitment during the YMC sessions.
- YMC facilitators approach 1-2 adolescents per YMC group to enquire about their interest. If others approach facilitators, they may be included as well.
- Selected adolescents attend the three additional leadership skills after the eight YMC sessions.

Suggested selection criteria for AAC members:

1. Interest and availability to attend the addition leadership sessions and play the AAC roles
2. Communication skill: good listening skills, articulate and comfortable speaking out their ideas
3. Able to read and write and use guidance documents and tools
4. Speaks the local language (in this case Arabic)
5. Able to discuss and get support from their family to become AAC members

6. Preferably having networks and connections within their community
7. Diversity: members to include girls from different subgroups (adolescent girls who are: unmarried, married, divorced, pregnant, mothers, disabled, etc.)

Operationalizing the AAC:

- Training of AAC members on the additional leadership sessions
- AAC members are requested to join upcoming YMC cycles and assist YMC facilitators as needed (with a goal of attending at least half (50%) of the YMC sessions)
- AAC members follow up with selected YMC participants as needed, to provide support (peer counseling) as well as collect feedbacks on their experiences of the YMC sessions.
- AAC members are invited to join Community Advisory Group members, YMC facilitators, project staff and on their bi-monthly review meetings where the following will be discussed:
 - Review of workplan, smiley face evaluations from YMC sessions, attendance/dropouts, any internal dynamics and/or conflicts among YMC members that facilitators should be aware of, discussion on YMC participants access of health and/or other services
 - AAC members share their own feedback (and inputs/feedbacks their gathered from YMC members) with YMC facilitators and project staff through these meetings
- ACC member, YMC facilitators, AMAL project staff and health providers together review health facility data on uptake of services among adolescents. AAC member share their opinions, concerns and suggestions for improving adolescent access to SRH/GBV services at facilities.
- The Community Advisory Group utilizes this information to strengthen YMC and broader AMAL activities.
- AAC members will participate and support the recruitment of new YMC participants for a new cycle.

Planning for future pregnancies

The safest time to have a baby is at age 20 or older. Women who become pregnant before that age are at increased risk of complications that could lead to injury or death for themselves and their baby. It is also best to wait at least 24 months after giving birth to become pregnant again – this way your body has time to rest, replenish, and prepare to support another baby.

Family planning is one way to space your pregnancies. There are many different methods of family planning – some last for a short time (like injectables) and others for a longer time (like IUDs). If you decide to use a family planning method, it will not affect your ability to have a baby in the future, and you can stop using it at any time.

Discussing how pregnancy and motherhood affects you and your future goals with your husband, family, and health provider can help you decide when and whether to become pregnant again.

Questions? Contact us.

If you would like more information on any of these topics, please reach out to **(insert name of local implementing organization)** at:

Xxxx (insert address of organization)

Phone: **XXXXXX** (insert)

Email: **xxxx** (insert)

Web: **xxxx** (insert)

[INSERT ORGANIZATIONAL LOGO HERE IF DESIRED]

Preparing for Pregnancy and Motherhood

A Quick Guide



Photo Credit: UNFPA, 2015

Preparing to have a baby

There are many steps you can take to ensure you have a healthy pregnancy and give birth to a healthy baby.

Before becoming pregnant:

- Avoid smoking, alcohol, and taking unnecessary medications
- Make sure any chronic health conditions are under control
- Ensure your vaccinations are up to date

During pregnancy:

- Create a birth preparedness plan and discuss it with your family. Decide where you will deliver, what transportation you will use to get there, who will accompany you, how much money you will need for the journey and at the health facility, and what supplies you will take with you. You may also want to keep a clean delivery kit at home and write down the name of a midwife who can help you in case you are unable to reach the health facility in time.
- Avoid inhaling smoke – keep windows open when cooking indoors, limit time spent with people who smoke.
- Avoid herbs and medicines that can harm you or your baby (if you are unsure if something is safe, ask a health provider).
- Avoid contact with people who are sick as much as possible.
- Visit a health facility or talk to a midwife or health worker for more tips on how to stay healthy. They can provide support to ensure you receive skilled care during your delivery, reduce your risk of complications and stillbirth, and help you manage any other health conditions that arise while you are pregnant.

Urgent conditions

Pregnant women should see a health provider regularly (at least eight times during pregnancy if possible). However, **certain symptoms may mean that your baby's health is in immediate danger**. For your health and the health of your baby, if you experience any of the following symptoms, visit your nearest health facility or qualified health worker as soon as possible.

- Seizure and convulsion
- Blurred vision
- Swelling of face and hand
- Severe abdominal pain
- Bleeding of vagina during any trimester
- Offensive/foul smelling discharge from vagina
- Difficulty breathing
- Coughing up blood
- Nausea or vomiting that does not stop
- Sweating and chills with a fever over 38 degrees Celsius
- You don't feel your baby moving for more than 24 hours
- Strong headache that doesn't go away after 2 or 3 hours

The background image shows three women wearing hijabs sitting around a table in what appears to be a meeting or workshop. They are looking at papers and talking. The entire image has an orange tint. The text is overlaid on the bottom left.

COMPONENT 2

Discussion and Reflection with Communities

Facilitator Guide and Curriculum

AMAL INITIATIVE

Adolescent Mothers Against All Odds

COMPONENT 2: Discussion and Reflection with Communities

Facilitator Guide and Curriculum

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About the AMAL Community Discussion Sessions

When adolescent girls have a supportive community and family behind them, they are better able to stay healthy and to take care of themselves and their families. This section was developed to engage community groups, educating them about the role they have to play in the health and wellbeing of pregnant girls and new mothers, and inviting them to reflect on, challenge, and transform social and gender norms that negatively impact girls and women in particular. AMAL aims to initiate a critical reflection process among key stakeholders and gatekeepers of adolescent girls that helps to create an enabling environment in which vulnerable adolescent girls can thrive.

These discussion and reflection sessions were adapted from CARE's **TESFA** project in Ethiopia, and they use CARE'S **Social Analysis and Action (SAA) approach** for gender and social norms transformation (see page 39 for more information on SAA). CARE partnered with four local (national Syrian) organizations to adapt the content to fit to the realities on the ground in Syria.

Program Description

PARTICIPANTS: Mothers, mothers-in-law, husbands, fathers, and influential members of the community, including religious leaders.

Where possible, mixed groups of women and men should be involved in these discussions; though in the current context of Syria, it may be necessary for women and men to have separate groups. These sessions should take place within existing community platforms if possible. At a minimum, in contexts where existing community groups do not exist and/or it is difficult to hold community meetings, we recommended creating a group specifically for mothers and mothers-in-law of YMC participants.

FACILITATORS: Each community session should be facilitated by community health workers or leaders from an AMAL Community Advisory Group (CAG, see below) under the supervision of YMC facilitators or other AMAL project staff. If this is not possible, YMC facilitators or AMAL project staff should lead.

Community Advisory Groups

Prior to starting a project like AMAL, it is critical to get support from the community. This is why we recommend setting up Community Advisory Groups (CAGs) even before beginning YMC sessions, with participation from leaders, influencers, and respected individuals who have some level of power over that community's beliefs and practices. To ensure buy-in, project leaders should reference the project brochure (see page 40) and manuals to explain the objectives of the AMAL and the importance of the information presented, especially on birth preparedness and planning, healthy timing and spacing of pregnancies, and postpartum family planning.

Members of CAGs will:

- serve as liaisons between the Young Mothers' Clubs and others in the community
- advocate for acceptance of and support for adolescent girls in general and AMAL project activities in particular

- engage in quarterly review meetings with YMC facilitators, adolescent advisory committee members, and AMAL project staff

Once a CAG is established, members should plan to work together for at least one YMC cycle (8-12 months); but they can continue with their advocacy and activities beyond the project cycle.

PARTICIPANTS: Approximately 8-10 individuals from each community. It is critical to ensure *diverse, gender-balanced* representation from the following groups of people:

- Health workers (midwives, doctors, nurses, health facility managers, etc.)
- Mothers and mothers-in-law of adolescents, other family leaders
- Religious leaders (imams, priests, pastors, etc.)
- Local council members
- WGSS staff members (PSS worker, WGSS manager, etc.)
- Youth/adolescents (particularly members of the AACs)
- Teachers

PROCESS: Conduct individual outreach to identify supporters and potential advocates who might be willing participants in a CAG, and invite them to join prior to beginning any YMC activities. Regularly express gratitude and emphasize their importance in the community, and how they are supporting community health and that of future generations. You may want to provide them with certificates or some other token of gratitude.

Facilitators of YMCs and/or other AMAL project staff should conduct an **orientation workshop** to share key messages and goals of this project. End this session by deciding upon some action steps for CAG members and a timeline for regular check-in meetings and discussion and reflection sessions with other community members.

Monthly **check-in meetings** are recommended so CAGs can share and receive updates on how project activities are progressing and hear feedback, questions, or concerns from community members (beyond the CAG) about the YMC activities. Identify the most convenient time and location for regular meetings. Sessions should not last longer than one and a half hours.

The first check-in meeting should be arranged with support/attendance from a PSS worker and midwife. During this meeting, one of the CAG members (ideally someone respected but also motivated to move this work forward) becomes leader of the group and takes over facilitating/ organizing monthly sessions (with support from the PSS worker who can help with tracking/data collection).

Every two months, the CAG meetings should also serve as project review meetings where CAG members, facilitators of the community sessions, health providers, members of the AACs will discuss:

- Project activities and how things are progressing
- Feedback received from participants and facilitators
- Uptake of health services among adolescents (using data from health facilities)
- Suggestions for improving adolescent access to SRH/GBV services

The CAGs can then use what they learn to make changes if needed to strengthen AMAL activities.

Session 1

Household chores

Topic summary

Social norms around gender create certain expectations for women and men inside and outside the household. Within the household, women typically are responsible for the majority of chores, particularly when compared with male counterparts (although the division of responsibilities may differ between urban and rural settings). In certain settings, whether due to insecurity, displacement, or social expectations, women's and girls' mobility is restricted, and they are required to mostly stay at home. When adolescent girls are required to stay home, they are often deprived of an education and from pursuing other goals.

Women and girls are often expected to work for their in-laws and support the rest of the family. For pregnant women, trying to keep up with this overwhelming household workload can create health problems and complications for the woman and may be harmful to the baby as well. The situation for widows and divorced women is even more precarious due to a higher level of financial and household burdens she has to manage, often on her own. The intention of this session is to reflect on these norms in order to promote equal involvement of females, males and in law involvement in household chores.

Key discussion questions

- What are the expectations for women and men in your household?
- When analyzed, whose role is bigger and why?
- What responsibilities can be shared? Why? Which can't be shared? Why?
- Which roles do we want to share? What are the consequences of sharing our responsibilities?
- How are distributions of chores different for widows and divorced women?
- Which household chores can be shared with the in-laws?

Time allocated: 45 minutes

Materials needed: Flip chart paper, markers, and index cards, copies of baseline survey (see pages 28-30) – one per participant, and pencils/pens for participants

Prepare in advance:

- Write the following phrases on index cards (one phrase per card)
 - Women
 - Men
 - Taking children to school
 - Taking children to health facility/doctor,
 - Helping children with homework
 - Spending time with children
 - Cleaning the house
 - Buying groceries
 - Doing the laundry
 - Working on the land/farm

- Selling crops/products
- Cooking for the household
- Ironing
- Bathing the children
- Washing dishes
- Bringing water to house
- Making repairs to house/household appliances
- Running the generator
- Purchasing electricity for the house
- Lighting the fire for the barbeque

Facilitation steps

Welcome and greet participants. Thank them for coming and agreeing to be a part of this discussion session.

Administer pre-test

DO: Hand out copies of the baseline survey to all participants along with pencils/pens. Give them 15 minutes to complete it, then collect them and begin the discussion.

Discussion

Tell them that today the discussion will focus on how men and women share household chores. Read the topic summary from the previous page.

DO: Put the *MEN* and *WOMEN* index cards down on a flat surface next to each other.

EXPLAIN: Inform participants that you are going to be looking at different household chores and determining who is responsible for each of them. Explain that you are going to show them cards with chores written on them, and they should decide whether the chore on that card is typically done by a man (in which case, the card should be placed under the *MEN* index card), or a woman (in which case, the card should be placed under the *WOMEN* index card).

DO: Show index cards one by one and give participants time to decide where the card should be sorted as per the instructions.

DO: After participants have placed all the cards, switch the *MEN* and *WOMEN* category cards.

ASK: What would happen in the household and in the community if the roles are reversed or shifted? Why?

DO: Have the participants consider the chores again and re-sort the cards based on what roles could be shared by men and women and those that cannot be shared. What chores cannot be shared? Why not?

DO: Facilitate a discussion on the consequences of sharing responsibilities in a household despite gender roles.

ASK: How are chores distributed differently for divorced/widowed women?

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank participants for their active participation and dismiss the group.

Session 2

Beliefs and values about girls' puberty

Topic summary

When a girl develops secondary sexual characteristics, it is sometimes perceived by others as a threat. Some believe that girls will immediately start having sex at this time, therefore she is ready to be married. This is dangerous, because when a girl is married at a young age and becomes sexually active before she is emotionally, psychologically, and physically mature, she is increasingly vulnerable to various health problems (sexually transmitted infections, fistula, etc). When girls are not properly educated about their sexual and reproductive health and how to manage their menstrual cycle, they may become ashamed and choose to isolate themselves when they begin menstruating.

The purpose of this session is to challenge community beliefs and expectations about puberty, to discuss any perceived threats and challenges related to puberty, and to provide information on what it means when girls develop secondary sexual characteristics.

Key discussion questions

- What is puberty? How is it characterized?
- How do people know girls reach puberty?
- What is expected of girls once they reach puberty? What does the community expect of them? How do those expectations affect the lives and wellbeing of the girls?
- What can parents do to support girls during puberty? Who else can/should support girls during this period of their lives?
- In this community, what sources of information on puberty and related changes are available to girls and their parents?

Time allocated: 45 minutes-1 hour

Materials needed: Flip chart paper, markers

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

SAY: Today, we are going to discuss the story of a girl who goes through puberty and her changing life circumstances. We will also discuss the major challenges and concerns/threats that girls face during puberty and the impact of societal norms on such girls.

ASK: What do you know about puberty?

DO: Write ideas that are shared on the flip chart paper.

ASK: What are some of the expectations from individuals, family, community, and society that girls face when they go through puberty? Why?

DO: Read the short story below that symbolizes when girls go through puberty and tell the participants to think through the issues in the story and their implications.

Short story: Ayesha

Ayesha, a 12-year old girl who was displaced due to war got her first period six months ago. The bleeding was very heavy. She felt ashamed to talk about it to anyone, including her mother. She had no information about what was happening or why, but she was in a lot of pain. When she has her period, she isolates herself and is not as active with her friends or family, and often stays home from school. As a result, her academic performance is suffering.

Ayesha's teacher notices these changes and discusses them with her mother. Eventually, they realize that Ayesha has started menstruating and is going through puberty. When her father hears about this, he decides that she must leave school and prepare to become a housewife. In his opinion, this will not only protect Ayesha but also help the family integrate into their new community.

ASK:

- How has puberty changed Ayesha's life?
- How do social norms on puberty affect girls like Ayesha? What impact does this have on their future?
- How would Ayesha's situation have been different if she a) had received information on puberty b) had support from her family?
- How could community members be more supportive of girls like Ayesha?

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank everyone for their active participation and dismiss the group.

Session 3

Social norms and practices around early marriage

Topic summary

It is not uncommon in some communities for girls to marry young and to become sexually active before they are emotionally, psychologically, and physically mature. This is dangerous, because it increases their vulnerability to various health problems, including early pregnancy, complications during birth, HIV/AIDS and other sexually transmitted infections.

The purpose of this session is to understand the norms around early marriage in this community, and to consider the impact of early marriage on girls, families, and the community.

Key discussion questions

- What is the ideal age for marriage for a girl?
- What is the usual age for girls/women to get married in this community?
- Are there specific groups in this community practicing early marriage? What makes some girls more vulnerable to early marriage than others?
- What are the implications of early marriage?
- What is the ideal age for giving birth to your first child?

Time allocated: 45 minutes

Materials needed: Flip chart paper, markers

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

ASK if early marriage and pregnancy happens in their community.

DO: Have participants to stand together in the middle of the space facing the facilitator. Leave room to their left and right, as they will be moving around.

SAY: I will read a statement, and those who agree will stand on my right, and those who disagree will stand to my left. There is no right or wrong answer, so you should be honest and choose the side that corresponds with your beliefs and values. You are not allowed to debate with others before choosing a side, and you should not judge anyone based on their decision. Once you have chosen a side, you will have an opportunity to explain your decision if you'd like. If you change your mind for any reason, you should change sides to reflect your new perspective. (Pause to answer questions if participants have any).

DO: Read each of the following value statements below, one at a time. After reading each statement, allow the participants time to move to the left (disagree) or right (agree).

FACILITATOR'S NOTE: Once you read a statement, give participants time to choose whether they agree or disagree and to stand to the side that properly represents their choice. Ask volunteers on each side to explain why they made the choice they did (it is recommended that you start with the smaller group first). Once each side has had the chance to explain their rationale, move to the next statement. Keep track of time and do not spend too much on any one statement.

- The ideal age of a girl for marriage is 18 years.
- The actual age of marriage in our community is between age 13 and 15.
- A girl should get married only once she is physiologically, psychosocially, and emotionally developed.
- Married girls should wait to get pregnant until they finish school.
- Girls should wait to get married until they finish school.
- A newly-married couple should decide together when they want to get pregnant.
- Marrying off a daughter is a good solution to poverty.
- Girls are protected from sexual violence and harassment if they are married.
- My daughter should decide how many children she wants to have without interference.

DO: Lead participants in a debriefing discussion using the following questions.

- In our community, how do people feel about early marriage and early pregnancy?
- Is it acceptable for an adolescent girl to wait to have a child until after one or two years of marriage?
- Is it acceptable for an adolescent girl who has had a child to delay or space her second pregnancy by two years?
- Can everyone of reproductive age make their own choice about when to get married and to decide the time to have a baby, especially those who are married early?

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so. Thank everyone for their active participation and dismiss the group.

Session 4

Understanding power relations in the community

Topic summary

Power is an important instrument that determines how much ability an individual or group has to make decisions and take action on their own behalf and on behalf of other individuals and groups. There are different factors that determine who is powerful and who is powerless, including sex, gender, wealth, age, education, religion, political position, family membership, displacement status, and ability or disability. People in the community who are considered powerless face more challenges than others to access the information and services they need to lead a healthy and decent life.

Thus, the purpose of this session is to show the emotional, psychological and physical consequences as a result of the imbalance of power relations and to prevent its negative consequences.

Key discussion questions

- Who are powerful people in the community? And why are they powerful?
- What is the source of their power? How do they use it? (positively and negatively)
- How does one individual or group's power affect others with less power?
- How can we prevent the abuse or misuse of power?

Time allocated: 1-1.5 hours

Materials needed: Flip chart paper, markers

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

SAY: We are going to think about our own personal experiences today, focusing on specific times when we felt particularly powerful or powerless. First, I will draw a lifeline, indicating the different moments in a person's life cycle: birth, childhood, adolescence, adulthood, old age. Along this line, we will mark moments where we have felt powerful above the lifeline and experiences where we felt powerless below the lifeline. I can start with my experience, and then you all can add to this.

DO: On flip chart paper, draw a horizontal line meant to represent a lifespan (use hash marks along the line to indicate phases of life like childhood, adolescence, adulthood, old age). Put marks above the line at times when you felt powerful ("power-up" moments) and below the line during time when you felt powerless ("power-down" moments) along the lifeline. Explain why you felt that way. (Consider moments related to political instability and crisis and your own displacement, if applicable).

DO: Ask participants to add their own experiences to the lifeline. Lead a group discussion using the following questions.

- What are times in our lives when we have felt powerful? (Write/add these on the graph)
- What factors contribute to our personal power?

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- How did it feel to be powerful? What happened in your life as a result of feeling powerful?
- What are times in our lives when we have felt powerless? (write/add these on the graph)
- What factors contribute to our loss of personal power?
- How did it feel to be powerless? What happened in your life as a result of not feeling powerful?
- How can we use our power positively (when we have it)?
- How can we use this power to help others?

SAY: Being powerful is not a constant state; it can change with time, age, context, and other factors. When we are in a position of power, we have a choice of how we use our power, positively or negatively.

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so. Thank everyone for their active participation and dismiss the group.

Session 5

Gender-based violence and social norms

Topic summary

Social norms may prevent women and adolescent girls from having the same decision-making authority as their male counterparts. Women/girls often have limited power to make decisions about household finances, and about their own bodies and health. Women have less power over their own lives than men do, which makes them vulnerable to violence, discrimination, and abuse from those who have more power.

Gender-based violence (GBV) is violence that is directed at an individual based on his or her sex, gender identity or expression of masculinity and/or femininity. GBV includes physical, sexual, verbal, emotional and psychological abuse, threats, coercion, and economic or educational deprivation. It can occur in public or private life. It can happen to anyone, but it most often is used against women and girls.

In emergency settings, the risk of GBV is exacerbated due to changing cultural and gender norms, displacement, disruption of community services, disrupted relationships, weakened infrastructure increased militarization, lack of community, and scarcity of essential resources.

GBV has a negative impact on the health of survivors, and can lead to unwanted pregnancy, self-induced abortion, sexually transmitted infections, psychosocial trauma, and social stigma and rejection. (The exact nature and severity of injury can vary greatly among survivors). An adequate response to GBV must include services that reduce harmful consequences and prevent further injury to the survivor.

The purpose of this session is to understand what GBV is, to identify its consequences, and to consider how it might be prevented.

NOTE: This is a sensitive issue and can be especially difficult or painful to discuss. Participants should be careful to use non-judgmental language and to be respectful of the feelings of others. If anyone feels they need to take a break from the conversation at any time, they should be permitted to do so.

Key discussion questions

- What is GBV? What are some examples? What is the impact of GBV to victims, families, and the community?
- What type of GBV is common in your community?
- Who is most affected by GBV?
- Can GBV be prevented? How? Who is responsible for preventing GBV?
- What services are available in the community for GBV survivors? How can they be accessed?

Time allocated: 45 minutes

Materials needed: none

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

Tell them that you will be reading a few different short stories for the group, and together they will examine whether the stories describe an act of GBV or not and how this is applicable in your community.

FACILITATOR NOTE: Depending on the group's level of acceptance and understanding, you may want to adapt the below scenarios to be more clear or relevant.

DO: Read the following story out loud.

Razan is walking down the street, and she sees a group of boys standing outside a shop. She crosses the road because she wants to avoid them. They start shouting at her, saying things about the way she is walking, the way she is dressed, and the way she looks.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Razan did experience a form of GBV known as emotional violence. Emotional violence is when someone makes another person feel fear to gain control of them. Examples include: threatening to hit or kill someone, yelling or shouting, saying hurtful things, calling someone worthless or stupid, making comments about someone's appearance or body, or keeping them from seeing their family, parents, or friends.

DO: Read the following short story out loud.

Hala's parents stopped her from going to school because they didn't think education was important for girls. One day, Hala tried talking to her parents about going back to school. Her mother told her that only her brothers were allowed to go to school, and there was no use for Hala to attend.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Hala did experience a form of GBV, because she was denied opportunities based on her gender. Girls are sometimes kept out of school, prevented from seeing a health provider (even when they are ill), or denied basic needs such as water, food, and shelter simply because they are girls. (Note that being denied these things because of other reasons – such as lack of money or safety issues – is different than being denied something because of your gender).

DO: Read the following short story out loud.

Samira is 15 years old. One day, when she came home from her friend's house, her mother told her that she will be getting married next week to a man that requested to marry her. Samira doesn't want to marry this man, but her parents told her that she has no choice.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Samira did experience a form of GBV – forced marriage. This is when someone is married against their will, and they have no ability to refuse.

DO: Read the following short story out loud.

Aya's mum and dad argue a lot at home. One day, Aya was woken up at night by her parents shouting. She went to see what was happening, and she saw her father hit her mother.

ASK: Is this a type of violence? If yes, what kind? If no, why not? (Allow some time for them to consider and discuss).

SAY: Aya's mom did experience a form of GBV – physical violence. Examples of this include hitting, pushing, using force to hurt or hold someone, or using any weapons (i.e., hands, stick, harmful tools) to cause someone pain or injury.

DO: Read the following short story out loud.

Nadin is an internally displaced girl in a new community with limited financial resources. She always goes to the same store to buy bread. One day, when Nadin tried to pay for the bread, the shopkeeper said she didn't need to pay. A week later, the same thing happened. Nadin was happy because she saved some money. But the third time she went, the shopkeeper again insisted that she did not need to pay, but he made sexual advances toward her. When she refused, he told her that she had no choice because of all the free bread he gave her.

ASK: Is this a type of violence? If yes, what kind, if not, why not? (Allow some time for them to consider and discuss).

SAY: Nadin did experience a form of GBV – sexual violence. Examples of this include unwanted kissing or touching, rape, sexual games, and any forced sexual acts (even if done in exchange for assistance).

SAY: A person's body belongs to them, and no one has the right to touch or hurt someone else's body. If a girl or woman experiences GBV, she should be able to seek help from someone she trusts. It is important to know that it is never a victim's fault he/she was abused – the fault lies with the abuser.

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so. Thank everyone for their active participation and dismiss the group.

Session 6

Understanding social norms around family planning

Topic summary

Family planning allows couples to delay pregnancy until they are ready to have a child. It also allows a woman to space her pregnancies and births until her body has fully recovered, helping to ensure she and her children will survive and be healthy.

If you practice family planning, that means you are making decisions about how many children you want to have and when you want to have them by using contraception such as abstinence, natural planning, or hormonal birth control. Most common forms of contraception are barrier methods, including condoms, contraceptive pills, hormonal injectables, intrauterine devices, and male or female sterilization.

In many places, social norms dictate that young married adolescents should not practice family planning. Women are expected to get pregnant immediately after marriage and to continue having children to “complete the family.” The health of the wife and potential children is usually not the biggest concern for the husband and the rest of the family. Instead, failure to have many children quickly often results in criticism and discrimination by mothers-in-law, husbands, and others in the community.

Family planning can be a difficult topic to discuss, even within the household. If a woman wants to use a family planning method, it usually requires approval from her husband, family, and in-laws. Widows and divorced women may not be able to access family planning services at all.

The purpose of this session is to discuss the existing norms around family planning use in this community.

Key discussion questions

- What is the purpose of family planning? What are the approaches for ensuring healthy timing and spacing of pregnancies in this community?
- What are the traditional methods used for family planning in our community? What do you think/feel about the traditional methods?
- Is it acceptable for anyone to use family planning? Who is eligible for family planning use? Who is not? And why not?
- What are the common misconceptions about family planning?

Time allocated: 1-1.5 hours

Materials needed: none

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

ASK:

- Who generally makes decisions about whether or not a couple will practice family planning?
- What are some of the challenges women and girls face in accessing family planning services?
- How can the wider community help women and girls to access family planning?

EXPLAIN: We will read two scenarios and discuss each of them.

DO: Read the following scenario out loud.

Basel and Layla have known each other since they were in school together, and they married early at the age of 15. Layla had heard from her aunt, who is a midwife, that she should wait for a few years to get pregnant. She suggested that Layla consider using a family planning method. Basel did not know anything about contraceptives, and Layla was ashamed to discuss it with him, so they got pregnant right away.

Now they have a five-month-old girl. Layla likes being a mother but also wants to go back to school. Basel works to support his family, but he also wants to go back to school so he can have a better life, and he does not want to have another child for a while. Basel wants to have sex with Layla again, but he's afraid she will get pregnant again. Meanwhile, Layla's mother and mother-in-law are encouraging her to have more children soon 'to complete the family,' telling her that she should not think about going back to school because her place is now at home to care for her husband and child. Layla has heard that the nearby health center offers family planning but she doesn't know whether or not adolescents can use it. She is afraid to ask because she is only 16 years old.

ASK:

- Have you seen similar situations in your family or community?
- What problems do you see in this story? What challenges are Layla and Basel facing? How is Layla's mother-in-law influencing the situation?
- What are some barriers they are facing and who might be a source of support to resolve this issue?
- How can the community support newlyweds like Layla and Basel to achieve their goals/dreams for the future?

DO: Read the following scenario out loud.

Zeinab got married to 28-year-old Majid when she was 14 years old because her family was in a difficult economic situation after being displaced from their home due to conflict. Her marriage was set without her involvement and she had never met Majid before. Majid's mother is eager to see the child of her son and she reminds him of this regularly. As was expected of her, Zeinab had a baby within the first year of her marriage. Childbirth was difficult, she faced prolonged labor and sought care at a nearby hospital where she was given a caesarean section to get the baby out. The gynecologist told Zeinab's mother and Majid that it would be much safer for Zeinab to wait to have her second baby for at least another five or six years to avoid pregnancy complications. She suggested that the couple should use a contraceptive method.

Majid's mother refused to accept that a contraceptive method was necessary, because she wanted to see another child in the house. She told Zeinab that it was common for her and her friends to have five children when they were young and she pushed Zeinab to have another child as soon as possible. Majid wanted Zeinab to be healthy, but he also wanted to obey the order from his mother.

ASK:

- What problems do you see in this story? What are the challenges faced by Zeinab? How does Zeinab's mother-in-law influence this situation? How does Majid influence this situation?)
- What are some barriers they are facing and who might be a source of support to resolve this issue?
- How can the community support couples like Zeinab and Majid?

SAY: Each of us has the opportunity and power provide support to girls like Layla and Zeinab.

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so. Thank everyone for their active participation and dismiss the group.

Session 7

Household decision-making and men's involvement in women's reproductive health

Topic summary

Reproductive health is important – to men and to women. Although it has historically been considered a “women’s issue”, there are roles for other family members to be involved and to be supportive, as well as the community and society at large. Especially in communities where men have most of the decision-making power, it is important to include them in reproductive health discussions so family members can work together to decide what they want their lives to look like.

Because of the social pressures and expectations, women often have no power to determine how many children they will have (even though pregnancy and childbirth can be life-threatening), and they may not be able to refuse sex even if they are sick or tired. The purpose of this session is to discuss and challenge norms around household decision-making and the role of men in women's reproductive health.

Time allocated: 1.5 hours

Materials needed: Flip chart paper, markers, prepared index cards, copies of endline survey (see pages 31-34), pens/pencils for participants

Prepare in advance:

- Write the following phrases on index cards (one phrase per card). Feel free to add other cards listing decisions that come up within households.
 - Women
 - Men
 - Both
 - How many children to have
 - When to have sex
 - Whether or not to use family planning
 - When a woman can seek health services at a facility
 - When and to whom a daughter/son gets married

Notes for the Facilitator

- The role of the facilitator is to challenge social norms and assumptions by exploring and asking why. In this session, we should not be collecting information (extractive) or “guiding” people towards more shared responsibilities, but rather challenging the current status quo and leaving them to draw their own conclusions.
- Options for emphasis might include (based on where you are in the explore/change cycle):
 - Explore/challenge individual behaviour vs. social norms
 - Explore/challenge gender and power within the household
 - Explore/challenge gender and power in relation to fertility and sexuality
 - Explore/challenge couple communication as part of task distribution and decision-making

Facilitation steps

Welcome participants and introduce the session topic by reading the topic summary.

EXPLAIN: Tell them that today they are going to talk about decision making about family planning use and male involvement.

ASK:

- Who in the family makes decisions about family planning (whether to practice it at all, what type of contraceptive method to use, etc.)? Why?
- What groups of people in your community are unable to access family planning services? Why?

DO: Conduct a pile-sorting activity. Place the first three index cards on the table, the ones that say *MEN*, *WOMEN*, and *BOTH*.

SAY: Written on these cards are different decisions that are made within the household. We will consider them one at a time, and you should decide which pile they belong in based on who makes the final decision on that issue: men, women, or both.

Once all the cards are sorted, **ASK:**

- Based on how we sorted the cards, who appears to have the most decision-making power in the household? Why is that?
- Can some of the decisions be made by the other person? Or by both? Which ones?
- What is the advantage of shared decision making?
- What does this exercise tell us about women's status in the household and in general? What about men's status?
- How does this exercise reflect gender roles and norms in our society?
- How does this exercise reflect individual behavior in our own families? Is our individual behavior different from what we see as norms in our community?
- (To men) How does it feel to look at this list of decisions as a man? Do you wish it were different? Why?
- (To women) How does it feel to look at this list of decisions as a man? Do you wish it were different? Why?
- What would it take to change the way decisions are made in your household? What about in the wider community?
- How might men become more involved in supporting women's reproductive health?

DO: Recap main points of the discussion, focusing on the advantages of joint decision making and male involvement and various actions that participants can take to make their household and community more fair and equitable.

Administer post-test

DO: Hand out copies of the endline survey to all participants along with pencils/pens. Give them 15 minutes to complete it, then collect their papers.

Wrap-up

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

After you have finished the discussion, follow the instructions on the end-of-session evaluation form (see page 25).

Inform participants of the date, time, location, and topic for the next session. Remind them that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so. Thank everyone for their active participation and dismiss the group.

ANNEX

COMPONENT 2: Discussion and Reflection with Communities **Monitoring and Evaluation Tools**

Discussion and reflection with communities: End-of-session evaluation

Instructions for facilitators

DO: Place the three Smiley Face Evaluation Sheets (see pages 36-38) around the room, leaving space in between for participants to move around. Give each participant a small object (ex: a rock, a bean etc.).

SAY: “Now, we are going to evaluate how you felt about today’s session. Each of you has an [object]. I will read a series of questions, and I want you to stand up and place your [object] on the sheet with the face that best represents your response to the question. You can choose a sad face, which I’ve placed _____, a neutral face, which I’ve placed _____, or a happy face, which I’ve placed _____. In between questions, we will pause quickly to count the responses. Are there any questions?”
[Pause for questions].

SAY: “Here is the first question: How do you feel about your ability to recognize unequal gender norms after this session? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1a on the Community Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: How do you feel about your interest in changing unequal gender norms after this session? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1b on the Community Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: How do you feel about your personal ability to support girls’ equal access to services such as health? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1c on the Community Session Evaluation Form.

SAY: “Thank you. For these next two questions, you do not need to use your [objects]. Please just tell me your answers. What, if anything, would you change about this session?”

DO: Write down any responses you hear under Q2 on the Community Session Evaluation Form.

SAY: “Which concepts, if any, did you find difficult to understand?”

DO: Write down any responses you hear under Q3 on the Community Session Evaluation Form.

SAY: “Thank you for your participation. See you at the next session!”

Community Advisory Group Session Evaluation Form *[to be completed by group facilitators]*

Session title and date:

Site name and location:

Name, title and contact information of facilitator 1:

Name, Title and Contact Information of facilitator 2:

Total Number of Participants registered in this Group:

Total Number of Participants in attendance today:

Did a community health worker attend the training? (circle one) Yes / No

1. Add up the results from the face evaluation activity to complete this table.

	# of sad faces	# of neutral faces	# of happy faces
a. How do you feel about your ability to recognize unequal gender norms after this session?			
b. How do you feel about your interest in changing unequal gender norms after this session?			
c. How do you feel about your personal ability to support girls' equal access to services such as health?			

2. What would participants change about this session for next time, if anything?

3. What activities/concepts were most difficult for participants to understand, if any?

4. Based on participants' response to the knowledge check questions and behavior during the session, how well do you feel the participants understood the session on a scale of 1-5? Please circle your answer below.

1	2	3	4	5
Did not understand at all	Understood very little	Neutral	Understood most things	Understood perfectly

Informed Consent Form for Baseline/Endline Surveys

Hello.

My name is _____. I am working with _____. We are conducting a survey about your experiences in your community. The information we collect will help us understand more about your values and attitudes towards adolescent girls and their healthcare.

As part of this effort, I would like to ask you some questions about your beliefs, behaviours, and the norms in your community. The questions usually take about 30 minutes. The answers you give will be confidential and will not be shared with anyone other than the members of the survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views and experience are very important to us. If I ask you any question you don't want to answer, just let me know and I will go to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact _____.

Do you have any questions?
[Answer any questions]

May I begin the interview now? Yes No
[If 'yes', proceed with survey]

Signature of interviewer: _____

Date: _____

Community Member: Baseline Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES
1	What is your role in the community?	<ul style="list-style-type: none"> <input type="radio"/> General community member <input type="radio"/> Community Advisory Group member <input type="radio"/> Community leader (Muhtar) <input type="radio"/> Religious leader <input type="radio"/> Other, please specify: _____ [record response]
2	What is your profession?	<ul style="list-style-type: none"> <input type="radio"/> Please specify: _____ [record response]
3	How old are you?	_____ years
4	Have you ever attended school?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [Skip to Q#6]
5	What is the highest level of school you attended: Primary, secondary, or higher?	<ul style="list-style-type: none"> <input type="radio"/> Primary <input type="radio"/> Middle <input type="radio"/> Secondary <input type="radio"/> Higher
6	What is your marital status?	<ul style="list-style-type: none"> <input type="radio"/> Unmarried <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed
7	How many children do you have?	<ul style="list-style-type: none"> <input type="radio"/> No children <input type="radio"/> One child <input type="radio"/> Two or more children
8	How did you hear about the AMAL program? <i>Multiple-choice: Select all that apply.</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Through previous involvement in Community Advisory Group <input type="checkbox"/> At health facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Friend/relative <input type="checkbox"/> Social media <input type="checkbox"/> Other, please specify: _____ [record response]
9	"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.</i>

AMAL COMPONENT 2: DISCUSSION/REFLECTION WITH COMMUNITIES

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
9.1	A man should have the final say about decisions in his home					
9.2	A woman should be allowed to choose her husband					
9.3	A wife should always obey her husband					
9.4	A woman should not leave the house without her husband's permission or accompaniment					
9.5	A woman should tolerate being beaten by her husband to keep her family together					
9.6	A man is the one who decides when to have sex with his wife					
9.7	It is a wife's duty to have sex with her husband even if she does not want to.					
9.8	Only when a woman has a child does she become a real woman					
9.9	It is the mother's responsibility to take care of the children					
9.10	Women who work outside of the home are not good mothers or wives					
10	<p>"Now I am going to read a list of statements related to adolescents in your community. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles for adolescent girls.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
10.1	A girl should be free to go outside the house when she wants					
10.2	All girls should learn how to read and write					
10.3	Once a girl is married, she should leave school					
10.4	Once a boy is married, he should leave school					
10.5	Young people should not have sex before marriage					
10.6	Girls should marry as soon as possible to protect their chastity					
10.7	Married girls should have children as soon as possible after marriage					
10.8	Girls should be married before the age of 18					
10.9	What is the ideal age of marriage for a girl?	_____ years				

11	<p>“Now I am going to read a list of statements related to reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement”</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate lower support for reproductive rights.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11.1	Family planning should only be available to married women					
11.2	A woman should not use family planning until she has had at least three children					
11.3	A woman does not have the right to use family planning just because she wants to					
11.4	If a woman wants to avoid being pregnant, she needs her husband’s permission to use contraception					
11.5	If a woman wants to avoid being pregnant, it is her responsibility alone					
12	<p>“Now I am going to read a list of statements related to your self-efficacy to create norms change. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement”</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher self-efficacy.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
12.1	I can recognize unequal gender norms for boys and girls					
12.2	I believe that the lives of women and girls in my community should be improved					
12.3	I am interested in making changes in my family for gender equality					
12.4	I am interested in making my community more equal for girls					
12.5	I am actively working to make my community more equal for girls and women					
13	<p>"Now I am going to read a list of statements related to your capacity related to norms change. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement"</p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher capacity for norms change.</i></p>				

AMAL COMPONENT 2: DISCUSSION/REFLECTION WITH COMMUNITIES

	<i>For each question, choose only one answer*</i>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
13.1	People in my community listen to my ideas					
13.2	I have the ability to influence positive change for individuals within my community					
13.3	I have the ability to influence positive change for my community as a whole					
13.4	I see myself as a leader in my community					
13.5	Others see me as a leader in my community					

Community Member: Endline Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES				
1	What is your role in the community?	<input type="radio"/> General community member <input type="radio"/> Community Advisory group member <input type="radio"/> Religious leader <input type="radio"/> Other, please specify: _____ [<i>record response</i>]				
2	What is your profession?	<input type="radio"/> Unemployed <input type="radio"/> Religious leader <input type="radio"/> Other, please specify: _____ [<i>record response</i>]				
3	How old are you?	_____ years				
4	Overall, what is your level of satisfaction with the AMAL sessions for community members?	Completely satisfied	Somewhat satisfied	No opinion	Somewhat unsatisfied	Completely unsatisfied
5	How has your participation in the AMAL sessions affected your life? <i>[Write down participants' response]</i>					
6	How has your participation in the AMAL sessions affected your ability to bring about positive change in your community? <i>[Write down participants' response]</i>					
7	What changes, if any, have you observed in your community since the AMAL Initiative began? <i>[Write down participants' response]</i>					

AMAL COMPONENT 2: DISCUSSION/REFLECTION WITH COMMUNITIES

8	Please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree with this statement: After participating in AMAL, I am more engaged in working to change unequal gender norms in my community.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
9	<p>"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree"</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.</i></p>				
9.1	A man should have the final say about decisions in his home					
9.2	A woman should be allowed to choose her husband					
9.3	A wife should always obey her husband					
9.4	A woman should not leave the house without her husband's permission or accompaniment					
9.5	A woman should tolerate being beaten by her husband to keep her family together					
9.6	A man is the one who decides when to have sex with his wife					
9.7	It is a wife's duty to have sex with her husband even if she does not want to.					
9.8	Only when a woman has a child does she become a real woman					
9.9	It is the mother's responsibility alone to take care of the children					
9.10	Women who work outside of the home are not good mothers or wives					
10	<p>"Now I am going to read a list of statements related to adolescents in your community. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement"</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles for adolescent girls.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

10.1	A girl should be free to go outside the house when she wants					
10.2	All girls should learn how to read and write					
10.3	Once a girl is married, she should leave school					
10.4	Once a boy is married, he should leave school					
10.5	Young people should not have sex before marriage					
10.6	Girls should marry as soon as possible to protect their chastity					
10.7	Married girls should have children as soon as possible after marriage					
10.8	Girls should be married before the age of 18					
10.9	What is the ideal age of marriage for a girl?	_____ years				
11	"Now I am going to read a list of statements related to reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate lower support for reproductive rights.</i>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11.1	Family planning should only be available to married women					
11.2	A woman should not use family planning until she has had at least three children					
11.3	A woman does not have the right to use family planning just because she wants to					
11.4	If a woman wants to avoid being pregnant, she needs her husband's permission to use contraception					
11.5	If a woman wants to avoid being pregnant, it is her responsibility alone (It is a women's responsibility to avoid pregnancy)					
12	"Now I am going to read a list of statements related to your self-efficacy to create norms change. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher self-efficacy.</i>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
12.1	I can recognize unequal gender norms for boys and girls					

AMAL COMPONENT 2: DISCUSSION/REFLECTION WITH COMMUNITIES

12.2	I believe that the lives of women and girls in my community should be improved					
12.3	I am interested in making changes in my family for gender equality					
12.4	I am interested in making my community more equal for girls					
12.5	I am actively working to make my community more equal for girls and women					
13	<p>"Now I am going to read a list of statements related to your capacity related to norms change. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5-point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher capacity for norms change.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
13.1	People in my community respect my ideas					
13.2	I have the ability to influence positive change for individuals within my community					
13.3	I have the ability to influence positive change for my community as a whole					
13.4	I see myself as a leader in my community					
13.5	Others see me as a leader in my community					

Smiley Face Evaluation Sheets – Page 1 of 3



HAPPY

Smiley Face Evaluation Sheets – Page 2 of 3



NEUTRAL

Smiley Face Evaluation Sheets – Page 3 of 3



SAD

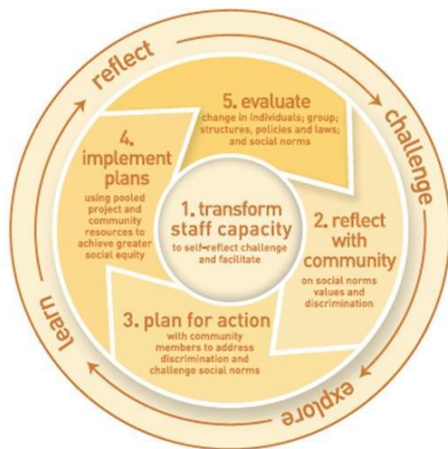
AMAL and the Social Analysis and Action Approach

CARE's Social Analysis and Action (SAA) approach was designed to facilitate vulnerable communities' empowerment through the advancement of equitable gender, social, and power norms. Through the use of participatory reflection and dialogue, participants explore and challenge their own biases, beliefs, and values as well as the inequitable norms present in their households and communities. As they go through the SAA process, participants discuss and learn how norms affect their wellbeing in general and sexual and reproductive health and rights in particular and explore ways they might abandon harmful norms in favor of more positive alternatives.

Implementation steps

SAA is implemented in five-step cycles: 1) staff transformation, 2) community reflection, 3) action planning, 4) implementing plans, and 5) evaluation. The first step (staff transformation) is based on the idea that systematic consideration of gender and sexuality in intervention design and implementation is critical to improving sexual and reproductive health. Staff members supporting the program (in this case, AMAL) are invited to think critically about the same issues that will later be discussed with the community, learning the concepts that justify

the SAA methodology and internalizing the core values around empowerment, sexuality, human rights, gender constructs, and hierarchies of power. Ongoing staff reflection creates space for deeper analysis of existing norms, helps build staff capacity for facilitating critical reflection, and creates a solid base for programs to grow and shift to support and sustain norm changes.



With staff transformation as the basis, the SAA cycle proceeds through the remaining steps. In the second step, program staff or trained community members facilitate reflective dialogues with program participants. Groups are supported to explore and challenge restrictive norms while envisioning ways

things could be different and better to support their SRHR needs and goals. The third step (action planning) prompts participants to think of ways to promote new and positive norms, considering not only how feasible and effective their actions might be, but also whether or not their plans are addressing the needs of vulnerable women and girls. Eventually, community groups implement their action plans, and CARE supports them by advocating for services or policy changes to overcome any structural barriers to accomplishing stated goals.

SAA is unique in that it:

- Is centered around **ongoing critical reflection and dialogue** – deeper probing to understand complex and sensitive norms
- Starts with **project staff**
- Builds trust & creates safe spaces through **skilled facilitation!**
- Engages **community partners** who **lead the change**
- Can be used for **identifying and reaching the marginalized**

SAA and adolescents

CARE has used SAA in a wide variety of projects, including several focused on adolescent sexual and reproductive health. In Madagascar, the **SantéNet2** program used SAA to improve communication between parents and their adolescent daughters around the “distasteful” topics of sex, sexuality, and contraceptive use. Results indicated that the program effectively build self-efficacy and communication skills among participants, leading to a three-fold increase in family planning use, and a decrease in pregnancy-related school dropouts in the community. An evaluation of CARE’s **TESFA** project in Ethiopia found that girls in communities that went through the SAA process had significant improvements in financial skills and productive use of savings when compared to communities without SAA. Adult and girl participants in TESFA were successful in preventing many planned child marriages.

SAA has been used to transform government structures both directly and indirectly. In Bangladesh, health clinic staff involved in the **NGO Health Service Delivery Project (NHSDP)** engaged in regular, critical reflection and dialogue, resulting in individual and institutional changes. Clinic staff provided better quality, patient-centered care and improved their counseling capacity around adolescent sexual health, family planning, and gender-based violence. According to respondents – particularly counselors and paramedics – SAA helped them realize that adolescents and unmarried women also have a right to sexual and reproductive health and family planning.

SAA and Young Mothers’ Clubs

SAA should be integrated with AMAL and the YMC program in two ways.

The first objective of using SAA in AMAL is to build and transform staff capacity to be effective in delivering sexual and reproductive health services to adolescents, including young mothers. To be able to do that, an initial orientation on the SAA model and tools should be provided to partners and service providers. They should be able to understand and appreciate how SAA adds value to the program and get a sense of how it can be used and facilitated. At the end of the training, participants should be supported to plan for ongoing reflection sessions among service providers throughout the program. This process should primarily occur during existing regular review meetings or other platforms that the service providers identify as entry points. They should also prioritize and agree on key thematic areas for their reflection sessions as it relates to the context, identified challenges and gaps they would like to work on as providers, as well as the realities of the target groups that they serve (i.e. young mothers and other adolescent girls).

SAA is also integrated with the YMC sessions. Similar to the staff reflection, service providers (who also act as YMC facilitators) should be trained on the contents of the YMC sessions at the same time they are learning general facilitation skills. Trainees should review the facilitation steps of the YMC sessions using the SAA lens to ensure sessions participants are actively engaged, that there is room for reflection, that harmful/discriminatory norms and practices are challenged, and that participants are adequately supported to explore alternative norms. Ultimately, the YMC sessions should initiate a youth-led learning and change process, inspiring adolescent mothers to take individual and collective action to break down barriers that prevent them from accessing SRH services.

Contact Us

If you have any questions, comments, or concerns, please reach out to **(insert name of implementing organization)** for more information at:

xxxx(insert address of organization)

Phone: **XXXXXX** (insert)

Email: **xxxx** (insert)

Web: **xxxx** (insert)

[INSERT ORGANIZATIONAL LOGO HERE IF DESIRED]

Adolescent Mothers Against All Odds (AMAL)

Hope for Young Mothers Ages 10-19

Program Overview



Photo Credit: UNFPA, 2015

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Component 3: Health Provider Engagement

This component works with health providers and facilities in order to ensure that adolescent girls can receive age-appropriate care before, during, and after their pregnancy.

The sessions for service providers are intended to create safe space for participants to reflect on their values and biases around providing rights-based and adolescent-friendly reproductive health services. Participants are invited to surface assumptions, suspend judgments, and manage their own biases so they have less of an effect on the services they provide to adolescents.

Health provider's bias and attitudes around gender and sexuality are key determinants in the accessibility and quality of health services.

Supporting service providers to have ongoing reflective sessions will help them improve their interaction with adolescent girls and enable them to provide respectful and responsive services to girls made vulnerable not only by the crisis but also by gender and social norms.

Component 2: Community Mobilization

Family and community support are essential elements of empowering vulnerable adolescent girls. Rigid social norms can limit girls' ability to make decisions regarding their sexual and reproductive health milestones such as who and when to marry, who and when to have children, and when to seek services for health care.

The AMAL initiative therefore engages with key gatekeepers to create an enabling environment for vulnerable adolescents to thrive despite the challenging context they are living in.

Under this component, parents, mothers-in-law, husbands and community influencers receive information on how to support first-time adolescent mothers. They gain skills to be champions to support the wellbeing of girls in their family and community.

What is AMAL?

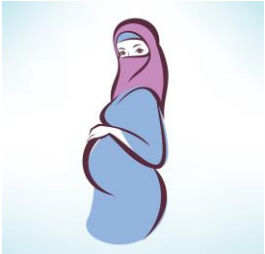
The Adolescent Mothers Against All Odds (AMAL) program is a package of interventions designed to meet some of the unique needs of pregnant adolescents and first-time mothers in crisis-affected settings. It has been adapted for use in your community.

AMAL works directly with adolescent girls to build their agency; service providers to ensure adolescent-responsive services; and community gatekeepers to create an enabling environment.

Studies show that participating in support groups has many benefits for pregnant girls: they are more likely to practice healthy behaviors and give birth to healthy babies, and they are less likely to suffer complications during pregnancy and childbirth. AMAL invites pregnant and adolescent mothers to meet and learn together in Young Mothers' Clubs (YMCs) and invites community members and health providers to form their own groups to consider how they might support these new mothers and improve their lives.

Component Overview

Young Mothers' Clubs (YMCs)



Pregnant adolescents and new mothers who participate in YMCs learn how to keep themselves and their children healthy and other essential life skills. They also receive solidarity and support from their peers and mentors.

Community Mobilization



Family members and community decision-makers are mobilized to support adolescent mothers. In discussion sessions, participants learn how to be champions, supporting the wellbeing of adolescent girls in their family and community.

Engaging Health Providers



Health providers in the community are invited to discussion sessions where they reflect on their own biases and how they affect their practice, and they learn how to modify their service provision approach to be more adolescent-friendly.

Component 1: Young Mothers' Clubs (YMCs)

Maintaining health during pregnancy and in the postpartum period is important for the overall wellbeing of women, children, families, and communities. In YMCs, pregnant adolescents/first time mothers come together to support each other while learning essential health information and life skills.

This YMC curriculum conveys information on a variety of topics, including healthy timing and spacing of pregnancies, what to expect during pregnancy, how to stay healthy, how to feed and care for newborns and young children, how to communicate effectively, and other critical life skills.

*The program includes eight core sessions for pregnant girls and first-time mothers.
Participation is free.*

Once they have gone through the first eight sessions, interested YMC participants have the option of joining an **Adolescent Advisory Committee**, where they will develop additional leadership skills and participate in program activities to support other adolescents in the community.



COMPONENT 3

Discussion and Reflection with Health Providers

Facilitator Guide and Curriculum

AMAL INITIATIVE

Adolescent Mothers Against All Odds

COMPONENT 3: Discussion and Reflection with Health Providers

Facilitator Guide and Curriculum

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About the AMAL Health Provider Discussion Sessions

This component of AMAL is for SRH/GBV service providers who wish to improve the quality of services for their clients in general and adolescent girls in particular. The sessions are selected and adapted to address key quality issues with the intention of making services responsive to the unique needs of adolescents.

The sessions are adapted from CARE's IMAGINE program, and they are intended to create a safe space for service providers to reflect on their values and biases around providing rights-based and adolescent-friendly reproductive health services. While going through the sessions, participants will be invited to surface assumptions, suspend judgments, and manage their own biases so they have less of an effect on the services they provide to adolescents. These sessions can be added on to other trainings that health providers might be participating or may be used as a standalone training.

Similar to the other components of the AMAL Initiative, the adaptation of the sessions was done in collaboration with local Syrian organizations to contextualize the content. Supporting service providers to have ongoing reflective sessions using these sessions will help them improve their interaction with adolescent girls and enable them to provide respectful and responsive services to adolescent girls made vulnerable not only by the crisis but also by gender and social norms.

The following four sessions are based on CARE's Social Analysis and Action approach to transform gender and social norms through participatory and reflective dialogue. It is recommended that these sessions be complemented by a ***Service Providers' Training Manual on Adolescent Sexual and Reproductive Health/Gender-Based Violence Services: A Facilitator's Manual (Supplementary to the AMAL Package)*** that can be found on that has been adapted to the AMAL Initiative. Facilitators may also refer to the Inter-Agency Working Group for SRH in Crisis-Settings Adolescent SRH sub-working resource hub for additional helpful documents.

Session 1

Rights-based approaches to family planning

Objective: At the end of this, trainees should know:

1. The factors that support or obstruct the delivery of voluntary, rights-based family planning
2. Strategies for upholding professional obligations in instances where they appear to conflict with personal beliefs

Materials required: Flip chart, markers, case studies, handout

Time allocated: 1 hour 45 minutes

Prepare in advance:

- Make copies of case studies (see pages 10-12) and handout (see page 13) – ideally one copy for each participant

Facilitation Steps

Introduction (10 minutes)

Welcome participants to the training. Introduce yourself. Invite participants to introduce themselves by giving their names, job title, and favorite food or drink.

EXPLAIN the purpose of the discussions in this package.

SAY: I am here as part of the AMAL Initiative. In our communities, adolescent girls are married before they turn 18, and yet few programs exist to support their needs. Often, these girls get pregnant very soon after getting married, which can have negative consequences on their health and wellbeing. I imagine that, as employees of a healthcare facility, you are very familiar with these negative health outcomes. Can you name a few?

FACILITATOR NOTES: responses may include an increased risk of death and injury during childbirth, including eclampsia, anemia, postpartum hemorrhage and obstetric fistula. The children of adolescents also face substantial risk of being born too soon, too small, or with a low birth weight all of which explain why these infants are more likely to die before their first birthday than are infants of older mothers.^{1,2,3}

SAY: In these sessions, we will focus on the role of health facilities in supporting adolescent girls – married, pregnant, and first-time mothers – to lead healthy lives. We will:

¹de Vienne, C.M., Creveuil, C. and Dreyfus, M., 2009. Does young maternal age increase the risk of adverse obstetric, fetal and neonatal outcomes: a cohort study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 147(2), pp.151-156.

²Haldre, K., Rahu, K., Karro, H. and Rahu, M., 2007. Is a poor pregnancy outcome related to young maternal age? A study of teenagers in Estonia during the period of major socio-economic changes (from 1992 to 2002). *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 131(1), pp.45-51.

³Verguet, S., Nandi, A., Filippi, V. and Bundy, D.A., 2016. Maternal-related deaths and impoverishment among adolescent girls in India and Niger: findings from a modelling study. *British Medical Journal*, 6(9), p.e011586.

- Develop skills and strategies for delivering family planning services to adolescent girls in a manner that respects, protects and fulfills their human rights;
- Reflect on how our personal beliefs about providing family planning services to adolescent girls can impact our professional responsibilities;
- Learn how beliefs about acceptable roles, responsibilities and behaviors for men and women impact the reproductive health of adolescent girls;
- Practice skills for communicating with adolescent clients in a manner that suspends judgment and supports their choice, autonomy and dignity.

ASK the participants if these topics interest them. Invite questions about the topics of the discussions.

Barriers and Enablers activity (45 minutes)

SAY: Historically, family planning services have been practiced inappropriately, resulting in human rights violations.

ASK: What are some examples of rights violations related to family planning?

FACILITATOR NOTE: Family planning rights violations include coercion, where clients are forced, intimidated or manipulated into accepting what they don't want; access barriers that prevent people from getting the contraception they do want; and poor quality, including substandard medical care, lack of confidentiality, lack of respect for a client's dignity, lack of privacy and confidentiality, etc.

SAY: Rights violations prevent women and girls from exercising full, free, and informed choice around family planning.

ASK: What does it mean for someone to have free, full, and informed choice?

FACILITATOR NOTE: Clients – not service providers – select the contraceptive method that best satisfies their personal, reproductive and health needs, based on a thorough understanding of their contraceptive options and without any controlling influences.

SAY: We will now take a deeper look at the role health facilities play in guarding against these rights violations and supporting young women's uptake of contraception according to the rights-based approach to family planning services. In small groups, we are going to explore the factors that support or challenge young women's full, free and informed choice and human rights.

ACTIVITY INSTRUCTIONS

1. Divide participants into teams of 3-4 people and give each team copies of the case studies you printed off before the session. Multiple groups can look at the same case study.
2. Instruct participants to read their case study to themselves and to then answer the associated questions as a group.

3. Give groups approximately 15-20 minutes to complete the exercise, then bring the large group back together.
4. Invite a representative from each group to provide a quick summary of their case study as well as their responses.
5. At the end of each presentation, invite additional suggestions about what the health care worker could have done to promote access to family planning services, per the rights-based approach.
6. After all groups have presented, ask the following discussion questions, recording the answers on a flip chart.
 - a. What possible benefits could a rights-based approach to family planning bring to clients, health care workers and health facilities?
 - b. What are the possible consequences of failing to adopt a rights-based approach to family planning on clients, health care workers and health facilities?
 - c. How is the concept of human rights relevant to you in your position?
7. Summarize the key points. **SAY:** Respecting, protecting, and fulfilling the human rights of our clients requires us to...
 - a. **Inform and counsel all clients in high-quality interactions** that ensure accurate, unbiased, and comprehensible information
 - b. **Protect clients' dignity, confidentiality, and privacy** and refer clients to other sexual and reproductive health services, when necessary
 - c. Ensure high-quality care through **effective training and supervision** and performance improvement and recognize providers for respecting clients and their rights
 - d. Ensure **equitable service access for all**, including disadvantaged and marginalized, discriminated against, and hard to reach populations through various service models and effective referral
 - e. Routinely **provide a wide choice of methods** and ensure proper **removal services** for implants and IUDs
 - f. Establish and maintain **effective monitoring and accountability systems, with community input**⁴

Personal Beliefs and Professional Responsibilities activity (40 minutes)

ACTIVITY INSTRUCTIONS

1. Give each participant a copy of the handout *Personal Beliefs and Professional Responsibilities*.

⁴ Hardee, K., et al. 2013. Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework. Washington, DC: Futures Group.

2. Explain to participants that you would like them to work by themselves to complete the handout. Give them approximately 10 minutes to complete their answers. Bring the group back together.
3. Ask participants to describe the professional responsibilities they listed related to the provision of family planning services to adolescents. Record their answers on flip chart paper. *[Note: you will need to keep this flip chart page for all future sessions to display as a reference].*

Answers may include:

- *Engage communities and individuals, including adolescents, in planning and monitoring of programs*
 - *Inform and counsel all clients, including adolescents, in high-quality interactions that ensure accurate, unbiased, and comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to other SRH services*
 - *Ensure high-quality care through effective training and supervision and performance improvement*
 - *Ensure equitable service access for all, including for adolescents, through various service models and effective referral systems*
 - *Routinely provide a wide choice of methods and ensure proper removal services for implants and IUDs*
 - *Establish and maintain effective monitoring and accountability systems, with input from adolescents and the community, and strengthen monitoring and evaluation and quality assurance mechanisms*
 - *Incorporate rights indicators into performance expectations and routine monitoring*
 - *Strengthen accountability and redress mechanisms*
4. **ASK** participants how the list of items generated in response to question 1 influences their role as a provider. Add any additional responsibilities to the flip chart page.
 5. **ASK** participants to describe their facility's responsibilities related to the provision of family planning services to adolescents. Add any additional responsibilities to the flip chart page.
 6. **ASK** participants to describe any situations when their personal beliefs conflicted with their professional responsibilities. Ask about their decision-making process. Would they do anything differently?
 7. **ASK** participants what consequences adolescents face when a health facility's staff do not follow a rights-based approach to family planning service delivery.

Answers may include:

- *Adolescents might be coerced into accepting an outcome they do not want. This includes being denied contraception or being forced to accept a method they do not want.*
- *Adolescents might face barriers that prevent them from accessing the facility or accessing the services they want once at the facility.*

- *Adolescents might receive poor quality services that compromise the effectiveness of their contraception. Poor quality services can relate to the clinic itself (i.e. poorly trained staff, insufficient commodities, unhygienic care, etc.) as well as provider-level factors like a lack of privacy, confidentiality and/or respect for client dignity.*
 - *The above factors might prevent adolescents from accessing family planning and information around their sexual and reproductive health. As a result, they might experience an unexpected, early pregnancy or other health issues.*
8. **ASK** participants to suggest some ways we can maintain our personal beliefs about family planning, while adhering to our professional responsibilities

Answers may include:

- *Separating individual feelings from medical facts, legal responsibilities, and ethical, rights-based obligations medical providers have.*
 - *Continue to learn about topics that may make us feel conflicted or uncomfortable. This may include seeking advice from supervisors or other trusted colleagues.*
 - *Reflect on our personal beliefs and assumptions. Question where your belief comes from and whether it helps or hurt your ability to provide high-quality, rights-based services.*
9. Summarize the key points. **SAY:**
- We must ensure that we treat and/or interact with adolescents in a professional, respectful manner, regardless of their reasons for seeking our services – even if their reasons may challenge our personal beliefs.
 - We have a professional responsibility to ensure all people, including adolescents, have access to voluntary, rights-based family planning services.

Conclusion, session evaluation, and dismissal (10 minutes)

Share the core messages for this session. **SAY:** Health facilities and service providers play a critical role in guarding against rights violations and in supporting adolescents to access family planning services. Irrespective of our personal beliefs, we have a responsibility to deliver services in a manner that respects, protects and fulfills the human rights of our clients.

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their professional lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?

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- Does anyone have any questions or additional thoughts?

Inform participants of the date, time, location, and topics for the next session.

Tell participants that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank participants for their active participation and dismiss the group.

After the session is complete and participants have left, complete the evaluation form (see page 40).

Case studies for session 1

Case study 1: Maha⁵

Maha is a 16-year-old girl who recently married a man ten years older than her. Before getting married, she knew very little about sex and pregnancy. She finds sex painful and scary, and she is quite anxious that she will get pregnant – something she does not yet feel ready for. She wants to know her husband much better before welcoming a baby into their lives. Plus, a friend of hers died in childbirth earlier in the year and she is scared that, given her age, the same will happen to her. She has heard that there are medicines she can take to help her prevent pregnancy but she doesn't know anything about them. A friend has suggested she visit the local clinic to see if they can help her.

One day, Maha spoke to her mother about her situation and then went to the clinic accompanied by her mother. It is very busy, and she starts worrying that she will meet someone who knows her husband or in-laws.

The clinic receptionist asks Maha's name and tells her to take a seat. Maha wants to ask her how long she will have to wait, but the woman looks busy, so Maha sits down quietly. She notices posters with information on sexual health and clients' rights on the wall, but they are difficult to read because of the small text. There are also leaflets on the counter, but Maha is too shy to take any.

During her 45-minute wait, Maha grows increasingly anxious. She is just about to give up and leave when she hears her name called by the nurse. She follows the woman into a room where several people are sitting and talking. The nurse is business-like and does not smile. She pulls out a form and asks Maha questions that she is too embarrassed to answer, especially in front of the other people in the room. The nurse repeats the questions louder, and Maha whispers her answers. Irritated, the nurse asks her to speak up. Maha tries, but she does not want to be overheard by the other people in the room. The nurse scolds her, saying that she only gives her services to 'real women' who have already had children. Maha says that she has changed her mind, gets up, and leaves the clinic, embarrassed and angry.

Small-group instructions:

1. In your small group, discuss what factors supported or challenged Maha's desire to learn more about, and potentially use, family planning methods.
2. What factors prevented Maha from accessing family planning?
3. Were Maha's rights respected in this scenario? Why or why not?
4. What could the health provider or health facility have done differently to ensure Maha's rights were respected?

Select someone in your group to report back to the larger group.

⁵ Adapted from Engender Health (2014). *Checkpoints for Choice: An Orientation and Resource Package*. Engender Health.

Case study 2: Rana⁶

Rana is a 17-year-old married girl. Her husband is a day laborer who, despite working long hours, has a very small salary. Rana has already had a child, a boy, but he died shortly after birth. This experience was very hard on Rana, especially because her pregnancy and delivery were difficult. She decided to start using an intrauterine device (IUD) to delay pregnancy because she didn't feel emotionally ready to try for another child. Her husband wants to try for another boy, though.

She arrives to find a large crowd waiting. The benches are overflowing. The floors and walls in the waiting area are dirty. There are some signs posted on the wall in English, a language few people in the area speak, including Rana.

After waiting for over an hour, Rana grows restless. She is finally called by a midwife, who takes her into a room where eight other women are waiting. The midwife does not smile and seems hurried. She asks Rana why she has come. Rana tells her she wants to receive an IUD because she wants to space her pregnancy adequately. The midwife is uncomfortable with this method and says there has been a significant shortage in supplies recently due to the ongoing conflict. She has some IUDs but will plan to save them for older women who in the midwife's opinion "really needs them."

Rana feels overwhelmed. She leaves the clinic not knowing what to do.

Small group instructions:

1. In your group, discuss what factors supported or challenged Rana's desire to learn more about, and potentially use, family planning methods.
2. What factors prevented Rana from receiving an IUD?
3. Were Rana's rights respected in this scenario? Why or why not?
4. What could the health provider or health facility have done differently to ensure Rana's rights were respected?

Select someone in your group to report back to the larger group.

⁶ Adapted from Engender Health (2014). *Checkpoints for Choice: An Orientation and Resource Package*. Engender Health.

Case study 3: Rawiya⁷

Rawiya is a 15-year-old married girl who lives in a town in a remote district. She is certain that she does not want to get pregnant yet. She and her husband have been using condoms. Sometimes, they run out of condoms and they have sex without any protection, or the condom breaks and they continue having sex anyway. When this happens, Rawiya gets very nervous that she will get pregnant. She has heard from her sister-in-law that there are other options. She decides she wants to learn more about them.

One day she goes to the family planning clinic, which is clean but crowded. A kind nurse eventually calls her into a private room. The nurse offers her a seat and asks why she has come. Rawiya tells her that she and her husband use condoms, but she wonders if there is a more reliable method she could try. She knows that she does not want any children for another few years, and her husband agrees.

The nurse has just had implant training. She wants to get more practice with insertions. She tells Rawiya that the implant would be a good method for her. She will have effective protection for three years, after which she can get another implant or get pregnant. After hearing about the method Rawiya shares that she would prefer to avoid hormones and so is interested in something else. The nurse repeats that implants are a great method; she thinks it would be perfect for Rawiya. Rawiya is not convinced. She thinks to herself about what she has heard from her sister-in-law about this method – that it can cause deformities in babies and lead to infertility. She doesn't share any of this with the nurse, though, and the nurse doesn't ask.

She asks about the injectable. The nurse says she could use that, too. She explains that it is also hormonal and that she will have to come back every three months for another injection, unlike with the implant. The nurse then tells her that time is running out; she must make a decision. Rawiya reluctantly takes a hormonal injection. Over the next few weeks, she experiences irregular bleeding and doesn't know why. When she returns to the clinic three months later, she is told that injectables are out of stock. The nurse once again tries to talk her into accepting an implant. Rawiya does not want it and leaves with no method.

Small group instructions:

1. In your group, discuss what factors supported or challenged Rawiya's desire to learn more about, and potentially use, family planning methods.
2. In the second visit Rawiya leaves the clinic without a family planning method despite the fact that she does not want to get pregnant. What factors influenced Rawiya's ultimate decision to not use family planning?
3. Were Rawiya's rights respected in this scenario? Why or why not?
4. What could the health provider or health facility have done differently?

Select someone in your group to report back to the larger group.

⁷ Adapted from Engender Health (2014). *Checkpoints for Choice: An Orientation and Resource Package*. Engender Health.

Handout for session 1

Personal Beliefs and Professional Responsibilities

1. Describe ***your professional responsibilities*** related to the provision of family planning services to adolescents.
2. Describe ***your facility's responsibilities*** related to the provision of family planning services to adolescents.
3. Have there been any situations in which your personal beliefs conflicted with your professional responsibilities? How did you react?
4. What consequences do adolescents face when your facility's staff does not follow a rights-based approach to family planning service delivery?
5. What are some ways we can fulfill our professional responsibilities even if our personal values may sometimes conflict?

Session 2

Adolescent- and youth-friendly services

Objective: At the end of this, trainees should be able to:

1. Identify the root causes and consequences of low contraceptive uptake among adolescent girls
2. Articulate the role they can play as health professionals in helping adolescent girls overcome these barriers in order to fulfill their reproductive intentions and desires;
3. Identify characteristics of facilities, services and service providers that support the human rights of adolescents.

Materials required: Flip chart, markers, handout

Time allocated: 1 hour 40 minutes

Prepare in advance:

- Make copies of handout (see pages 20-21) – ideally one copy for each participant
- *FOR PROBLEM TREE EXERCISE:* Draw the outline of a tree on flip chart paper, with the roots and leaves clearly visible. On the trunk, write "Low use of contraception among married girls.
- *FOR YOUTH-FRIENDLY SERVICES DISCUSSION:* Write the following titles and questions on flip chart paper:
 - Service characteristics – What types of services would be offered? How would they be designed?
 - Service provider characteristics – What would the staff be like? How would they treat adolescent clients?
 - Health facility characteristics – What would the facility look like? Where would it be located?

Facilitator background reading (*may be used as a reference during session discussions*)

Norms around the timing and spacing of pregnancy and childbirth are often closely linked to social factors. In some parts of the world, these norms support women to delay pregnancy until they are at least 18 years old and also to wait two years after giving birth before getting pregnant again. However, in other parts of the world, especially in countries with high rates of child marriage, an array of structural, community and individual level factors encourage early and frequent childbearing.

Early childbearing among married girls is of particular concern given the health risks associated with adolescent pregnancy and birth. For example:

Early pregnancy puts mothers at risk.

- When couples have a child before the wife is 18, there is a greater chance that her body is not physically mature, even if she is menstruating. Girls under 18 have a higher risk of high blood

pressure, anemia (iron deficiency) and prolonged or complicated labor because their bodies are not yet fully grown.⁸

- The small size and physical weakness of many young pregnant girls makes it extremely difficult for them to give birth to a child. Delivery can therefore be prolonged and lead to obstetric fistula, which is caused by several days of obstructed labor, without timely medical intervention or cesarean section. 65% of fistula cases occur among adolescent girls.^{9,10}
- Adolescents age 15-19 are twice as likely to die during pregnancy or childbirth as those over age 20; girls under age 15 are five times more likely to die.^{11,12}

Early pregnancy puts children at risk.

- Infants face health risks if their mother is not physically mature – which adolescent girls are not. Their bodies, especially their pelvises, are still growing and developing.
- Newborns are at risk of being born too soon, too small or with a low birth weight.^{13,14}
- The infants of adolescent mothers are more likely to die before their first birthday than are infants of older mothers.¹⁵

Facilitation Steps

Welcome (10 minutes)

Welcome participants back to the training and thank them for their continued commitment.

DO: Ask for a volunteer to remind the group what was discussed in the previous session. If necessary, read out the following core messages:

- Health facilities and service providers play a critical role in guarding against rights violations and in supporting adolescents to access family planning services.
- Regardless of our personal beliefs, service providers have a responsibility to deliver services in a manner that respects, protects and fulfills the human rights of our clients.

DO: Invite questions or comments about the previous week's session.

Remind participants that they committed to applying something they had learned in last week's session to their personal and professional lives. Invite participants to reflect on those commitments.

⁸ de Vienne, C.M., Creveuil, C. and Dreyfus, M., 2009. Does young maternal age increase the risk of adverse obstetric, fetal and neonatal outcomes: a cohort study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 147(2), pp.151-156.

⁹ *Ibid*

¹⁰ Haldre, K., Rahu, K., Karro, H. and Rahu, M., 2007. Is a poor pregnancy outcome related to young maternal age? A study of teenagers in Estonia during the period of major socio-economic changes (from 1992 to 2002). *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 131(1), pp.45-51.

¹¹ Williamson, N. 2013. *Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy*. New York: UNFPA.

¹² World Health Organization, UNFPA. 2006. *Pregnant Adolescents*. Geneva: WHO

¹³ de Vienne, C.M., Creveuil, C. and Dreyfus, M., 2009.

¹⁴ Haldre, K., Rahu, K., Karro, H. and Rahu, M., 2007.

¹⁵ World Health Organization. 2012. *Early Marriages, Adolescent and Young Pregnancies: Report by the Secretariat*. Geneva: World Health Organization.

ASK: Were you able to apply what you learned last session? Why or why not?

Problem Tree activity (40 minutes)

EXPLAIN: This activity will help identify the root causes and consequences of a problem facing this community.

ACTIVITY INSTRUCTIONS

1. Display the drawing of the tree you prepared before the session. Read out the problem statement written on the trunk of the tree: low use of contraception among married girls.
2. **DO:** Ask participants to identify all the **main causes** of the problem. Draw or write these along large roots of the tree, indicating that they are root causes.
3. Select one of the main causes. **ASK:** Why do you think this happens?
*This question will help us to identify the secondary or **underlying causes**. Write the secondary causes as smaller roots coming off the larger root of the tree.*
4. Repeat the process in step 3 for each of the main causes identified.
5. **DO:** Ask participants to identify the **main consequences/effects** of the problem. Write each as large branches of the tree.
6. Select one of the main consequences/effects. To identify the **secondary effects**, **ASK:** What else does this lead to?
Write the secondary effects as small branches coming off the larger branch of the tree.
7. Repeat the process for the other main effects.
8. Highlight the beliefs and norms related specifically to gender that are identified as causes and effects. To do this, you can use probing questions like follows:
 - Is this something that happens more to men or to women?
 - Is this cause related to something that only men or women are allowed to do?
 - Are both men and women affected by this consequence?
 - How many of the causes and/or consequences are related to gender, social and power norms?
 - Who suffers most due to these effects? Who benefits? Why?
9. End the discussion with the following reflection questions:
 - Looking at the root causes we have identified, which ones can you, as health workers, address in whole or in part? *Circle the root causes identified by participants.*
 - How would *you* address these root causes? What steps would *you* take? What changes would *you* make?

- What steps could your *facility* take to address these root causes? What changes could your *facility* make?
- If you were to address these root causes by implementing all the changes you have proposed, how would things change for adolescents?

10. Conclude the activity. **SAY:** As we have seen, low uptake of contraception among married girls contributes to high rates of early pregnancy. We know that pregnant adolescents face an increased risk of mortality and morbidity. The negative health consequences extend to their children too, as they face substantial risk of preterm birth, low birth weight and neonatal and infant death.

The negative consequences of early pregnancy extend past the health of the mother and child and can affect her and her family's economic and social wellbeing. She may have to stop her education and/or other life goals.

As health service providers, you can plan a central role in protecting and promoting the health of adolescents by sharing information with them about family planning and supporting them to access a contraceptive method if they choose to use one.

Introduction to youth-friendly services (40 minutes)

EXPLAIN that the purpose of this activity is to further reflect on the role health facilities can play in supporting the healthy timing and spacing of pregnancy for adolescents.

SAY: Today we are going to think about how we can apply a rights-based approach to your facility's family planning services for adolescents. Adopting a rights framework requires us to be **PROACTIVE** in ensuring that all aspects of this facility resonate with and respond to the needs of adolescents.

DO: Ask participants to think about the number of adolescents, both married and unmarried, they serve at the facility. **ASK:** Do you think enough adolescents access their facility? Why or why not? Do you think marital status impacts the likelihood of an adolescent accessing services? Why or why not? *Take a few responses.*

DO: Invite participants to reflect on the case studies they read at the previous session and on the root causes of low family planning use among adolescents that they identified during the Problem Tree exercise. **ASK:** Are there any characteristics of the clinic, the counseling interaction or the service provider that make it difficult for adolescents to get the services they needed? *Take a few responses.*

SAY: During this activity, you will have an opportunity to think about what type of facility or provider would attract adolescents. What would the site look like? What services would be available? Who would provide the services?

ACTIVITY INSTRUCTIONS

1. Divide the participants into three groups. Instruct each group to go to a different part of the room. Distribute a sheet of flip chart paper and markers to each group.
2. When the groups are ready, explain that you want them to imagine that they have been given funding to create a new health facility that provides reproductive health services to adolescents.

3. Ask the groups to describe what this facility would be like. Display the questions that you have written on the flip chart and point to it as you read the questions aloud:
 - a. **Service characteristics:** What types of services would be offered? How would the services be designed?
 - b. **Service provider characteristics:** What would the staff be like? How would they treat adolescent clients? How would they treat adolescents?
 - c. **Health facility characteristics:** What would the facility look like? Where would it be located? What equipment or materials would it have?
4. Give the groups 15 minutes to discuss and write their answers on flip chart paper.
5. Reconvene the groups and tell them that each group will have 5 minutes to report what they have written on their flip chart. After the first group reports, each successive group can add only what the other groups did not already mention under each category.
6. After the presentations, discuss the following questions:
 - Do you disagree with any characteristics? Why?
 - Which are the most important characteristics? Why?
 - In what ways do your proposed facilities support the human rights of adolescent clients?
 - In what ways could they violate the rights of adolescents? What changes can be made to ensure the facility and its services do not violate clients' rights?
 - Which characteristics could you easily (i.e. with minimal effort or cost) apply to the facility in which you work?
7. **EXPLAIN** that health facilities across the world have taken steps to make their services more accessible, acceptable and available to young people. They are often called adolescent- and youth-friendly services. Researchers have found that adolescent- and youth-friendly services share the following traits:
 - Providers are trained to communicate with adolescents in a respectful and nonjudgmental manner
 - The facility has policies of confidentiality and privacy for adolescents
 - The facility has convenient hours and location for adolescents, as well as a non-threatening environment
 - The fees are affordable, ideally free
 - Adolescents participate in developing policies and implementing services through an advisory board, as peer educators, and in other roles
8. Distribute and review the handout, *Characteristics of Adolescent and Youth-Friendly Services*.
9. **ASK:** Would you make any changes to this best-practice list in order to make the services friendly for adolescent girls in your community? If yes, how? Why?

10. **ASK:** Earlier, you designed health facilities targeted at adolescents. Do the characteristics of your facilities align with the recommendations made in this best-practice document? Would you make any changes to your 'imaginary facility' based on the recommendations in this best-practice document?

Conclusion, session evaluation, and dismissal (10 minutes)

Share the core messages for this session. **SAY:** Health service providers play an important role in ensuring adolescents are able to access family planning services. Adopting a rights framework requires health facilities to be proactive in ensuring that all aspects of their facility and services resonate with and respond to the unique realities of adolescent. This includes providing adolescent- and youth-friendly services.

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their professional lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

Inform participants of the date, time, location, and topics for the next session. Tell participants that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank participants for their active participation and dismiss the group.

After the session is complete and participants have left, complete the evaluation form (see page 40).

Handout for session 2

Characteristics of Adolescent- and Youth-Friendly Services¹⁶

Service characteristics

- Youth are involved in program design.
- Both boys and girls are welcomed and served.
- All youth are welcome, including married and unmarried clients.
- Services respect the evolving capacity of young people as they grow and develop to make decisions in relation to their own sexual and reproductive health.
- Service delivery empowers adolescents to make their own decisions around their sexual and reproductive health.
- Group discussions are available.
- Parental involvement is encouraged.
- Fees are affordable, ideally free.
- A wide range of services are offered or necessary referrals are available.
- An adequate supply of commodities is available.
- Drop-in clients are welcome, and appointments are arranged rapidly.
- Waiting times are short.
- Educational material is available on-site.
- Services are well promoted in areas where youth gather.
- Linkages are made with schools, youth clubs, and other youth-friendly institutions.
- Alternative ways to access information, counseling, and services are provided.

¹⁶ Adapted from PHN Center FOCUS on Young Adults project, 2000.

Service provider characteristics

- Service providers should promote safe, consensual and healthy sexual experiences.
- Staff are trained in adolescent issues.
- Respect and non-judgmental attitudes are shown to young people by both clinical and non-clinical staff.
- Privacy and confidentiality are maintained.
- Adequate time is given for client-provider interaction.

Health facility characteristics

- Convenient hours
- Convenient location
- Adequate space, comfortable surroundings
- Private spaces are offered for service consultation and delivery

Session 3

Roles and communication skills

Objective: At the end of this, trainees should be able to:

1. Reflect on how gender norms can impact how health workers provide family planning services to adolescents
2. Develop communication skills that support client choice, autonomy and dignity.

Materials required: Flip chart, markers, handout

Time allocated: 1 hour 40 minutes

Prepare in advance:

- Make copies of handout (see page 29-30) – ideally one copy for each participant
- Prepare a flip chart page with the following information:

ROLES

R: A RELAXED and natural attitude with clients is important. Do not move around quickly or chat nervously.

O: Adopt an OPEN POSTURE. Crossing your legs or arms can signal that you are critical of what the client is saying or that you are not listening. Using an open posture shows that you are open to the client and what he or she is saying

L: LEAN FORWARD toward the client. This communicates that you are interested in getting involved in the conversation.

E: Maintain appropriate EYE CONTACT. Never stare or glare at the client.

S: SIT SQUARELY, facing the client. This posture shows involvement. If this is considered threatening for any reason, sit off to the side.

Facilitation steps

Welcome (10 minutes)

Welcome participants back to the training and thank them for their continued commitment.

DO: Ask for a volunteer to remind the group what was discussed in the previous session. If necessary, read out the following core messages:

- Health service providers play an important role in ensuring adolescents are able to access family planning services.
- Adopting a rights framework requires health facilities to be proactive in ensuring that all aspects of their facility and services resonate with and respond to the needs of adolescents.

DO: Invite questions or comments about the previous week's session.

Remind participants that they committed to applying something they had learned in last week's session to their personal and professional lives. Invite participants to reflect on those commitments.

ASK: Were you able to apply what you learned last session? Why or why not?

Act Like a Man, Act Like a Woman activity (40 minutes)

SAY: In this activity, we will reflect on the origins and impacts of the ideas we hold about which roles, responsibilities, behaviors and emotions are 'appropriate' for adolescent girls and boys.

ACTIVITY INSTRUCTIONS

1. Divide the group in two. Explain that one group will be exploring the ideas we hold about adolescent girls, while the other group will do the same for adolescent boys.
2. Hand out flip chart paper and markers to each group.
3. Instruct each group to draw a large box and, in it, the outline of an adolescent boy or adolescent girl, depending on which they have been assigned.
4. Invite each group to discuss their own experience of the roles, behaviors and norms society expects of the 'typical' adolescent, and to capture these ideas by drawing symbols or writing key points inside the box.

Note: Ideas for adolescent girls may include knowing how to cook well, taking care of siblings and other small children, have completed a basic education, being married before a certain age, having many children, looking beautiful, being a virgin until marriage, not opposing their husbands.

Ideas for adolescent boys may include having a job, having completed secondary education, owning property and/or valuable goods like livestock, being sexually experienced, not showing emotions such as sadness, being physically strong, participating in community events, etc.

5. Next, give groups a few minutes to think specifically about the roles and behaviors society expects 'typical' adolescent boys and girls to adopt related to each of the following topics:
 - Marriage
 - Contraceptive use
 - Sexual health

Remind participants to note their answers on the flip chart paper.

6. Bring the full group back together. Give each group a chance to share their answers.
7. **ASK** the following questions:
 - What differences do you notice between the expectations we have for adolescent girls versus adolescent boys when it comes to marriage, contraceptive use and sex?

- When you were an adolescent, did you live up to or fulfill every one of these expectations? What similarities and/or differences do you see in how people of your gender were expected to behave and how you yourself behaved?
- What about those around you? Did they live up to and fulfill every one of these expectations? What about adolescents today? Do they live up to and fulfill every one of these expectations?
- Do you think these expectations are helpful? If so, who do they help and how?
- Are any of these expectations unhelpful? If so, who do they harm and how?

Note: Draw attention to the fact that the gender norms that privilege men over women burden women but they also burden men. By addressing these norms, both women and men stand to benefit.

- Where do these expectations come from? Who do we learn them from? In other words, who teaches us that these are the 'right' roles, responsibilities and behaviors?

Note: Ensure that participants realize that these ideas – or social norms – are ultimately, though not exclusively, taught to us by previous generations. In other words, social norms get passed along from generation to generation.

8. Instruct participants to write the sources of expectations around the outside of their boxes and to circle each source.

9. Ask the group if there are any roles, behaviors and norms that society attributes to the 'non-typical' adolescent girl or boy?

Note: Examples for adolescent girls may include dressing like a boy wearing make-up outside the house, posting pictures of yourself on Facebook, not respecting the dress code of the area, speaking loudly, speaking and laughing in public, smoking, going out without permission, going out alone, doing a job that is typically seen as being for men only, not having kids or delaying childbirth, waiting to get married, etc.

For adolescent boys, examples may include not having an income or money, crying, being weak, speaking softly, cooking, performing household chores, helping with child-rearing, wears jewelry/ accessories etc.

10. Instruct groups to write their ideas for non-typical roles and behaviors outside the box.

11. **ASK** the following questions:

- What are the consequences, both positive and negative, of practicing behaviors that are outside of the box? These are the behaviors that might be different from what society expects for an adolescent girl or boy.
- Do you think the expectations we have for adolescent girls and boys affect their ability to seek reproductive health services? How might these expectations help or hinder adolescents from accessing services?
- Let's think specifically about your roles as service providers. Do you think these expectations affect *your* ability to support clients to access services? If so, how?

- Now that we are aware of how these expectations might impact our work, what strategies can we use to ensure we are fulfilling our obligations to respect, protect and fulfill our clients' rights?
12. Conclude the activity by reminding participants that they have a professional responsibility to provide family planning services to all clients, including adolescents, in a manner that respects, protects and fulfills their rights, even if their community and social norms do not support them doing so.

Communication skills (40 minutes)

SAY: In this next activity, we will continue to develop our counseling skills by focusing on how we communicate. Good counselors use verbal and non-verbal listening and learning skills to help clients through their process of exploration, understanding, and action. We will look at four useful skills for communicating with clients

- Skill 1: Use helpful non-verbal communication
- Skill 2: Ask open-ended questions
- Skill 3: Reflect back what the client is saying
- Skill 4: Avoid words that sound judgmental

ACTIVITY INSTRUCTIONS

Skill 1: Use helpful non-verbal communication (10 minutes)

1. **EXPLAIN** that non-verbal communication refers to all aspects of a conversation that convey information without the use of words.
2. Invite a participant up to the front of the group. Ask them to tell you what they did today, starting from the moment they woke up. As they speak, do some of the following behaviors:
 - Yawn
 - Roll your eyes
 - Scowl
 - Don't make eye contact and look away from the speaker
 - Fidget
 - Laugh sarcastically
 - Mumble under your breath
 - Frown

After a minute or so, pause the exercise. **ASK:**

- Based on my actions, was I interested in what our friend here was saying?
- How do you think it made them feel? Did they feel respected? Did I seem professional?
- Do you think they wanted to continue speaking with me?

3. Repeat the exercise with another volunteer. This time, though, when the volunteer is detailing their day's activities, do some of the following:
 - Make eye contact
 - Smile or make other appropriate facial expressions based on the story
 - Nod
 - Encourage the speaker to continue with small verbal comments like 'yes' and 'uh huh'
 - Lean in towards the speaker
4. **ASK:**
 - Based on my actions this time round, was I interested in what our friend here was saying?
 - How do you think it made them feel? Did she feel respected? Judged? Valued?
 - Did I seem professional?
 - Do you think she wanted to continue speaking with me?
5. Display the ROLES flip chart you prepared before class. Explain that using 'ROLES' can help them communicate respect, interest, and professionalism to their clients.
6. Invite volunteers to help you read out the different components of 'ROLES' and encourage all participants to practice the behaviors as they read.

Skill 2: Ask open-ended questions (10 minutes)

1. **EXPLAIN** that questions can help clarify and break down problems into smaller, more manageable parts. Open-ended questions begin with words like *how, what, when, where, or why*. For example, "When was the last time you used a condom?" This type of question encourages clients to talk openly and in a way that leads to further discussion. They help clients explain their feelings and concerns, and they also help service providers get the information they need to help clients make decisions.

Closed-ended questions, on the other hand, usually start with words like *are you?, did he?, has she?, or do you?*, and usually only require a yes or no answer. For example: "Do you use condoms?" Closed-ended questions are good for gathering basic information at the start of a counseling session or on a questionnaire. However, they are less helpful in assessing a client's worries and concerns.

2. Give participants copies of the handout you prepared before class. Instruct them to practice converting close-ended questions to open-ended questions. After a few minutes, invite participants to share their answers with the rest of the group.

Skill 3: Reflect back what the client is saying (10 minutes)

1. **SAY:** *Reflecting back*, or paraphrasing, means repeating back what a client has said in order to encourage them to say more. For example, if a client says, "I can't tell my husband that I have an implant," the health worker could paraphrase by saying: "It sounds like talking to your partner about contraception is not something that you feel comfortable doing right now." After the client confirms that this is accurate, the health worker could then say, "let's talk about that some more." Paraphrasing shows that the health worker is actively listening, it encourages dialogue, and it helps the health worker understand the client's feelings in greater detail.

2. Refer participants to the *Communication Skills Worksheet* handout. Take them through the formula for paraphrasing, then given them five minutes or so to practice paraphrasing statements. Ask for a few volunteers to share their answers with the group.

Skill 4: Avoid words that sound judgmental (10 minutes)

1. **SAY:** Words like *right, wrong, well, bad, good, enough, and properly* can convey judgment. If a health worker uses these words when asking questions, adolescent clients may feel that they are in the wrong or that they need to respond in a certain way to avoid disappointing the health worker. Health workers should also avoid phrasing questions in a way that is judgmental, which means asking questions that lead the client to respond in a certain way because they are scared to disappoint the health worker.

Ask for two volunteers. Show them the script from the box below and invite them to act it out for the group. Instruct one volunteer to play the role of the health worker and the other volunteer to play the role of the client.

After they read the script, **ASK** the following discussion questions:

- How do you think the client feels in this interaction?
 - Do you think the client is answering the health worker's questions honestly?
2. Refer participants to skill 4 on the *Communication Skills Worksheet*. Ask them to convert the judgmental questions into non-judgmental questions. After five minutes, bring the group back together to share their answers.

Counseling Script

What NOT to do

Health Worker: Did you listen to me and use a condom?

Client: Um... yes.

Health Worker: Did you take your medicine correctly?

Client: I think so.

Health Care Worker: Didn't you understand what I told you about taking your medicine?

Client: I don't know, I think so.

Health Worker: Did you do the right thing and talk to your husband about using condoms?

Client: Well, yes, I tried to talk to him....

Conclusion, session evaluation, and dismissal (10 minutes)

Share the core messages for this session. **SAY:** The social expectations our community holds about how adolescents should behave can hinder their ability to access family planning services. In providing family planning services in line with the rights-based approach, health workers can help improve adolescents' access to services. Non-verbal communication, open-ended questions, paraphrasing and the avoidance of

judgmental words can help service providers encourage dialogue, better understand the needs of the clients and, ultimately, support clients to make healthy decisions.

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their professional lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

Inform participants of the date, time, location, and topics for the next session.

Tell participants that personal stories and experiences shared during the dialogue should be kept private, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank participants for their active participation and dismiss the group.

After the session is complete and participants have left, complete the session evaluation form (see **Annex 1**).

Handout for session 3

Communication Skills Worksheet

Skill 2: Open-Ended Questions

Instructions: Convert the close-ended questions to open-ended questions.

Close-Ended Questions	Open-Ended Questions
Do you have any concerns about the birth control pill?	<i>e.g. What concerns do you have about the birth control pill?</i>
Do you want to have children?	<i>e.g. What can you tell me about your plans for having a family?</i>
Do you know how to use condoms?	
Are you having sex?	
Does your husband know you are using contraception?	
Have you spoken to your husband about using contraception?	
Are you interested in the IUD?	
How many times have you missed your pill in the last month?	
Have you used this method as instructed?	

Skill 3: Reflecting Back or Paraphrasing

Paraphrasing Formula
“You feel _____ because _____.”
It seems that you feel _____ when _____.
“You seem to feel that _____ because _____.”
“You think that _____ because _____.”
“So I sense that you feel _____ because _____.”
“I’m hearing that when _____ happened, you _____.”

Instructions: Paraphrase the statements on the next page using the above formula.

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Statement	Paraphrased Statement
I can't speak to my husband about using contraception. He will think I'm having an affair!	
If my in-laws find out I'm using contraception, they will be furious.	
I haven't yet had a child. Why on earth would I need to know about contraception?	
I know that I chose to get the injection at my last session, but all my friends tell me it can make me infertile.	
Two months ago, you prescribed me the pill. Since then, I've been experiencing a lot of spotting and weight gain, and I'm feeling anxious about continuing to use it.	
You told me that my IUD is safe but now I learn from my mother-in-law that it can lead to birth deformities in my future children. How could you do this to me?	
I know that you wanted me to talk to my husband about his desire for a family, but I just haven't found the right time.	
I think my mother-in-law has found my birth control pills. What am I going to do?	

Skill 4: Avoid words that sound judgmental

Instructions: Convert the following questions to non-judgmental questions.

Judgmental Question	Non-Judgmental Question
Did you use condoms like I told you to?	<i>e.g. What form of family planning, if any, did you use the last time you had sex?</i>
Are you taking the pill properly?	<i>e.g. Can you explain to me how and when you take the pill?</i>
Did you do what I told you and talk to your husband about your desire to get the implant?	
Are you using condoms the right way?	
Didn't you understand what I told you about coming back every three months for your injection?	

Session 4

Strategies for counseling using a rights-based approach

Objectives: At the end of this, trainees should be able to:

1. Identify techniques for upholding a professional standard of high-quality, rights-based family planning services for adolescent girls
2. Develop communication skills that support client choice, autonomy and dignity
3. Defend and respectfully explain other, sometimes conflicting, points of view regarding the provision of rights-based family planning services to adolescents

Materials required: Flip chart, markers, handouts

Time allocated: 1 hour 25 minutes

Prepare in advance:

- Make copies of handouts (see pages 37-38) – one copy for each participant
- Using paper and markers, create four signs reading *STRONGLY AGREE, AGREE, STRONGLY DISAGREE, DISAGREE* – write one word/phrase on each sign.

Facilitation steps

Welcome (10 minutes)

Welcome participants back to the training and thank them for their continued commitment.

DO: Ask for a volunteer to remind the group what was discussed in the previous session. If necessary, read out the following core messages:

- The social expectations held about how adolescents should behave can hinder their ability to access family planning services. By providing family planning services in line with the rights-based approach, health workers can help improve adolescents' access to services.
- Non-verbal communication, open-ended questions, paraphrasing and the avoidance of judgmental words can help service providers encourage dialogue, better understand the needs of the clients and, ultimately, support clients to make healthy decisions.

DO: Invite questions or comments about the previous week's session.

Remind participants that they committed to applying something they had learned in last week's session to their personal and professional lives. Invite participants to reflect on those commitments.

ASK: Were you able to apply what you learned last session? Why or why not?

Strategies for counseling using the rights-based approach (20 minutes)

SAY: We will start today's session by thinking through actions we can take to improve our counseling skills to be in-line with the rights-based approach.

EXPLAIN that you are going to share research findings from a study that looked into how family planning services are delivered to adolescents. Researchers learned that:

- Providers often fail to ask about the client's wishes (e.g. their reproductive intentions, their preferred methods, etc.)
- Providers often give too much information, regardless of whether the methods being discussed suit the client's needs
- The information provided about the method the client chooses is insufficient. Clients often leave counseling sessions without details on side effects, contraindications, or full instructions for use.

DO: Invite participants to think through some strategies they can apply in their counseling sessions to avoid making these common mistakes. Ask them to brainstorm a list of questions they could ask adolescents to ascertain their wishes, including their reproductive intentions and preferred family planning methods. Remind them about the communications activity from the week before. Note their ideas on a flip chart paper.

Answers may include:

- *Do you wish to have children in the future?*
- *(For clients that do want children) When were you thinking of starting or continuing your family?*
- *Are there any methods that you do not want to use or have not tolerated in the past?*
- *Are there any methods that you are particularly interested in? What interests you about these methods?*
- *Are there any concerns you have about contraception, in general, or any method specifically?*

Next, invite participants to brainstorm a list of questions they could ask adolescents to determine an adolescent client's needs and unique medical and social considerations. Note their ideas on a flip chart paper.

Answers may include:

- *Does your partner support you in family planning?*
- *Are you breastfeeding an infant less than 6 months old?*
- *Do you have any medical conditions?*
- *Are you taking any medications?*

Invite participants to brainstorm strategies and techniques for providing adolescent clients with information about the contraceptive method they have chosen.

ASK: What information should we provide?

Answers may include:

- *How each method works*
- *Important facts (about the method)*
- *When a method may not be right for someone*
- *Side effects*
- *Health benefits (if applicable)*

- *How to use different methods*
- *Follow-up required (if applicable)*

SAY: There is no single way to deliver services in line with the rights-based approach. Overall, it is important that services are delivered in a manner that is:

- Simple and straightforward from the client's perspective
- Aligned to the client's needs and reproductive intentions
- Easily integrated with other sexual and reproductive health services (e.g. HIV testing and counseling, breast cancer screening, STI screening and treatment, etc.)

Four Corners activity (45 minutes)

SAY: Throughout this training, we have worked to uncover our personal beliefs related to sex, sexuality and gender. Often, our beliefs on these topics are subconscious and we are not fully aware of them until we are faced with situations that challenge them. This activity will allow us to identify our own beliefs as well as understand the issues from other points of view. In order to get the most out of this activity, I encourage you to be as honest as possible.

ACTIVITY INSTRUCTIONS

1. Post the four signs you created in the four different corners of the room (if you have not already done so).
2. Hand each participant a copy of the *Four Corners – Part A* handout/worksheet. Ask them to complete the worksheet and then turn the paper over. Point out that the answers are meant to be anonymous, so they should not write their names on their worksheets.
3. Hand each participant a copy of the *Four Corners – Part B* handout/worksheet. Ask them to complete the worksheet and then turn the paper over. Point out that the answers are meant to be anonymous, so they should not write their names on their worksheets.
4. Ask participants to turn the handouts face up, and to place them next to each other. **EXPLAIN** that Part A asks about their beliefs for adolescent girls and women in general, and Part B asks about their beliefs concerning themselves. Ask participants to take a few moments to compare their answers on the two different parts.
5. **ASK:**
 - What similarities or differences do you see in the beliefs you hold for women and adolescent girls in general versus yourself?
 - If there are differences, why do you think that is?
6. Take a few moments to discuss the worksheets. Point out to participants that differences between responses the two different worksheets can sometimes indicate a double standard. For example,

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some people may believe that, generally speaking, adolescent girls should not be able to make family planning decisions for themselves, but that they or someone they know should be able to.

7. Gently encourage participants to consider whether they maintain a double standard for themselves compared to their adolescent clients and ask them to reflect on this more deeply.
8. **ASK:** What impact could this double standard have on adolescents' health and wellbeing?
9. Ask participants to stand in a circle and crumple their Part A worksheets into a ball and throw them into the middle of the circle. Ask participants to select one of them and open it. Explain that for the remainder of this activity, they will represent the responses on the worksheet they have in their hands, even if these responses differ greatly from their own.
10. Point out the four signs you have posted around the room: *STRONGLY AGREE*, *AGREE*, *DISAGREE*, and *STRONGLY DISAGREE*.
11. Read the first statement from the Part A handout/worksheet out loud. Ask participants to move to the sign that corresponds with the response circled on the worksheet they are holding. Remind participants that they are representing the responses on their respective worksheets, even if those responses conflict with their personal beliefs.
12. Invite participants to look around the room and note the opinions held by the group. There may be different-sized groups in the four corners, and sometimes some of the corners may not be occupied. You may ask some people to move to a more empty corner so all four perspectives have a few people to represent them.
13. Ask the group under each sign to discuss among themselves the strongest rationale for why people hold the opinion they are representing. Let them know they will have two minutes to discuss and come up with reasons why they *STRONGLY AGREE*, *AGREE*, *DISAGREE*, or *STRONGLY DISAGREE* with the statement you read.
14. Ask them to assign a spokesperson for the group.
15. Start with the spokesperson under *STRONGLY AGREE* and proceed in order to *STRONGLY DISAGREE*. Remind participants that the designated spokespeople may or may not personally agree with the opinions they are presenting. Ask other groups not to comment at this time.
16. Continue this process for the remaining statements on the Part A handout, careful to keep track of time. If you are short on time, focus on discussing the statements you feel are the most important for this group.
17. Have participants return to their seats. Discuss the activity by asking some of the following questions:
 - What was it like to represent beliefs about family planning that were different from your own?
 - What was it like to hear your beliefs represented by others?
 - What rationale for certain beliefs caused you to think differently?
 - How might our beliefs affect the way we treat adolescents versus adults, or adolescents with children versus adolescents without children?

18. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

19. Summarize the key points this activity is intended to convey. **SAY:**

- This activity helps us to examine what it is like to hold a perspective that is different from our own. When you argue a different point of view, it can help strengthen your own point of view or help you better understand someone else's perspective.
- Our personal beliefs and biases can impact the type of care that we provide. For example, we might treat a married adult woman more respectfully than a married or unmarried adolescent. However, all clients need our services and we should treat them with equal levels of respect and professionalism regardless of our personal beliefs about their circumstances.

Conclusion, session evaluation, and dismissal (10 minutes)

Share the core messages for this session. **SAY:** Rights-based, family planning counseling for adolescents should be:

- Simple and straightforward from the client's perspective
- Aligned to the client's needs and reproductive intentions
- Easily integrated with other sexual and reproductive health services

SAY: Service providers must ensure that they treat and/or interact with adolescents in a professional, respectful manner, regardless of their reasons for seeking services – even if those reasons may challenge the personal beliefs of the service providers.

DO: Ask participants to write down a commitment to applying one thing that they have learned in today's session to their professional lives. Invite a few volunteers to share their commitments.

If there is time, ask the following discussion questions:

- Would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions or additional thoughts?

Inform participants of the date, time, location, and topics for the next session.

Remind participants that personal stories and experiences shared during the dialogue should be kept within the group, but that they are encouraged to share what they have learned with family, friends, and colleagues who were not present if they feel comfortable doing so.

Thank participants for their active participation and dismiss the group.

AMAL COMPONENT 3: DISCUSSION/REFLECTION WITH HEALTH PROVIDERS

After the session is complete and participants have left, complete the evaluation form (see page40).

Handout 1 for session 4

Four Corners – Part A

Instructions: Please read the following statements and put an “X” in the column that best reflects your personal beliefs. Please respond honestly and *do not write your name on this sheet.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
Married girls should not be able to access contraception without the consent of their husbands.				
Married girls should have children as soon as possible after marriage.				
Adolescents should be able to access contraception, regardless of whether or not they have children.				
It is the woman’s responsibility to prevent pregnancy.				
Girls should wait until they are at least 18 before having a child.				
Service providers have a responsibility to provide family planning services to all clients, including adolescents.				
The provision of contraception to married adolescents encourages adultery and promiscuity.				

Handout 2 for session 4

Four Corners – Part B

Instructions: Follow the same process as in Part A. Please respond honestly and *do not write your name on this sheet.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
I should be able to access contraception without the consent of my husband or wife.				
My partner and I should have a child as soon as possible after my marriage.				
My partner and I should be able to access contraception, regardless of whether I have children.				
It is my responsibility to prevent pregnancy.				
I should have waited until I was at least 18 before I/my partner had a child.				
Service providers had a responsibility to provide family planning services to me when I was an adolescent.				
I am inclined to cheat on my husband or wife when I am provided with contraception.				

ANNEX

COMPONENT 3: Health Service Provider Discussions **Monitoring and Evaluation Tools**

Discussion and reflection session with Health Providers: End-of-Session Evaluation

Instructions for Facilitators

DO: Place the three Engagement Evaluation Sheets (see page 53-55) around the room, leaving space in between for participants to move around. Give each participant a small object (ex: a rock, a bean etc.).

SAY: “Now, we are going to evaluate how you felt about today’s session. Each of you has an [object]. I will read a series of questions, and I want you to stand up and place your [object] on the sheet with the image that best represents your response to the question. You can choose a low level, which I’ve placed _____, a medium level, which I’ve placed _____, or a high level, which I’ve placed _____. In between questions, we will pause quickly to count the responses. Are there any questions?”
[Pause for questions].

SAY: “Here is the first question: What is your level of comfort with providing family planning to adolescents following this session? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1a on the Provider Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: After today’s session, what level of choice do you believe a married girl should have about using family planning? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1b on the Provider Session Evaluation Form. Then collect the [objects] and give each participant one.

SAY: “Here is the next question: As a provider, how much influence do you believe you have on the ability of girls to exercise their reproductive rights? Please stand up and place your [object] on the sheet with the face that best shows your response to this question.”

DO: After all participants have placed their objects, count the number of responses for happy, neutral and sad. Note these three numbers in Q1c on the Provider Session Evaluation Form.

SAY: “Thank you. For these next two questions, you do not need to use your [objects]. Please just tell me your answers. What, if anything, would you change about this session?”

DO: Write down any responses you hear under Q2 on the Provider Session Evaluation Form.

SAY: “Which concepts, if any, did you find difficult to understand?”

DO: Write down any responses you hear under Q3 on the Provider Session Evaluation Form.

SAY: “Thank you for your participation. See you at the next session!”

Health Providers Session Evaluation Form *[to be completed by Facilitators]*

Session Title and Date: _____

Site Name and Location: _____

Name, Title and Contact Information of Facilitator 1: _____

Name, Title and Contact Information of facilitator 2: _____

Total Number of Participants registered in this Group: _____

Total Number of Participants in attendance today: _____

1. Add up the results from the face evaluation activity to complete this table.

	# of low levels	# of medium levels	# of high levels
a. What is your level of comfort with providing family planning to adolescents following this session?			
b. After today's session, what level of choice do you believe a married girl should have about using family planning?			
c. As a provider, how much influence do you believe you have on the ability of girls to exercise their reproductive rights?			

2. What would participants change about this session for next time, if anything?

3. What activities/concepts were most difficult for participants to understand, if any?

4. Based on participants' response to the knowledge check questions and behavior during the session, how well do you feel the participants understood the session on a scale of 1-5? Please circle your answer below.

1	2	3	4	5
Did not understand at all	Understood very little	Neutral	Understood most things	Understood perfectly

Informed Consent Form for Baseline/Endline Surveys

Hello.

My name is _____. I am working with _____. We are conducting a survey about your experiences as a health provider working with adolescent clients. The information we collect will help us understand more about your values, beliefs, and attitudes towards adolescent health and your experiences as a health provider.

As part of this effort, I would like to ask you some questions about your views and the norms in your community. The questions usually take about 30 minutes. The answers you give will be confidential and will not be shared with anyone other than the members of the survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views and experience are very important to us. If I ask you any question you don't want to answer, just let me know and I will go to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact _____.

Do you have any questions?
[Answer any questions]

May I begin the interview now? Yes No
[If 'yes', proceed with survey]

Signature of interviewer: _____
Date: _____

Health Provider: Baseline Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES
1	What is your profession?	<ul style="list-style-type: none"> <input type="radio"/> Physician <input type="radio"/> Health Facility Administrator <input type="radio"/> Nurse <input type="radio"/> Midwife <input type="radio"/> Pharmacist <input type="radio"/> Community Health Worker <input type="radio"/> Other, please specify: _____ [<i>record response</i>]
2	How long have you had this role?	_____ months / _____ years [<i>record response in months or years</i>]
3	Which health facility do you work at?	_____
4	How long have you worked there?	_____ months / _____ years [<i>record response in months or years</i>]
5	Have you ever attended school?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [<i>Skip to Q#7</i>]
6	What is the highest level of school you attended: Primary, secondary, or higher?	<ul style="list-style-type: none"> <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> University <input type="radio"/> Higher (Master/PhD) [<i>ask about specialization</i>] Specialization: _____ [<i>record response</i>]
	What is your marital status?	<ul style="list-style-type: none"> <input type="radio"/> Unmarried <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed
8	How many children do you have?	<ul style="list-style-type: none"> <input type="radio"/> No children <input type="radio"/> One child <input type="radio"/> Two or more children
9	"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.</i>

AMAL COMPONENT 3: HEALTH SERVICE PROVIDERS

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
9.1	A man should have the final say about decisions in his home					
9.2	A wife should always obey her husband					
9.3	Once a girl is married, she should leave school					
9.4	Girls should marry as soon as possible to protect their chastity					
9.5	Young people should not have sex before marriage					
9.6	A man is the one who decides when to have sex with his wife					
9.7	Married girls should have children as soon as possible after marriage					
9.8	If a woman wants to avoid being pregnant, she needs her husband's permission to use contraception					
9.9	It is the mother's responsibility to take care of the children					
9.10	Women who work outside of the home are not good mothers or wives					
10	"Now I am going to read a list of statements related to reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher knowledge of SRH.</i>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
10.1	It is recommended to have your first child after the age of 19					
10.2	It is recommended to wait at least 24 months or two years before getting pregnant again after the birth of your child					
10.3	Young women without children should be allowed to use any product of family planning					
10.4	The IUD can be a good method for a woman who doesn't have any children but would like to wait a few years before having her first child					
10.5	Emergency contraception is an option in case of failure of contraception, not only in the case of rape					

11	<p>"Now I am going to read a list of statements related to adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher knowledge of adolescent SRH.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11.1	Generally family planning methods are safe and effective for adolescents who have had children					
11.2	Generally family planning methods are safe and effective for adolescents who have <u>not</u> had children					
11.3	At times it can be embarrassing for me to discuss sex or family planning with younger patients					
11.4	Adolescents are still young and immature so sometimes I need to make decisions for them					
11.5	Young people should all receive contraceptive counseling, whether they are having sex yet or not					
11.6	A provider must require the authorization of a girl's husband before providing her with family planning					
11.7	If a young girl asks for family planning, it is my responsibility to inform her husband/family that she is asking for that					
11.8	Adolescent girls tend to need the same family planning method(s)					
11.9	If a few young girls have a negative experience with a method, I avoid recommending that method to other young clients					
12	<p>"Now I am going to read a list of statements related to the specific role of providers like you in adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher awareness of provider responsibility.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

AMAL COMPONENT 3: HEALTH SERVICE PROVIDERS

12.1	It is part of my job to make sure myself and my colleagues provide appropriate reproductive health services to adolescents.					
12.2	Talking about our values, beliefs, and professional responsibilities can help our facility provide better services to adolescent clients.					
12.3	Providers have a professional responsibility to listen and try to understand the needs of adolescent clients with respect					
12.4	Providers have a professional responsibility to offer all family planning methods to adolescents, even if it is against their personal beliefs.					
12.5	Providers should talk about family planning with all adolescent clients, even if they are seeing the provider for a different health service.					
12.6	Providers should keep information shared by adolescent clients confidential					
13	"Now I am going to read a list of statements related to your experience as a provider of adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i>	<i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher adherence to provider responsibility.</i>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
13.1	I enjoy working with adolescent clients					
13.2	I am equally comfortable providing family planning to an unmarried boy as to an unmarried girl					
13.3	I would give an IUD to an adolescent girl who had no children if she wished					
13.4	I would provide a hormonal method to a young client even if I knew it might damage my reputation in the community					
13.5	There are reproductive health services that I will never give to adolescent clients.	[Ask Q13.5a]	[Ask Q13.5a]			
13.5a	What are some examples of reproductive health services that you will never give adolescent clients?	_____ [record response]				

Health Provider: Endline Survey

Special instructions for survey administrators are in *italics*

#	QUESTION	CHOICES				
1	What is your profession?	<input type="radio"/> Physician <input type="radio"/> Health Officer <input type="radio"/> Nurse <input type="radio"/> Midwife <input type="radio"/> Community Health Worker <input type="radio"/> Other, please specify: _____ <i>[write response]</i>				
2	Which health facility do you work at?	_____				
3	Overall, what is your level of satisfaction with the AMAL sessions for providers?	Completely satisfied	Somewhat satisfied	No opinion	Somewhat unsatisfied	Completely unsatisfied
4	How has your participation in the AMAL sessions affected your life? <i>[Write down participants' response]</i>					
5	How has your participation in the AMAL sessions affected your professional capacity as a provider? <i>[Write down participants' response]</i>					
6	How has your participation in the AMAL sessions affected your ability to provide family planning to adolescent girls? <i>[Write down participants' response]</i>					

AMAL COMPONENT 3: HEALTH SERVICE PROVIDERS

7	Please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree with this statement: After participating in AMAL, I have a stronger understanding of adolescent reproductive rights	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
8	Please tell me if you strongly agree, agree, are neutral, disagree or strongly disagree with this statement: After participating in AMAL, I am more committed to providing family planning to all adolescents	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
9	"Now I am going to read some statements about relationships between men and women. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" <i>For each question, choose only one answer*</i>	*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher support for traditional gender roles.				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
9.1	A man should have the final say about decisions in his home					
9.2	A wife should always obey her husband					
9.3	Once a girl is married, she should leave school					
9.4	Girls should marry as soon as possible to protect their chastity					
9.5	Young people should not have sex before marriage					
9.6	A man is the one who decides when to have sex with his wife					
9.7	Married girls should have children as soon as possible after marriage					
9.8	If a woman wants to avoid being pregnant, she needs her husband's permission to use contraception					
9.9	It is the mother's responsibility to take care of the children					
9.10	Women who work outside of the home are not good mothers or wives					
10	"Now I am going to read a list of statements related to reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement"	*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher knowledge of SRH.				

	<i>For each question, choose only one answer*</i>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
10.1	It is recommended to have your first child after the age of 19					
10.2	It is recommended to wait at least 24 months or two years before getting pregnant again after the birth of your child					
10.3	Young women without children should not use any product that might cause a delay in fertility once stopped					
10.4	The IUD can be a good method for a woman who doesn't have any children but would like to wait a few years before having her first child					
10.5	Emergency contraception is an option in case of failure of contraception, not only in the case of rape					
11	<p>"Now I am going to read a list of statements related to adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement"</p> <p><i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher knowledge of adolescent SRH.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11.1	All family planning methods are safe and effective for adolescents who have had children					
11.2	All family planning methods are safe and effective for adolescents who have <u>not</u> had children					
11.3	At times it can be embarrassing for me to discuss sex or family planning with younger patients					
11.4	Adolescents are still young and immature so sometimes I need to make decisions for them					
11.5	Providing contraception to married adolescents encourages adultery and promiscuity					
11.6	Young people should all receive contraceptive counseling, whether they are having sex yet or not					
11.7	A provider must require the authorization of a girl's husband before providing her with family planning					

11.8	If a young girl asks for family planning, it is my responsibility to inform her husband/family that she is having sexual relations					
11.9	Adolescent girls tend to need the same family planning method(s)					
11.10	If a few young girls have a negative experience with a method, I avoid recommending that method to other young clients					
12	<p>"Now I am going to read a list of statements related to the specific role of providers like you in adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher awareness of provider responsibility.</i></p>				
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
12.1	It is part of my job to make sure myself and my colleagues provide appropriate reproductive health services to adolescents.					
12.2	Talking about our values, beliefs, and professional responsibilities can help our facility provide better services to adolescent clients.					
12.3	Providers have a professional responsibility to listen and try to understand the needs of adolescent clients with respect					
12.4	Providers have a professional responsibility to offer all family planning methods to adolescents, even if it is against their personal beliefs.					
12.5	Providers should talk about family planning with all adolescent clients, even if they are seeing the provider for a different health service.					
12.6	Providers should keep information shared by adolescent clients confidential					
13	<p>"Now I am going to read a list of statements related to your experience as a provider of adolescent reproductive healthcare. After each statement tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement" <i>For each question, choose only one answer*</i></p>	<p><i>*Item response options: 5 - point Likert scale, where: Strongly Agree = 5, Agree = 4, Neither Agree nor Disagree = 3, Disagree = 2, and Strongly Disagree = 1. Sum scores for all five items. Keep scores on a continuous scale. Higher scores indicate higher adherence to provider responsibility.</i></p>				

AMAL COMPONENT 3: HEALTH SERVICE PROVIDERS

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
13.1	I enjoy working with adolescent clients					
13.2	I am more comfortable providing family planning to an unmarried boy than an unmarried girl					
13.3	I would give an IUD to an adolescent girl who had no children if she wished					
13.4	I would provide a hormonal method to a young client even if I knew it might damage my reputation in the community					
13.5	There are reproductive health services that I will never give to adolescent clients.	[Ask Q13.5a]	[Ask Q13.5a]			
13.5a	What are some examples of reproductive health services that you will never give adolescent clients?	----- [record response]				

Engagement Evaluation Sheets – Page 1 of 3



LOW

Engagement Evaluation Sheets – Page 2 of 3



MEDIUM

Engagement Evaluation Sheets – Page 3 of 3



HIGH