



**AGEP**  
Adolescent Girls  
Empowerment  
Program



**FACILITATOR'S TRAINING MANUAL**

**CURRICULUM ON  
ADOLESCENT-FRIENDLY  
HEALTH SERVICES  
AND HEALTH VOUCHER  
MECHANISMS**



The Population Council confronts critical health and development issues – from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is nongovernmental, nonprofit organization governed by an international board of trustees. The Council's Lusaka office was established in 2009 and has worked to improve the health and well-being of Zambia's poorest and most vulnerable people.

Population Council  
Plot #3670 No. 4 Mwaleshi Road  
Olympia Park  
Lusaka  
Zambia  
10101  
Tel/Fax: +260 211 295925

[popcouncil.org](http://popcouncil.org)



Funded by UKaid from the Department for International Development.



Supported by the government of Zambia.

© 2015 The Population Council, Inc.

## TABLE OF CONTENTS

Background Notes for the Facilitator .....	iv
Agenda for Training at a Public Facility .....	vi
Agenda for Training at a Private Facility.....	vii
Introductory Session.....	1
Part I: Breaking the ice – getting to know each other on a less formal note .....	1
Part II: Overview of Adolescent Girls Empowerment Program (AGEP).....	3
Session 1: The Adolescent Group.....	6
Session 2: Values and Clarification about Adolescent Sexuality.....	10
Session 3: Adolescent Health .....	14
Session 4: Health Voucher.....	15
Part I: Mini Lecture on AGEP Health Voucher .....	15
Part II: Financial Reimbursement and Incentives.....	16
Part III: Quality Assurance Package.....	17
Part IV: Health Voucher Mechanics .....	18
Session 5: Values Clarification about Family Planning, HIV and other STIs .....	21
Session 6: Establishing Rapport with Adolescents – identifying barriers.....	23
Session 7: Counseling and Communication – breaking down barriers .....	27
Session 8: Health Voucher Mechanics Part Two .....	36
Session 9: Adolescent Reproductive Health Rights .....	39
Session 10: Characteristics of Adolescent-Friendly Health Centers .....	42
Session 11: Health Voucher Mechanics Part Three.....	44
Session 12: AGEP Health Voucher- Lessons from the pilot.....	45

### Annexes

Annex 1: Pre/Post Training Questionnaire.....	46
Annex 2: Hand out - The Nature and Sequence of Changes and Events in Adolescence .....	47
Annex 3: Health Voucher Medical Protocols.....	48
Annex 4: Hand out – Adolescent Patient Case Studies .....	51
Annex 5: Hand out – Questioning Skills.....	52
Annex 6: Hand out – Characteristics of Effective and Ineffective Counselors .....	54
Annex 7: Hand out – Adolescent Reproductive Health Rights .....	55
Annex 8: Hand out – Requirements of Adolescent-Friendly health facilities .....	56
Annex 9: Additional Participant Exercises.....	57
Annex 10: Additional Facilitator Recap Activities .....	59
References.....	61

## **BACKGROUND NOTES FOR THE FACILITATOR**

### **Adolescent Girls Empowerment Program (AGEP)**

For Zambian girls, social isolation, economic vulnerability, and lack of appropriate health information and services are critical problems that prevent a healthy transition from girlhood into womanhood. The issues that girls are confronted with – high rates of gender based violence, unsafe sex that puts girls at risk for unwanted pregnancy and HIV infection, school dropout, lack of economic resources and income generating options, lack of agency and participation – are linked with one another through their root causes. Therefore, the solutions must be interconnected as well.

Through the Adolescent Girls Empowerment Program (AGEP), the Population Council and partners will be piloting and implementing a social, health and economic asset building program for vulnerable adolescent girls in Zambia. The Program has 3 components namely a) Safe Spaces b) Savings Account and c) Health Voucher component.

#### **a) Safe Spaces**

The core of the safe spaces component, implemented in partnership with YWCA Zambia, is a weekly girls' group meeting in which a group of 20 to 30 girls meet with a mentor – a young woman from their community – for short training sessions on a variety of topics, as well as a chance to discuss the events of the past week. These regular, stable group sessions serve two critical functions:

- 1) to build a platform in which girls are organized and can be reached with a variety of interventions and education topics and
- 2) to build social assets – including friends, trusting relationships, and self-esteem that have positive influence on other livelihood and health dimensions of their lives. The group meetings themselves have become an integral part of what girls expect in their lives in these communities and can be sustained in the long-term via cultural change. The groups will be structured in two age cohorts – 10-14 and 15-19 – in order to reach girls across the course of adolescence with the appropriate programming. During their weekly group meetings, girls will be trained on a range of health and financial education topics, as well as have time to simply talk and build strong relationships with other girls in their community.

#### **b) Savings Accounts**

The Population Council will work in partnership with the National Savings and Credit Bank (NatSave) and Making Cents International to develop the Girls Dream Savings Account that girls participating in AGRP will be able to open. The NatSave account has a very low minimum balance to open and any amount can be deposited or withdrawn with no fee. While girls are able to deposit on their own, in order to adapt to the Zambian legal minimum age of opening accounts (18), girls will select a co-signatory who will be a woman age 18 and above to assist with account opening and withdrawals. The financial mentor can be the girl's mother, however she has the option to choose another female in her life that she trusts (i.e. older sister, teacher, aunt, neighbor, etc.).

#### **c) Health Voucher**

In partnership with the Ministry of Community Development Mother and Child Health, the Council is developing a health voucher that girls in AGRP will receive and will be able to redeem at certain public and private health providers for a package of health services. The services in the voucher include basic wellness exams, as well as age-appropriate sexual and reproductive health services. The Council will train providers at the participating clinics in the provision of adolescent-friendly health services, as well as conduct ongoing monitoring and quality assurance visits to participating clinics. Providers will be reimbursed per service provided based on pre-approved rates.



### **Adolescent-Friendly Health Services**

Adolescents face many barriers in obtaining the health services and commodities they need. Through AGEP these barriers will be addressed in order to ensure adolescent girls have easier access to the health services they need. WHO's generic "quality of care" framework guides the work on health service provision to adolescents. It provides a useful working definition of adolescent-friendly health services. To be considered adolescent-friendly, health services should have the following characteristics:

*Accessible* - Adolescents are able to obtain the services that are provided.

*Acceptable* - Health services are provided in ways that meet the expectations of adolescent clients (so that they want to obtain them).

*Equitable* - All adolescents, not just certain groups, are able to obtain the health services they need.

*Appropriate* - The health services that adolescents need are provided.

*Effective* - The right health services are provided in the right way and make a positive contribution to the health of adolescents.

### **Use of the Curriculum**

This curriculum should be used by trained facilitators who have been oriented on AGEP. The purpose of this training manual is to provide a standard for all facilitators conducting AGEP health provider training so as to ensure that by the end of the training health workers; provide effective adolescent-friendly health services; are fully knowledgeable of AGEP; and are able to use the health voucher.

## **STARTING THE TRAINING**

The lead facilitator should ensure participants :

- Complete the attendance register at the start of each day
- Get a copy of the agenda
- Get a note book and pen
- Get a name tag for easy identification
- Have a pre-test to complete

# AGENDA FOR A FOUR DAY TRAINING AT A PUBLIC FACILITY

## DAY ONE

Time	Training Content	Training Method
12:00-12:15	Welcome and Registration	Participant registration
12:15-12:45	Introductory Session – ground rules, expectations and objectives	Game
12:45-13:45	Overview of the Adolescent Girls Empowerment Program	Lecture, corresponding exercise
13:45-15:15	The Adolescent Group	Mini lecture, reflection exercises
15:15-16:30	Values Clarification Exercise	Forced choices, activities with group discussion
16:30-16:45	End of day Reflection and Close	Group discussion

## DAY TWO

Time	Training Content	Training Method
12:00-12:15	Welcome and Registration	Participant registration
12:15-12:45	Recap Exercise	Group work
12:45-13:45	Adolescent Health	Debate
13:45-14:45	Introduction to the Health Voucher	Mini lecture, group discussion
14:45-15:15	Financial Reimbursement and Incentives	Lecture, corresponding exercise
15:15-15:45	Quality Assurance Package	Mini Lecture
15:45-16:45	Health Voucher Mechanics	Practice exercise
16:45-16:50	End of day Reflection and Close	Group discussion

## DAY THREE

Time	Training Content	Training Method
12:00-12:15	Welcome and Registration	Participant registration
12:15-12:30	Recap Exercise	Group work
12:30-13:30	Values Clarification on Health Services to Adolescents	Forced choices, activities with group discussion
13:30-15:00	Establishing Rapport with Adolescent Clients	Discussion and Role Plays
15:00-16:30	Counseling and Communication (Listening and Learning)	Lecture, corresponding exercises
16:30-17:15	Health Voucher Mechanics Part 2	Practice exercise
17:15-17:30	End of day Reflection and Close	Group discussion

## DAY FOUR

Time	Training Content	Training Method
12:00-12:15	Welcome and Registration	Participant registration
12:15-12:45	Recap Exercise	Group work and presentations
12:45-13:45	Adolescent Reproductive Health Rights	Group work and presentations
13:45-14:15	Characteristics of Adolescent-Friendly Health Centers	Mini Lecture, group discussion
14:15-15:15	Health Voucher Part 3	Practice exercise
15:15-15:45	AGEP Health Voucher – Lessons from the Pilot	Mini lecture
16:-16:50	End of Training: Wrap Up and Close	Group discussion

# AGENDA FOR A TWO DAY TRAINING AT A PRIVATE FACILITY

## DAY ONE

Time	Training Content	Training Method
08:30-08:45	Welcome and Registration	Participant registration
08:45-09:15	Introductory Session – ground rules, expectations and objectives	Game
09:15-10:15	Overview of the Adolescent Girls Empowerment Program	Lecture, corresponding exercise
10:15-10:30	TEA BREAK	
10:30-11:30	The Adolescent Group	Mini lecture, reflection exercises
11.30-12:15	Values Clarification Exercise	Forced choices, activities with group discussion
12:15-13:00	Adolescent Health	Debate
13:00-14:00	LUNCH BREAK	
14:00-14:45	Introduction to the Health Voucher	Mini Lecture, group discussion
14:45-15:15	Financial Reimbursement and Incentives	Lecture, corresponding exercise
15:15-15:45	Quality Assurance Package	Mini lecture
15.45 – 16:45	Health Voucher Mechanics	Practice exercise
16:45 – 16:50	End of day Reflection and Close	Group discussion

## DAY TWO

Time	Training Content	Training Method
08:30-08:45	Recap Exercise	Group work
08:45-09:45	Values Clarification on Health Services to Adolescents	Forced choices, activities with group discussion
09:45-11:15	Establishing Rapport with Adolescent Clients	Discussion and role plays
11:15-11:30	TEA BREAK	
11.30-13:00	Counseling and Communication (Listening and Learning)	Lecture with corresponding exercises
13:00-14:00	LUNCH	
14:00-14:45	Health Voucher Mechanics Part 2	Practice exercise
14:45-15:45	Adolescent Reproductive Health Rights	Group work and presentations
15:45-16:15	Characteristics of Adolescent-friendly Health Centers	Mini Lecture, group discussion
16:15-17:15	Health Voucher Part 3, Lessons Learnt from the Pilot	Practice exercise and mini lecture
17:15 – 17:30	End of Training: Wrap Up and Close	Group discussion

# INTRODUCTORY SESSION

---

## Part I: Breaking the ice – getting to know each other on a less formal note

### *Objective:*

The purpose of this exercise is for the group to do away with job titles for the next few days and get comfortable with conducting exercises with their colleagues.

### *Time:*

20 minutes

### *Materials needed:*

Pens

Sticky notes

### **Facilitator Talking Points:**

Welcome participants to the provider training on the AGEP health voucher program. Introduce yourself and co-facilitators to participants.

Explain that before starting the programme, a few minutes will be spent on getting to know each other.

Ask participants to get into pairs and then deliver instructions.

### **ACTIVITY 1: GETTING TO KNOW ONE ANOTHER**

In pairs and in turns each participant should ask their partner to state two truths and one lie about themselves and then guess from the three statements what are the truths and the lie. These statements should be personal, such as: I was born in Mansa, I don't know how to swim, I play the guitar, I am afraid of flying, etc. Once the partners discuss the two truths and a lie, participants should write down one of the truths they learnt about their partner as well as their partner's name and job title. Once each pair has had time to gain the necessary information, participants should all come back into the group and introduce their partners.

*Note to the facilitator: Before participants introduce their partners emphasize that the introduction should just be the name, job title and one truth.*



## Ground rules and expectations

### *Objective:*

The purpose of this exercise is for the group to express what they hope to gain from the training as well as agree on rules they will adhere to over the next few days.

### *Time:*

20 minutes

### *Materials needed:*

Flip Chart and Markers  
VIPP cards

### ACTIVITY 2

#### PART A - EXPECTATIONS

Hand each participant a VIPP card and ask them to write down their expectations of the training. After all the participants have written down their expectations and collect the VIPP cards. Ask a participant to volunteer to write down the expectations as you read out the expectations written on the VIPP cards in plenary. Explain to participants that these expectations will be referred to each day to evaluate the progress of the training.

#### PART B - GROUND RULES

Still in plenary, ask participants to come up with ground rules and write them down on the flip chart. Once the ground rules exercise is complete, stress that adherence to these rules will help to ensure an effective and enjoyable learning environment!

#### PART C - PARKING LOT

Explain to participants that a blank sheet of flip chart paper will be kept in the corner of the room (referred to as 'the parking lot'). Participants should feel free to add items to be discussed that come up during the training and similarly the facilitator will also use it to note down non related session questions that come up that can be referred to later and discussed during related sessions.

**After the exercise** - Thank the participants warmly for their work in the introductory session and proceed with housekeeping rules (toilet facilities, fire exits etc.) followed by going through the agenda and the objectives of the training.

### OVERALL OBJECTIVES

At the end of the training health workers should;

- Have gained understanding of the Adolescent Girls Empowerment Program and their individual role in the health voucher component
- Become more knowledgeable about the characteristics of adolescence and of different aspects of adolescent health and development;
- Become more sensitive to the needs of adolescents;
- Be better able to provide health services to adolescents that respond to their needs and are sensitive to their preferences;
- Learn how to validate health voucher and use the voucher system

**Note to facilitator:** Have these objectives already written down on a flip chart and refer to them during the course of the training.

## Part II: Overview of Adolescent Girls Empowerment Program (AGEP)

### *Objectives:*

To introduce AGEP

### *Time:*

60 minutes

### *Materials needed:*

Flip Chart and flip chart stand

Markers

VIPP cards

Bostik

### **Background:**

#### Population Council and AGEP

- The Population Council conducts research that leads to better programs and policies that improve people's health, in Zambia and around the world. One area of focus for us is adolescent girls. Our offices are located at Plot 3670, No. 4 Mwaleshi Road, Olympia in Lusaka.
- In Partnership with Young Women's Christian Association of Zambia we are implementing a program called the Adolescent Girls Empowerment Program (AGEP). YWCA is a Christian non-governmental organization dedicated to the empowerment of the community, especially women, youth and children, to realize their potential as human beings and to contribute to a just society, through rights-based and sustainable interventions.
- AGEP is a two year research program funded by the UK Government Department for International Development (DFID) that is aimed at vulnerable girls/young women aged 10 to 19 years and will be focusing on many different important areas of personal development, including social, health and economic skills and opportunities. Note that AGEP is *not* a school-based intervention, but rather a community based intervention.

#### Exercise: Bridge Model

**Explain** to participants that in order to understand AGEP better, we will conduct an exercise. On a flip chart draw a picture of a girl standing alongside a river, with dangerous creatures in the river. Ask participant to look at this picture of a girl called Anna Phiri and imagine:

- She is an eleven year old girl living in their Compound
- She is like any other girl in the community, living with her parents/guardians and going to school
- She is a young person with many dreams; to complete school, get a good job, support her family and maybe have children of her own one day.

**Pause** and add that as we all know before Anna achieves all these dreams, there is a river she has to cross and perhaps many other things have to happen before she gets to the other side of the river.

**Say** - The River Anna stands before is called adolescence, the other side of the river is adulthood. Anna has to cross the river to become an adult. As with all rivers it is possible there might be some crocodiles, hippos and poisonous creatures.

**Ask** – Looking at your own community, what do you think are some of the possible challenges (crocodiles) that a girl like Anna might face as she goes through adolescence into adulthood? (Allow participants 15 minutes to come up with responses)

In Plenary depending on the responses, briefly summarize by explaining, using the points below, why AGEP is working with adolescent girls and what challenges they go through.

*(Note to facilitator: Write in advance on flipchart sheet, AGEP's perspective detailed below.)*

**AGEP perspective:**

When girls begin to mature:

They are more at risk of abuse at school and unwanted attention;

There is an increasing need for money to cater for personal needs as well as household contributions, leading to pressure for transactional sexual relationships;

Girls are expected to take on a larger share of domestic work;

Girls are at greater risk of school dropout;

Social isolation increases and girls often lose peer support; and

Girls may initiate sex, which may lead to unwanted pregnancy and HIV infection; and

Girls are most at risk of getting married before they are ready mentally or physically.)

*(Note to facilitator: Write in advance on 6 separate VIPP cards the following outcomes AGEP's expected outcomes after the two years are to: 1) increase educational attainment (at least grade 9), 2) delay sexual debut, 3) delay early marriages, 4) reduce unwanted pregnancies, 5) less HIV and herpes infections, 6) increase income generation)*

**Say** – With AGEP, we are hoping to achieve 6 key outcomes for the adolescent girls who participate.

- Add the prepared cards of the 6 key outcomes to the other side of the river explaining each one of them
- Point out that it is impossible for Anna Phiri to reach the other side of the river without a bridge

*(Note to facilitator: Write in advance on 3 different colored VIPP cards the following planks – 'social', 'economic' and 'health'.)*

**Explain** - that AGEP is looking to build a bridge with 3 essential planks: building three essential skills and opportunities for participants in the program – **Social, health and economic** skills and opportunities for 10-19 year olds.

- Add the prepared cards of the 3 planks over the river to create a bridge to the other side of the river explaining each one of them
- Point out that ALL the girls in the program will be part of a safe space (social), will be taken through the health and life skills curriculum (health) as well as the financial education curriculum (economic).

**Say** – Further to this the girls on the program will have access to **three different programs versions** combined differently to see what works best. These include safe space meetings, a health voucher and access to a savings account;

- Safe space only – girls groups only with about 25-30 girls; - Girls in this version will meet once a week with their girls group and mentor and receive training on health, life skills and financial education. Through meeting with other girls they will increase social interaction, build friendships and simply have fun.
- Safe space + health voucher; - here, in addition to the safe space meetings and training, some girls will get the voucher that allows them to access the health services including reproductive health services and wellness checks. The objective of the health voucher is to provide young

girls access to quality health services, ensuring their ability to have good general and reproductive health.

- Safe space + health voucher + savings account; and – here, in addition to what was described, girls in this version will be assisted to open savings accounts through Natsave. The aim of the savings account is to help build girls savings culture at a young age, instill positive money management and promote economic assets that allow girls to provide for themselves, manage emergencies, and help them make safe, health related decisions.

**Add** - in the same way that Anna will use the three social, health and economic planks to cross the adolescence river over to the side of adulthood, it is hoped that these three key sets of skills and opportunities will help lessen the challenges that girls on the program face during adolescence, as well as increase their chances of having a healthy and productive life. Same as in the picture, helping girls to build social, health and economic skills and opportunities is expected to enable girls to take greater control of their lives and lead to increased educational attainment, delayed marriage, fewer unwanted pregnancies, less HIV infection, delayed sexual debut and increased income generation. All of these effects in young women have been shown to ultimately be critical steps on the path to poverty reduction.

#### Research Component

**Explain** –To participants that AGEP is quite unique due to its large rigorous research component. In order to determine how to get the maximum outcomes, there is need to determine the ideal version of the program for scale up both in Zambia and in the region.

- While all girls will benefit from the core social component of the program including weekly group meetings, selected girls on the program will be followed up for four years through research, after the two year intervention, to assess how best the three part intervention works.
- Out of the total number of girls participating on the program, 2/3rds will also get a health voucher and 1/3<sup>rd</sup> a savings account.
- In addition, some girls on the program will be randomly selected to participate in a blood draw for the purpose of collecting baseline information in testing for HIV and herpes. However testing will be done on a voluntary basis and information collected will be kept confidential.
- Therefore, the purpose of the research is to study the program more carefully and assess in what ways it helps girls during the transition from girlhood to womanhood, looking specifically at our six expected outcomes mentioned earlier.

**Conclude in saying** - AGEP was first piloted in two sites – Chibombo and Matero Districts and now will be rolled out to 10 sites, reaching up to 10,000 girls. The sites are: Misisi/Chawama, Chipata/Chazanga, Kabwe, Mumbwa, Kapiri, Ndola, Kitwe, two sites in Masaiti and Solwezi. In each site at least 1,000 girls will be invited to join the program.

# SESSION 1: THE ADOLESCENT GROUP

---

## *Objectives:*

- To enable the participants to share their personal experiences
- To help them reflect on positive and negative experiences in their own adolescence thereby develop a better understanding of adolescence

## *Total Session Time:*

90mins

## Part I: What is adolescence?

### **Mini Lecture:**

*Note to the facilitator: Prior to starting the lecture ask participants to define adolescence before proceeding with the talking points listed below.*

### **Talking Points**

#### ***Definitions of Adolescence vary:***

- The term adolescence is derived from the Latin word “**adolescere**” meaning to grow or to mature.
- The Oxford English dictionary definition of adolescence is ‘ the process or condition of growing up; the growing age of human beings; the period which extends from childhood to manhood or womanhood; youth ordinarily considered as extending from 14 to 25 in males and 12 to 21 in females’.
- From a parents’ perspective - Adolescence is a time when a child starts to become his/her own person, and the separation from parents begins. It is marked by growth and change, and physical and emotional development.
- According to the World Health Organization (WHO) “Adolescence” covers ages 10 to 19 years and is looked at as a transitional phase of growth and development between childhood and adulthood.
- As AGEP, an adolescent girl is any girl falling between 10-19 years old.



## ACTIVITY 4: WHAT DO I REMEMBER ABOUT MY ADOLESCENCE?

### Materials needed:

VIPP cards  
Markers  
Flip chart paper  
Pens

### Advance Preparation<sup>1</sup>

1. Have enough VIPP cards for the participants to write on.
2. Write the following questions on a flipchart:
  - What body changes were occurring and how did you feel about them
  - What were the most important things in your life?
  - What did you like to do in your free time?
  - Which adults played a significant role in your life?
  - What did you think about the other sex?
  - What was difficult about being a teenager?
  - Where did you go to access health information?

## *Instructions*

Tell the participants that during this activity they will explore their own adolescent experiences.

- Ask participants to all close their eyes and take themselves back to being a young girl or boy aged 10-13 years. Ask them to remember any changes in their physical appearances- thoughts and feelings about their body. Then ask them what they remember doing most at this age, who was their role model and what did they think about the opposite sex? Allow participants 5 minutes to reflect.
- Again, ask participants to all close their eyes and take themselves back to being a young girl or boy aged 14-16 years. Ask them to remember any changes in their physical appearances- thoughts and feelings about their body. Then ask them what they remember doing most at this age, who was their role model and what did they think about the opposite sex? Allow participants 5 minutes to reflect.
- Again, ask participants to all close their eyes and take themselves back to being a young girl or boy aged 17-19 years. Ask them to remember any changes in their physical appearances- thoughts and feelings about their body. Then ask them what they remember doing most at this age, who was their role model and what did they think about the opposite sex? Allow participants 5 minutes to reflect.

After this individual exercise, split participants into three groups and assign each group an age range. Tell the first group that they will be reflecting on when they were age 10-13. The second group will think back to when they were age 14-16, and the remaining group will think back to when they were age 17-19.

- Distribute the pens to the participants. Explain that you want them to think about and answer the six questions on the flipchart (show the flipchart).
- Read aloud the questions, and ask each participant to write his or her answers on a sheet of paper, based on the age they were assigned. Tell the participants they will have 15 minutes to complete the activity.
- After 15 minutes, the group should discuss their answers and assign a secretary to list down on a flip chart a summary of responses for the 6 questions. Assure participants that they should share only what they feel comfortable discussing.
- Ask each secretary to then present in plenary the responses from their group. Allow other participants who were not in the group to share any other memories if any.

**Discussion Points:**

Conclude the activity by discussing the following questions:

- What did you learn from this activity?
- Was it easy or difficult to remember what it was like to be an adolescent? Why?
- Would you consider the issues that we just discussed to be similar or different at age groups 10-13, 14-16 and 17-19

**Ask** - participants, with the differences with each age group, how then should we address the reproductive health needs and concerns with these three age groups? (Refer to the 3 flip chart papers from the presentations).

Distribute the handout 'The nature and sequence of changes and events in adolescence' and go through it referring back to the responses of the previous reflection exercise.

The Nature and Sequence of Changes and Events in Adolescence<sup>1</sup>

CATEGORY OF CHANGE	EARLY 10-13 years	MIDDLE 14-16 years	LATE 17-19years (variable)
<b>Growth</b>	Secondary sexual characteristics appear Growth accelerates and reaches a peak	Secondary sexual characteristics advanced Growth slows down, approximately 95% of adult stature attained	Physically mature
<b>Thinking and judgment</b>	Concrete thinking Long-range implications of actions not perceived	Thinking is more abstract Capable of long-range thinking Reverts to concrete thinking when Stressed	Established abstract thinking Future-oriented Perceives long-range Options
<b>Self-awareness</b>	Preoccupied with: Rapid physical growth Body image Disrupted change	Re-establishes body image. Preoccupation with fantasy and idealism. Sense of all-powerfulness.	Intellectual and functional identity established.
<b>Family</b>	Defining boundaries of independence/dependence	Conflicts over control	Transposition of child-parent relationship to adult-adult relationships
<b>Peer group</b>	Seeks affiliation to counter instability	Needs identification to affirm self-image. Peer group define behavioral code.	Peer group recedes in favor of individual friendship
<b>Sexuality</b>	Self-exploration and evaluation	Preoccupation with romantic fantasy. Testing ability to attract opposite sex.	Forms stable relationships Mutuality and reciprocity Plans for future

**SUMMARY**

- Adolescence is a period of mixed emotions – exciting, scary and confusing period
- Regardless of the issue that an adolescent comes to the clinic for, health workers need to be empathetic when dealing with adolescents bearing in mind the traditional practices and cultural aspects of the community they are working in.
- Adolescents can be categorized into 3 age groups (early, middle and late adolescence). Therefore it is important to address an adolescent sexual reproductive health questions, needs or concerns based on which category they fall under in order to provide sufficient information or advice.

**Emphasize** to participants that that with these changes in mind it is important to bear this in mind when addressing different ages in order to fully address adolescent they encounter.

*Note to the facilitator: Inform participants that in Day 2, sessions will focus on adolescent health, why it is important and how AGEP is investing in adolescent health. Explain that the next exercise is to allow participants to assess their own attitudes towards adolescent sexuality.*

<sup>1</sup> WHO Orientation Programme on Adolescent Health for Healthcare Providers - Handout

# SESSION 2: VALUES CLARIFICATION EXERCISE<sup>2</sup>

## Objectives:

- To assess the participants' attitudes about adolescent sexuality
- To help the participants understand the impact that their personal attitudes may have on service delivery

## Total Session Time:

75 mins

### ACTIVITY 5: VALUES CLARIFICATION ABOUT ADOLESCENT SEXUALITY

#### Materials needed:

VIPP cards

Markers

Flip chart paper

Pens

Pre-written signs: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree"

#### Advance preparation

1. In large letters, write each of the following terms on VIPP cards, one term per card: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree."
2. Display one sign on each wall of the room, leaving enough space between them to allow participants to stand near each one.
3. Write the following statements on a piece of paper:
  - Condoms should be available to adolescents of any age.
  - All adolescent girls should have access to contraceptives.
  - Sex education can lead to early sex or promiscuity.
  - It is worse for an unmarried girl to have sex than for an unmarried boy.
  - Condoms are the best method of birth control for a young person because they protect against sexually transmitted infections (STIs).
  - Adolescent do not use adolescent reproductive health services even if they are offered.
  - Providing sexual and reproductive health services to adolescents may lead to early sex or promiscuity.
  - It's my duty as a health worker to provide sexual and reproductive health services to adolescents.

---

<sup>2</sup> Engender Health – Youth Friendly Services Manual for Services Providers (2002)

### Instructions

1. Tell the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about working with adolescents and adolescent reproductive health issues.
2. Explain that you will read aloud a statement. The participants will decide what they think about the statement and stand near the sign that most closely represents their opinion. After the participants have made their decisions, you will ask several of them to share their opinions with the group. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.
3. Also remind the participants that they must listen to each other. This activity is not about debate, but about dialogue. Instruct them to state their personal opinion to support their agreement or disagreement with each statement and not to rebut other participants' opinions.
4. Read aloud the first statement you selected, and ask the participants to stand near the sign that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements you selected. **(Allocate 5 minutes to each statement)**
5. Once all the statements have been read, ask the participants to return to their seats.
6. After reviewing all the statements, facilitate a discussion by asking the following questions:
  - Which statements, if any, did you find challenging to form an opinion about? Why? **(5 minutes)**
  - How did you feel expressing an opinion that was different from that of some of the other participants? **(5 minutes)**
  - How do you think people's attitudes about some of the statements might affect their interactions with young clients or their ability to provide reproductive health services to adolescents? **(5 minutes)**

*Note to the Facilitator: For the sake of discussion, if the participants express a unanimous opinion about any of the statements, ask a volunteer to play the role of "devil's advocate" by expressing an opinion that is different from theirs.*

### Summary

**Emphasize** that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values will help them be more open to listening to different points of view. When adolescents notice that service providers are more accepting of differences, they will more openly and honestly assess and express their own values. This, in turn, can help young people assess the attitudes and beliefs that lead to high-risk behavior (5 minutes)

### **END OF DAY - REFLECTION SESSION**

Remind the participants about the topics covered in the day (What is AGEP, What is Adolescence, Why is adolescence special, Service Provider Values).

Give each participant a VIPP card and ask participants to respond to the reflection questions and submit the response before they leave.

-What topic did I like about today and why?

-What topic did I not like about today and why?

-Is there a topic that you were not clear on? If so what session would you like to be repeated in day 2?

-What did you learn and experience today that you will be able to use when dealing with an adolescent girl?

## **END OF DAY 1**



## STARTING DAY 2

Start the day by welcoming participants to day 2  
Ensure that participants sign the register for day 2  
Review participants' expectations from the day 1 and tick off what has been achieved so far.  
Review and respond to the answers to the reflection questions submitted the previous day  
Before proceeding with the next session conduct a recap activity (see below).

### ACTIVITY 6: RECAP EXERCISE FROM DAY 1

Time: 15 minutes

Materials needed:

Markers

Flip chart paper

**Talking points:**

Split the participants into groups and ask them to write on a flip chart sheet the alphabet and then a corresponding subject or piece of learning from the previous day. For example:  
A – adolescents aged 14-16 years behavior is often defined by the friends they hang around with

B – be sensitive to adolescents needs

C – capacity thinking of adolescents is limited based on their age and so on

***Participants do not need to complete letters q and z!! The group that is able to answer the most gets 5 minutes extra at tea break.***

# SESSION 3: ADOLESCENT HEALTH<sup>3</sup>

## *Objectives:*

To realize the importance of investing in adolescent health

## *Total Session Time:*

60 minutes

## *Materials needed:*

Flip chart

Markers

*Note to the Facilitator: Before the lecture ask the participants in plenary to reflect on what they have learnt so far on adolescents (the changes they go through adolescent years and the need to counsel adolescents based on their age) do they think it is important to invest in adolescent health and why?*

## **ACTIVITY 7: DEBATE ON ADOLESCENT HEALTH “WHY INVEST IN ADOLESCENT HEALTH?”**

### Materials needed:

Markers

Flip chart paper

### Instructions:

Explain to the participants they will be split into two groups and conduct a debate over adolescent health. The motion is “It is important to invest in adolescent health”.

To decide which group is for and which one is against the teams can flip a coin. Heads gets to debate ‘for’ the motion and tails gets to debate ‘against’.

The debate will last 20 minutes

Allow participants 10 minutes to discuss and choose their panelists.

*Note to the facilitator: Conclude the debate with the notes listed below:*

## Mini Lecture: (30 minutes)

*What is the status of Adolescent Health in Zambia?*

Current statistics in Zambia reveal the following facts:

46% of the population is under 15 years

49% of girls are married by age 18

Teenage pregnancy rate is at 146 per 1,000

HIV prevalence among youth 15-19 is 6% for girls and 4% for boys

<sup>3</sup> This session is adapted from WHO Orientation Programme on Adolescent Health for Healthcare Providers - Handout

Among young people aged 15 - 24, only 34% females and 37% males have comprehensive knowledge about HIV and AIDS (ZDHS 2007).

There are three main reasons for investing in adolescent and development.

*Health benefits:*

To reduce death and disease, both now when they are adolescents and in the future when they are adults, and because of the intergenerational effects

*Economic benefits:*

To improve productivity, return on investments, avert future health costs

*Human rights:*

To fulfill adolescents' rights to the highest attainable standard of health as stated below; (The UN Convention on the Rights of the Child (CRC) declares that young people have a right to life, development, and (in Article 24) "*The highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health*". The CRC is ratified by almost every country in the world Zambia inclusive).

## SUMMARY

Investing in Adolescent Health is important because:

- It leads to prevention of communicable diseases (HIV, STIs, TB etc.)
- It leads to prevention of non-communicable diseases (cancer, diabetes, hypertension, malnutrition etc.)
- It leads to prevention of violence and abuse
- And over all intervening early on in life raises awareness and prevents risky choices (i.e. unsafe abortions, substance abuse) that could lead to premature death of a future adult generation.

# SESSION 4: HEALTH VOUCHER

---

## *Objectives:*

To orient health-care providers to the Health Voucher Component

## *Total Session Time:*

60 minutes

## *Materials needed:*

Flip Chart and flip chart stand

Markers

Bostik

Health voucher card

Annex - health voucher services

## Part I: Mini Lecture on AGEP Health Voucher

*Note to the facilitator: Before explaining what the health voucher is;*

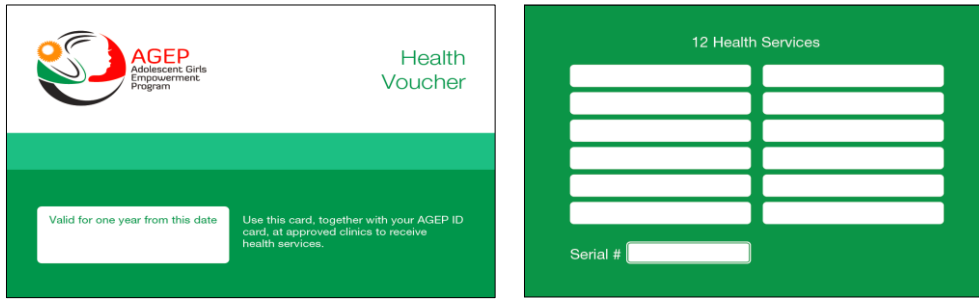
*Ask participants if they know what a voucher is or if they have ever used a voucher system before. If so, ask what they think are the benefits of using health vouchers in general? And what about for adolescent girls specifically?*

*Explain to participants that Population Council has used and seen the benefit of using health vouchers in adolescent girl programs in Ethiopia and Nicaragua.*

*Overall there are several advantages to using vouchers:*

- Vouchers can target populations in need of particular services (in this case, adolescent girls);
- Vouchers can increase the use of particular services;
- Vouchers can increase efficiency;
- Vouchers can increase the quality of the health services provided;
- Vouchers can include private health workers in the system, increasing overall capacity of the health system;
- Vouchers can engage the private sector and introduce greater competition by increasing supply, improving consumers' choice and providing incentives for health workers to be innovative, cost effective, and responsive to the clients; and
- Vouchers can facilitate greater transparency through the review of administrative data that track voucher distribution, receipt of services, reimbursements, and performance measures.
- Vouchers make it therefore easier to monitor and evaluate a health centers performance

The AGEP health voucher is a card that eligible girls will use to access a package of services at both public and private clinics.



List of services covered under the voucher include:

1. Wellness Check and Wellness Check plus (note that private clinics cannot provide the wellness check plus service, this is restricted to public facilities only)
2. Family planning services
3. Pregnancy testing
4. Management of Sexually Transmitted Infections (note that this is the only provision where an adolescent girl can use the voucher for with/on someone else -her partner/husband)
5. HIV counseling and testing
6. First Antenatal Visit
7. Comprehensive Abortion Care (CAC)
8. Cervical Cancer Screening
9. Consultation for additional Medical or Sexual Reproductive Health issues
10. Gender – Based Violence Services

*Note to facilitator: refer to the annex on health voucher services to explain in more detail what each service covers.*

## Part II: Mini Lecture on Financial Reimbursement and Incentives

### *Objective:*

To ensure participants are fully knowledgeable of the financial incentives attached to the voucher (public clinics only)

To ensure participants are fully knowledgeable on how to claim financial reimbursements for health services provided (private clinics only)

Time: 20 mins

### *Materials needed:*

Handout of a sample monthly statement for private centers

Handout of a sample monthly statement for public centers

Handout of a sample invoice to DCMO/Hospital Administrator

Print screen of InSTEDD transaction page

*Note to the facilitator: Only share information based on where you are e.g. if at a public clinic only share the public clinic price list.*



Talking points:

*For Public Health Centers:*

Each month the amount of money accrued for services provided at the center will be split as follows:

- 50% of the total voucher profits to pay for staff enrolled in the provision of services under the voucher program (list of eligible health workers to be agreed upon by Council and the DCHO within one month of signing the agreement);
- 25% of the total voucher profits to pay for relevant supplies for the voucher services and/or improvements of the facility for the provision of AFHS;
- 20% of the total voucher profits to pay for transport and per diem costs of district health staff assisting in the developing of adolescent-friendly services and implementing quality control; and
- 5% of the total voucher profits to contribute to the finance and administrative costs at the DHO for management of the program.

**Emphasize** to participants that the amount of money generated by the clinic is based on how many adolescent girls they attend to in a given month.

*Note to the facilitator: Conduct an exercise with participants to see if they have understand the break down. For example, in a course of one month the clinic had 10 AGEP girls accessing the clinic. Three were wellness check, four ANC visits and three were treatment of discharges. How will income for that particular month be shared?*

*For Private Health Centers:*

As per signed agreement services provided in the month will be charged as per agreed price list negotiated in the contract.

Share with participants copies of dummy monthly and invoice statements to ensure they are very clear with the process

Explain to in-charges that they will receive a copy of their center's statement every month.

## Part III: Mini Lecture on Quality Assurance Package

**Objective:**

To ensure participants are fully knowledgeable of the health voucher monitoring process

**Time:**

20 mins

**Materials:**

InSTEDD snapshot

### Talking Points:

#### QA Activities:

**Explain:** The quality of the services provided under the voucher program will be assessed in three ways:

#### *Voucher Management System*

Electronically through monitoring the electronic web platform

*(Note to facilitator: distribute the hand out showing a print screen of InSTEDD transaction page)*

#### *Health Facility Check and Provider Interviews*

25% of providers will be asked to complete a questionnaire at quarterly intervals during the programme.

An independent organization will be contracted to conduct these interviews.

#### *Girls Exit Interviews*

An exit interview will be conducted with a random sample of 5% of voucher users each month. The interview will be conducted within 48 hours of the service provision.

An independent organization will be contracted to conduct the interviews with these girls in the rollout sites.

## Part IV: Health Voucher Mechanics

**Ask:** Participants what is the normal procedure that a patient has to go through when accessing a health facility e.g. an adolescent coming to the clinic for the first time.

**Explain:** The health voucher will not change the clinic process but rather aims at following the same procedures with just a minor addition to the process.

**Say:** When a girl arrives at the health center to access a service using the health voucher the following steps will be followed:

- During screening/consultation, the girl will produce her AGEP ID card together with her health voucher.
- The health worker will then send a message to 3939 (using an AGEP provided Airtel or MTN handset) to verify whether the girl is eligible to receive the particular service from the health facility: **i.e. health workers code+AGEP ID+Voucher Number+Service Code** (Each health worker enrolled in AGEP will be provided with a health workers code, each service covered under the health voucher will also be given a code. Posters and handouts will be produced for each facility for easy reference.)
- After a confirmatory message (**Voucher number has been accepted for x health service**) has been received the health worker is then free to provide the service to the girl.
- Once the service has been provided the health worker will then send another message to charge for the service provided.
- In order to do this the provider will first have to scratch the appropriate panel from the back of the health voucher to reveal a PIN number : **i.e. service code+PIN number**
- The provider will then receive another message to confirm the charge (**Approval number for X health service to Voucher Number**)
- The provider should then hand back the health voucher to the girl and release her

**Emphasize that:** Health workers should not delete the messages they send or receive from the system. This is in case of any query e.g. service provided but doesn't appear on the statement at the end of the month.

Every month a statement will be shared with the in charges indicating services provided and the amount of money accumulated for the services provided.

## ACTIVITY 8: HEALTH VOUCHER MECHANICS PART 1

### Objectives:

To introduce health care providers on the basic steps in sending messages to the system.

### Time:

45 minutes

### Materials needed:

Phones/handsets with simcards

Training vouchers

Training health care provider codes

Training AGEP ID numbers

List of health service codes

### Instructions:

Ask participants to get into pairs.

Assign each pair a health provider code that they will use to send their messages.

Give each pair a list of the health service codes, a handset, training voucher and AGEP ID.

In pairs each participant should attempt to send two messages confirming a wellness check provided to a hypothetical patient.

The facilitator should go round to ensure each participant in the pair have managed to send their two messages.

*Note to the facilitator: In concluding the day, explain to participants that in day 3 each pair will be expected to conduct role plays of possible scenarios that they could have at their clinics during an adolescent girl's visit to the health center (e.g. girl suspects she has malaria but also has missed her period). Each scenario can have a maximum of 3 health concerns that the girl comes to the clinic for.*

## END OF DAY -REFLECTION SESSION

Remind the participants about the topics covered in the day (What invest in adolescent health, desirable adolescent health status, addressing key issues in adolescent health, health voucher – basic steps).

Give each participant a VIPP card and ask participants to respond to the reflection questions and submit the response before they leave.

-What topic/activity did I like about today and why?

-What topic/activity did I not like about today and why?

-Is there a topic that you were not clear on? If so what topic would you like to be repeated in day 3

-What did you learn and experience today that you will be able to use when dealing with an adolescent girl?

## END OF DAY 2

## STARTING DAY 3

### **Notes to the Facilitator:**

Start the day by welcoming participants to day 3

Ensure that participants sign the register for day 3

Review participants' expectations from the day 1 and tick off what has been achieved so far.

Review and respond to the answers to the reflection questions submitted the previous day

Before proceeding with the next session conduct a recap activity (see below)

### **ACTIVITY 9: RECAP EXERCISE ON HEALTH VOUCHER MECHANICS**

#### **Advance preparation:**

On blank pieces of VIPP cards/A4 sheets write the voucher mechanic steps down

Time: 20 minutes

Materials needed:

3 sets of pre-written VIPP cards/A4 sheets

#### Instructions

Divide participants into three groups

Give each group a set of pre written cards

Ask the group to put them in the correct order

In plenary ask each group to present and make corrections if necessary

# SESSION 5: VALUES CLARIFICATION ON HEALTH SERVICES TO ADOLESCENTS<sup>4</sup>

## Overall objective:

- To assess the participants' attitudes about providing SRH services to adolescent girls
- To help the participants understand the impact that their personal attitudes may have on service delivery

## Time:

60 minutes

### ACTIVITY 10: VALUES CLARIFICATION ABOUT FAMILY PLANNING, HIV, AND OTHER STIS

#### Materials needed:

Flip chart paper  
VIPP Card  
Markers/Pens  
List of health service codes

#### **Advance Preparation**

Write the following six statements on a flipchart, one statement per flipchart:

- Adolescents with HIV should...
- When partners claim to be monogamous, condoms should...
- Adolescents do not use family planning methods because...
- When it comes to sex, adolescents...
- **Adolescents who are infected with an STI deserve...**

## Instructions

1. Tell the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about working with adolescents and adolescent reproductive health issues. Tell them that they will be asked to share their opinions. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong. Ask the group why it is important to be aware of your own values.
2. Distribute one VIPP card and a pen to each participant. Tell the participants not to write their name on the card.

---

<sup>4</sup> Adapted from Engender Health – *Youth Friendly Services Manual for Services Providers* (2002).

3. Explain that you have written five incomplete sentences on flipcharts. You will display one sentence at a time. Instruct the participants to complete the sentence with the first idea that comes to mind. Tell them not to spend too much time thinking about their answer, and to be brief. Emphasize that they should be honest with their answers; nobody will know what they have written.
4. After the participants have written answers to all the incomplete sentences, ask the participants to pass their card to a central place where you can pick them up. Shuffle the cards, and redistribute one card to each participant. It does not matter if a participant gets his or her own card.
5. Again read aloud each incomplete statement, and ask the participants to read aloud the answer written on the card they are holding. Tell the whole group to listen to the answers that are read from the cards. Make sure that they answer one at a time and speak loudly enough for everyone to hear.
6. After reading all the sentences and hearing responses from the group, facilitate a discussion by asking the following questions:
  - What did you think as you listened to the responses?
  - How can we deal with people who have dramatically different values and attitudes than we do?
  - Which of the values and attitudes that you heard could negatively affect service provision to adolescent girls?
  - What were some of the values and attitudes that you heard that could positively affect service provision to adolescent girls?
  - What did you learn from this activity that will be helpful when working with adolescent girls?

## SUMMARY

**Emphasize that** it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values will help them to be more open to listening to different points of view. When adolescents notice that service providers are accepting of differences, the adolescents will most likely openly and honestly assess and express their own values and perspectives.

# SESSION 6: ESTABLISHING RAPPORT WITH ADOLESCENT CLIENTS/PATIENTS<sup>5</sup>

---

## *Objectives:*

- To help participant's gain an understanding of and appreciation for the need to establish good relationships with adolescents accessing the clinic
- To understand basic tools in communicating with adolescent patients
- To address and break down barriers in communication with adolescent patient

## *Total Session Time:*

90 minutes

## *Materials needed:*

Flip chart paper  
Markers/Pens

*Note to facilitator: Before proceeding with the talking ask the participants in plenary:*

- *If any of them have attended to an adolescent patients?*
- *Did the adolescent come alone or with a guardian or parent?*
- *Was the adolescent able to express her/himself freely?*
- *What did you do if the adolescent could not open up?*

## **Mini Lecture**

Talking points:

Explain to participants that when dealing with adolescents they should be aware of the following:

Some adolescents may come to them out of their own accord, either alone or with friends or relatives.

Other adolescents may be brought to see them by a parent or another adult.

Depending on the circumstances, the adolescent could be friendly or unfriendly with you. Also, depending on the nature of the problem or concern, the adolescent could be anxious or afraid.

Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouses are also present.

---

<sup>5</sup> Adapted from WHO, Adolescent Job Aid, 2010

## ACTIVITY 11: PROVIDING AND OBTAINING INFORMATION FROM ADOLESCENTS

### Materials needed:

VIPP cards  
Markers  
Flip chart paper  
Pens  
Case studies

### **Advance Preparation**

Ensure you have enough case study handouts ready available for this session

### Instructions

1. Divide participants into groups of four; ask each group to identify a participant who will play the role of an adolescent client and another who will play the role of the provider.
2. Ask the person selected to act as an adolescent to read through and come up with a response on how to deal with their scenario to get the most out of the clinic visit.  
*Note to the facilitator: Only the person playing the role as an adolescent will be given full information of the scenario. The health provider and the other group members will not be given information about the adolescent. During the role play the group members will be given information on the scenario to assess to see if health provider is able to obtain the entire information from the adolescent.*
3. After 5 minute ask the 'adolescent' and the 'health provider' from each group to conduct a 10 minute role play demonstrating the scenario.  
*Note to facilitator: at this point distribute to the group members information given to the participant playing the role of an adolescent.*
4. After the role play ask the group presenting whether the health provider was able to obtain the full story from the adolescent. Ask what could be the possible factors that could limit the adolescent from getting adolescent-friendly treatment or care in their scenario. This could either be as a result of:
  - The clients attitude
  - The health workers attitude
5. Ask the other groups to give feedback
6. Look out for strong personal opinions, beliefs and attitudes and address them.



## HAND OUT: ADOLESCENT PATIENTS CASE STUDIES

### CASE 1: STI MANAGEMENT

**Adolescent** - Clementina is 19 years old. She is married and has two children.

- Her husband is a truck driver who travels all the time.
- She has a sexual relationship with the owner of a bar.
- She suspects that the bar owner has many other partners.
- She has never used condoms.

*Note to the facilitator: In this scenario dependent on how the role play is acted out the two things could come out. The client could be treated harshly (stigmatized) and as a result does not get adequate information on leading a safe and healthy sexual lifestyle. Alternatively the client could be treated well and her ignorance about her current lifestyle is addressed or her attitude towards her lifestyle prevents the health worker from giving her the necessary information.*

### CASE 2: PREGNANCY AND ABUSE

**Adolescent** - Gift is an orphan aged 12 years old. She is shy and rarely speaks.

She has been sexually abused by her uncle who looks after her.

Her uncle is married but has other sexual relationships.

Her uncle's wife brings her to the clinic after she has been unwell for several weeks.

*Note to the facilitator: In this scenario dependent on how the role play is acted out the two things could come out. The relative intimidates the girl from speaking out about the abuse and only the pregnancy issue is dealt with. Alternatively both the relative and the girl are able to voice out the issue but the health worker pre-judges the situation and doesn't provide adequate care*

### CASE 3: SRH INFORMATION

**Adolescent** - Patience is a confident 16 year old. Many people in the community say that she is "fast."

She likes to talk with boys, but she does not want a boyfriend until she finishes school.

She is a virgin.

She has never kissed a boy

She wants information about sex, contraceptives and generally how to look after herself.

*Note to the facilitator: In this scenario look out for negative opinions from the health worker about a young girl asking for SRH related information. Also assess to see if the health worker makes the girl comfortable enough to ask questions and also share any concerns*

### CASE 4: ABORTION

**Adolescent** - Mercy is 17 years old who is still in high school. She had protected sex with her boyfriend but the condom broke. She took emergency contraceptive pills but two months onwards her periods have still not come.

She wants to know more about what her options are now. She is not sure she wants to have a baby right now.

*Note to the facilitator: In this scenario assess to see if the health provider's attitude is professional, the client is not judged but given the necessary counseling, treatment and advice to prevent her from falling into the same situation. If the health worker is not able to provide treatment look out to see if the client is referred.*

## SUMMARY

1. Establishing a good relationship with adolescents accessing health services, is important to ensure that adolescents will always feel free to seek advice and information at all times and circumstances.
2. How a health provider communicates to an adolescent matters. A negative attitude could lead to a missed opportunity. For example in the SRH Information and Abortion case study, if the health provider had a negative attitude towards Patience coming to the facility to gain information at the age of 16 or Mercy with regards to pregnancy and abortion, either of the two would simply close up and rely on unreliable sources of advice that could lead them down risky paths.

# SESSION 7: COUNSELING AND COMMUNICATION (LISTENING AND LEARNING)<sup>6</sup>

---

## *Objectives:*

- To help the participants identify and use effective communication skills, including nonverbal communication, verbal encouragement, simple language, and clarification
- To help the participants identify and use effective counseling skills

## *Total Session Time:*

90 minutes

*Note to facilitator: Before proceeding with this session ask participants based on the just ended role plays what are some of the counseling and communication skills or techniques they have used when dealing with adolescents. Write down all their responses on a flip chart and incorporate them in your talking points.*

## Mini Lecture

- Counseling skills are useful when you talk to clients in any situation.
- Counseling is the skilled and principled use of building a relationship to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim of counseling is to provide an opportunity to work with the client towards living more satisfyingly and resourcefully.
- Counseling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others.
- The counselor's role is to facilitate the clients work in ways that respect the client's values, personal resources and capacity for self-determination.
- An adolescent may not talk easily about her feelings, especially if is the adolescent is shy, and with someone whom he/she does not know well. You will need the skill to listen and to make the adolescent feel that you are interested in knowing their problem. This will encourage the adolescent to tell you more. The adolescent will be less likely to 'turn off' and say nothing.

---

<sup>6</sup> China Youth Reproductive Health Project. China Youth Reproductive Health Project Training Manual: Youth-Friendly Services. Beijing, China: CFPA and PATH; 2005

## ACTIVITY 12 A: VERBAL COMMUNICATION

Purpose: To illustrate the importance of voice characteristics in counseling

Time: 15 minutes

Materials needed:

Pre-written sticky notes

### Instructions:

1. Select four volunteers from the participants, and give each of them a slip of paper marked with a sentence and different emotions. Ask the volunteers to read aloud the sentence on the paper using the appropriate voice characteristics to communicate the kind of emotion marked on the paper.

**The sentence is: “My period for this month is already two weeks late.” On each slip of paper mark one of the four emotions: scared, angry, happy, and unconcerned (15-19 year old)**

**The sentence is: “My friends have all started their periods and have breasts but I don’t have anything” On each slip of paper mark one of the four emotions: worried, sad, curious, scared. (10-14 year old)**

2. Whenever a volunteer finishes reading the sentence, ask the participants to tell what kind of emotion the volunteer is trying to communicate and how the emotion is communicated using voice characteristics.

3. When the four volunteers are done, invite other participants to repeat the exercise using different sentences. Remind the participants that they can only use voice characteristics to communicate the four emotions.

**The sentence is: “You ran out of the condoms I gave to you last time and you want more.” The four kinds of emotions are: happy, disgusted, angry/disapproving, impatient.**

4. Ask other participants to tell what kind of emotions the volunteers are trying to communicate and how the emotions are communicated using voice characteristics.

5. **Emphasize** - Voice characteristics include:

*Pitch*—highness or lowness of vocal tones.

*Volume*—loudness or softness of the voice.

*Rate*—speed of the speech.

*Quality*—sound of the voice.

Using voice characteristics is a form of both verbal and nonverbal communication. **Emphasis** that voice characteristics send out strong cues relating to feelings, not what is said. Providers should be sensitive to the signals that clients give through their voices. In the meantime, pay attention to your own voices to avoid unnecessary emotional content.

## ACTIVITY 12 B: NON-VERBAL COMMUNICATION

Purpose: To illustrate other forms of communicating with clients

Time: 20 minutes

Materials needed:

Pre-written sticky notes

### *Note to Facilitator:*

*Ask the participants: apart from verbal communication what are some other ways people use to communicate? (Possible responses: facial expression, body movement, eye contact, voice, etc.)*

*Explain that interpersonal communication includes other ways to share meanings or feelings besides the messages sent verbally, for example, facial expression and body movement. This is what we call "body language."*

*Body language is also a form of nonverbal communication. Tell participants the group will do an exercise together on body language.*

### Instructions:

1. Invite a number of volunteers from the participants and give each of them a slip of paper marked with different emotions.

**On each slip of paper is written one of the following emotions: anger, pride, fear, nervousness, happiness, confusion, impatience, approval, disapproval, etc.**

2. Ask the volunteers to act out the emotions marked on their slips of paper using expressions and body language, but no words or vocal expressions.

3. Ask other participants to guess the emotions or feelings the volunteers are trying to convey and ask them how they interpret those emotions.

4. When the acting is over, ask the volunteers: Was it difficult trying to convey a feeling without words?

5. Summarize: In interpersonal communication and counseling, clients may use body language to convey feelings they don't feel comfortable expressing verbally (for example: fear, nervousness, confusion, etc.). As providers, one cannot neglect clients' body language.

In the meantime, clients also read the emotions we portray from our behavior (for example: friendliness, respect, disgust, disapproval, etc.). It's important, therefore, to pay attention to our body language.

6. Ask participants to discuss the following questions and record participant responses on a flipchart.

- Have you ever conveyed any negative emotions through your body language when counseling your clients? How were those emotions conveyed?
- How do you imagine your clients felt when they perceived your emotions?
- What happens if the client does not feel comfortable talking to the counselor?
- What kind of body language can make the client feel welcome and respected?

7. Record participants' responses. Possible responses may be: relaxed, open and approachable, smiling, leaning towards client, steady eye contact, appropriate voice characteristics, etc.

Summary:

Using nonverbal expressions to convey certain attitudes and feelings is essential in interpersonal communication and counseling. Therefore it is important to recognize nonverbal clues to clients' feelings and at the same time be aware of the feelings or emotions we may be nonverbally communicating to our clients. Please consider what we can do to make sure that our clients feel free and at ease to talk to us.

**ACTIVITY 12 C: PRAISE AND ENCOURAGEMENT**

Purpose: To appreciate the importance of giving adolescents praise and encouragement during counseling

Time: 20 minutes

Materials needed:

Role play hand outs

Definitions of "encouragement" and "praise":

Encouragement means giving courage and confidence. To give encouragement means to let the client know that you believe she can overcome her problems. For example: Point out hopeful possibilities.

Praise means giving approval. To give praise means to build on good behavior, to find the good things a client has done. For example: show that you admire his/her concern for safe sexual activity.

**Ask participants: Why do we need to give praise and encouragement to the clients in the process of counseling or service?**

Instructions:

1. Invite two volunteers to role-play the first scenario.

Young woman: *(nervously lowering her head)* Doctor, I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what shall I do if I'm really pregnant?

Service provider: Ha, now you are scared! Why didn't you think about this consequence when you had sex? What can I say about you young people...?

2. After the first role-play, ask participants: "How do you think the client felt after the provider response?" Record participants' responses on flipchart or board. Ask the volunteer who played the young woman how she felt and if she has anything to add.

3. Next, invite another two volunteers to role-play the second scenario.

Young woman:	<i>(nervously lowering her head)</i> Doctor, I had sex with my boyfriend two months ago and that's the only time we ever had sex. However, my period is three weeks past due already. I'm so scared. I'm wondering if I'm pregnant and what shall I do if I'm really pregnant?
Service provider:	Don't worry. It's good that you can come to a licensed facility like us for help.
Young woman:	<i>(raising her head a little and looking at the provider with a more relaxed expression)</i> Mmm.

4. After the second role-play, ask participants: "How do you think the client feels now?" and record participant responses on flipchart or board. Ask the volunteer who played the young woman how she felt and if she has anything to add.

5. After discussions on the two role-plays, ask participants: "What can we learn from the exercise?" and record participant responses.

#### **How do we give praise and encouragement?**

Ask participants to discuss the following questions and write down their answers.

How do you encourage a troubled client when you are counseling him/her?

What role does praise play in counseling the adolescents? How should we give praise?

Summarize participant responses and refer to Handout 12: Praise and Encouragement. Ask participants to practice the handout if you have time.

#### Key points to emphasize:

**As health providers** we want to give praise and encouragement to the client even if we want to discourage a negative behavior. Treating clients badly or criticizing them too strongly will not make them receptive to our messages and may discourage them from seeking help in the future.

Praise and encouragement are more effective in helping clients acknowledge and solve their problems than are scolding or condemning.

To praise does not mean to patronize. It is easy to sound condescending, not only in the words chosen but in the tone of voice used.

Remember that clients need praise and encouragement, but above all, respect.

Empower our adolescent clients by treating them like responsible adults, remembering that even responsible adults need praise and encouragement.

#### **SUMMARY:**

**Ask participants:**

What they have learned? (Verbal and Nonverbal Communication)

Which parts are helpful in the provision of service to adolescents?

## HANDOUT : PRAISE AND ENCOURAGEMENT

### 1. Why give praise and encouragement in interpersonal communication and counseling?

Giving praise and encouragement is part of a process of counseling clients in the acceptance of health knowledge, forming and maintaining of healthy behavior, or changing behavior. Only when the clients feel they are doing the right thing are they able to accept and maintain new behavior. To behave in a healthier manner, a client needs to believe they have the skills and ability to change. Emphasizing strengths and giving positive feedback in the form of honest praise helps to build a person's self-esteem and confidence, empowering them to meet their goals.

### 2. How to give praise and encouragement

To give encouragement or praise, first identify strengths of each individual and their situation. It is possible to find positive qualities in everyone and to find some strength even in a very problematic situation. Observe the client closely and you will find his/her strengths. One strength you can point out to clients is the fact that they are brave enough to come to your office and talk with you. Praise clients for this. Other sources of strength may be found in a client's self-care skills, educational and personal resources, family members, and friends, to name a few.

In addition, let the client know that his/her behavior is appreciated. You can show this both verbally and nonverbally. The nonverbal way includes: smiling, nodding, shaking hands, patting on the shoulder, etc. Examples of giving praise and encouragement verbally include:

"I'm pleased that you made the decision to come to the clinic. It takes a lot of strength and courage to ask for help."

"I can understand that you are very upset. But it's more helpful if you can let me know more and I'm sure we will find a way out."

"Lots of people are just as scared as you are when they find out they have a sexually transmitted disease. You are dealing with it very well. I will work with you to discuss your feelings and design a treatment plan."

### 3. Effects and side effects of giving praise and encouragement

Giving praise and encouragement can make a client willing to be with you and act on your suggestions. However, if used in the wrong way, or in the wrong situation, praise and encouragement can cause problems, too. For example:

When praise makes clients feel awkward

Insincere praise

Unsuitable praise, undermining the respect of others

Praise that is only pleasant words, or that encourages others to do things they don't want to do

Producing self-satisfaction that discourages people from improving their situation further

Therefore, when giving praise and encouragement, it's important to:

**Be sincere.** Without sincerity it's impossible to form good relationships with others.

**Be specific.** Giving specific praise and encouragement is most effective.

**Offer your opinion.** Giving praise is not simply describing a person; rather it's describing the effect of a particular action on you. Praise behavior and describe your feeling about that behavior.

In order to give effective praise and encouragement, you need to:

Let the person know which particular behavior is being praised.

Let the person know what is good about the particular behavior and why it deserves praise.

Let the person know that the praise and encouragement is sincere.

Let the person feel that he/she has done a great job.

Let the person feel encouraged and want to repeat the praised behavior.



## ACTIVITY 12 D: QUESTIONING SKILLS

Purpose: To improve providers questioning skills

Time: 20 minutes

Materials needed:

Hand out - Questioning Skills

*Note to facilitator: Explain that after the providers have identified their clients' basic concerns and feelings, they can try to get more information by further communication or questioning so that solutions can be worked out for the clients' future concerns.*

### Instructions:

Before distributing the hand out on questioning skills, **ask** the participants to discuss the question: "What types of questions do you often use in the process of counseling?" Ask the participants to give examples (gather 2-4 examples for each type of question).

Close-ended	Open-ended	Probing	Leading	Paraphrasing

### Summarize: In the process of counseling...

We can use close-ended, open-ended, and probing questions as well as paraphrasing statements to get answers,

The tone of voice is important in asking probing questions in a non-threatening and non-judgmental way.

Leading questions are never appropriate because they act as a "door closer" and discourage the clients from saying what they really feel.

Avoid the following when questioning: asking several questions at a time; asking very long questions; asking scolding or criticizing questions; asking interrogating questions.

## SUMMARY

Remind the participants that it is important to be conscious of their interactions with adolescents. It is also important to help youth feel comfortable during their visit, most especially the first time they visit the clinic. during their first visit.

Encouraging them to come for other visits if they need to is helpful. Tell the participants that adolescents are extremely aware of and sensitive to nonverbal messages. Explain that improving communication and counseling skills will contribute to quality services for youth.

Providers should also **remember ROLES** when communicating with adolescent clients:

**R = Relax** the client by using facial expressions showing interest.

**O = Open up** the client by using a warm and caring tone of voice.

**L = Lean** towards the client, not away from him or her.

**E = Establish and maintain eye contact** with the client.

**S = Smile**

Emphasize that – at the end of the day a health provider can either be an effective counsellor or and ineffective counselor. Distribute/Refer participants to Handout: "Characteristics of Effective and Ineffective Counselors".

## HANDOUT: QUESTIONING SKILLS

Questioning is the most common skill that providers use in counseling. Appropriate questioning enables providers to learn more about clients and thus better address their needs. In addition, the questions asked can make a big difference in whether the clients will tell the providers their real concerns and feelings. In general, there are four types of questions:

### 1. Close-ended questions

**Requires:** Brief and exact reply; often elicits yes or no response.

**When to use:** When a specific response is required, for example, when taking a contraceptive history.

**Examples:** Do you (or does your boyfriend) use condoms? Which contraceptive pills are you using?  
Avoid using close-ended questions before you get sufficient information about your clients.

### 2. Open-ended questions

**Requires:** Longer reply; demands thought; allows for explanation of feelings and concerns.

**When to use:** When detailed information, such as a respondent's opinion, is needed.

**Examples:** What do you think about using condoms? What are your symptoms?

Service providers should use this type of question at the beginning of communication when they need to learn more about the clients. When using open-ended questions, service providers are able to gauge whether clients are willing to talk about their real concerns and feelings.

### 3. Probing questions

**Requires:** Explanation of an earlier statement.

**When to use:** In response to a reply, as a request for further information.

**Examples:** If a client states that "The pill is no good," ask "Why don't you like the pill?"

Probing questions can help providers clarify client concerns. Sometimes, clients do not know how to express their real concerns or phrase their questions. Therefore, providers should not rush the conversation. Sometimes, the first question an adolescent client asks is designed to test the provider's attitude so as to know whether the real cause for the visit can be discussed.

### 4. Leading questions

**Requires:** Lead respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.

**When to use:** When the respondent is expected to answer a question in a particular way.

**Examples:** Don't you think a condom is best for you?

Generally speaking, service providers should try to avoid using this type of question.

### 5. Paraphrasing statements

"Paraphrasing" is a way to make sure that the service provider has accurately understood what the client is communicating. It also lets the client know that the service provider is interested in what he or she is saying. Here is an example of paraphrasing:

*Client:* "I want to use pills, but my sister says that they will make me sick and weak."

*Service provider:* "So, you have some concerns about the side effects of pills."

## HANDOUT - CHARACTERISTICS OF EFFECTIVE AND INEFFECTIVE COUNSELORS<sup>7</sup>

### Effective Counselors

- Exhibit genuineness: they are reliable, factual sources of information
- Create an atmosphere of privacy, respect, and trust
- Communicate effectively: for example, they engage in a dialogue or open discussion
- Are nonjudgmental: they offer choices and do not criticize the client's decisions
- Are empathetic
- Are comfortable with sexuality
- Make the client comfortable and ensure his or her privacy
- Talk at a moderate pace and appropriate volume
- Present messages in clear, simple language that the client can understand
- Ask questions of the client to make sure that he or she understands the message
- Demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Identify and remove obstacles

### Ineffective Counselors

- Interrupt conversations: they talk to other people and/or speak on the telephone during a counseling session
- Are judgmental: for example, they make decisions for the client
- Do not make the client comfortable and ensure his or her privacy: for example, they provide counseling in the presence of other people without the client's consent and break confidentiality
- Are poor nonverbal communicators: for example, they look away and frown
- Lack knowledge on reproductive health issues
- Are uncomfortable with sexuality
- Are difficult to understand: they talk at a fast pace and an inappropriate volume or use language that their clients cannot understand
- Do not ask questions of the client to make sure that he or she understands the message
- Do not demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Are not empathetic; for example, they are rude and not understanding of the client's problems or needs

---

<sup>7</sup> Adapted from *Engender Health – Youth Friendly Services Manual for Services Providers* (2002)

# SESSION 8: HEALTH VOUCHER MECHANICS PART TWO

## ACTIVITY 13: HEALTH VOUCHER MECHANICS PART 2- ACCESSING MORE THAN ONE SERVICES

### Objectives:

- To enforce participant knowledge of how to send messages to the system.
- To gain participant understanding of the health service codes

Total Session Time: 45 minutes

### Materials needed:

Phones/handsets with simcards  
Training vouchers  
Training health care provider codes  
Training AGEP ID numbers  
List of health service codes

### Instructions:

Ask participants to go into pairs from the previous day.

Ask each pair to come to the front and present their prepared health service scenario.

Participants should walk the group through the process of how to send messages to the system to record the services provided.

*Note to the facilitator: Look out to see participants use the correct codes for the various health complaints. If all participants only present one health complaint in all scenarios, introduce the steps to sending messages for 2 or 3 services*

### STEPS - AGEP girl comes to access more than one service

Step 1:

Provider sends first SMS to **3939**:

Provider Code+AGEP ID Number+Voucher Serial Number+Service Code1+Service Code 2  
(Authorization SMS received back to provider)

Step 2: Scratch off two PIN numbers from the panels

Provider sends second SMS to **3939** for service 1

Service Code+PIN Code

(Approval SMS received with approval code for first service)

Provider sends third SMS to **3939** for service 2

Service Code+PIN Code

(Approval SMS received with approval code for second service)

## END OF DAY -REFLECTION SESSION

Remind the participants about the topics covered in the day (Values clarification exercise on family planning, HIV and STIs, Establishing rapport with adolescent clients, Health Voucher – health services)

Give each participant a VIPP card and ask participants to respond to the reflection questions and submit the response before they leave.

-What topic/activity did I like about today and why?

-What topic/activity did I not like about today and why?

-Is there a topic that you were not clear on? If so what topic would you like to be repeated in day 3

-What did you learn and experience today that you will be able to use when dealing with an adolescent girl?

# END OF DAY 3

## STARTING DAY4

### **Notes to the Facilitator:**

Start the day by welcoming participants to day 4

Ensure that participants sign the register for day 4

Review and respond to the answers to the reflection questions submitted the previous day

Before proceeding with the next session conduct a recap activity (see below)

### **ACTIVITY 14: RECAP EXERCISE**

Time: 30 minutes

Materials needed:

Post it notes

Pens

Instructions

Divide the participants into two teams. Explain to participants that they are required to put together a 5 minute presentation to the group on the key learning points from the previous day. Participants are allowed to use notes if need be.

The presentation should be:

be creative,

innovative

informative and

involve all team members

*Note to facilitator: Allow participants 10-15 minutes to prepare themselves*

# SESSION 9: ADOLESCENT REPRODUCTIVE HEALTH RIGHTS

---

## *Objectives:*

- To ensure participants understand what adolescent reproductive health rights are.
- To ensure participants are aware of how they can hinder or contribute adolescent from having full access to their reproductive health rights

## *Total Session Time:*

60 minutes

### **ACTIVITY 15: ADOLESCENT REPRODUCTIVE HEALTH RIGHTS**

Time: 30 minutes

Materials needed:

Flip chart sheets

Markers

Handout on Adolescent Reproductive Health Rights

## Instructions

In groups of two ask participants to respond to one the following questions

- a) What are reproductive health rights
- b) List down reproductive health rights adolescents are entitled to

After 20 minutes allow each group to present their answers, distribute the handout on Adolescent Reproductive Health Rights then summarize their points using the following talking points.

## Mini Lecture

- Sexual and reproductive rights refers to the rights of individuals, who are free of coercion, to the highest attainable standard of sexual health, and a satisfying and safe sexual life, and to be able to choose their partner, whether or not to be married or to be sexually active, and to decide when to have children. It requires access to health-care services and sexuality education.<sup>8</sup>
- In addition to rights established within individual countries, major international conventions have articulated reproductive rights, including those that are specific to adolescents. These policies provide the basis for the following adolescent rights:

---

<sup>8</sup> Linda H Bearinger, Renee E Sieving, Jane Ferguson, Vinit Sharma, Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential, *Lancet* 2007; 369: 1220–31

## HANDOUT - ADOLESCENT REPRODUCTIVE HEALTH RIGHTS<sup>9</sup>

The right to good reproductive health.

The right to decide freely and responsibly on all aspects of one's sexuality.

The right to information and education about sexual and reproductive health so that good decisions can be made about relationships and having children.

The right to own, control, and protect ones' own body.

The right to be free of discrimination, coercion and violence in one's sexual decisions and sexual lives.

The right to expect and demand equality, full consent, and mutual respect in sexual relationships.

The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status, or location. This care includes

- Contraception information, counseling, and services.
- Prenatal, postnatal, and delivery care.
- Healthcare for infants.
- Prevention and treatment of RTIs.
- Legal, safe abortion services and management of abortion-related complications.
- Prevention and treatment of infertility.
- Emergency services.

The right to privacy and confidentiality when dealing with health workers and doctors.

The right to be treated with dignity, courtesy, attentiveness, and respect.

The right to express views on the services offered.

The right to gender equality and equity.

The right to receive reproductive health services for as long as needed.

The right to feel comfortable when receiving services.

The right to choose freely one's life/sexual partners.

The right to celibacy.

The right to refuse marriage.

The right to say no to sex within marriage.

---

<sup>9</sup> Source: IPPF. 1991. *Rights of the client*. London: IPPF quoted in *Pathfinder International, Adolescent Curriculum :Comprehensive Reproductive Health and Family Planning Training Curriculum page 8*



## **Obstacles/ Barriers to Adolescent Rights**

Time: 30 minutes

Materials needed:

Flip Chart and flip chart stand

Markers

Bostik

*Note to facilitator: In plenary ask participant what could be the possible obstacles or barriers that might prevent/hinder an adolescent from having full access to their reproductive health rights. Note down all points on flip chart paper and add on to the list by using the points listed below:*

### Talking points

Other obstacles/barriers that may prevent adolescent rights from being fulfilled include:

- Provider's personal views
- Provider's Heavy client load, lack of time
- Local laws, customs, or policies
- Religion
- Provider was not adequately trained
- No clinic guidelines exist to ensure adolescent rights are met
- Community pressure
- Family pressure
- Peer pressure
- Reproductive Health services are not accessible to adolescents
- Hours of Reproductive Health services for adolescents are inconvenient
- There is no method for providing client feedback

# SESSION 10: CHARACTERISTICS OF ADOLESCENT-FRIENDLY HEALTH CENTERS

---

## *Objective :*

- To ensure participants are fully knowledgeable of the key characteristics of an Adolescent-Friendly Health Service Center.
- To identify ways in which participants can make their health centers adolescent-friendly within their current settings

## *Total Session Time :*

30 minutes

## *Materials needed:*

Participant Hand out – Requirement of Adolescent-friendly health facilities

## Instructions:

Ask each participant to read out loudly one statement and discuss in plenary whether it's achievable. If participants express challenges in being able to meet the requirement discuss what alternative options they can provide in order to meet the requirement.

## Summary

### **Emphasize** that:

The key 'friendly' characteristics of services for adolescents are at the levels of, the **user (the adolescent), the provider (health worker), and the health care system (the health center)**.

*From the adolescent's perspective, health services must be:*

- Accessible – ready access to services provided
- Acceptable – healthcare meets the expectations of adolescents who use the services.

*From the providers' perspective, services must be:*

- Appropriate - required care is provided, and unnecessary and harmful care is avoided.
- Comprehensive – care provision covers aspects from prevention through counseling and treatment.
- Effective – healthcare produces positive change in the health status of the adolescent.

*From the health care systems' perspective, services must:*

- Be efficient in service delivery
- Provide high quality care at the lowest possible cost.
- Be equitable – that is, services are provided to all adolescents who need them, the poor, vulnerable, marginalized and difficult-to-reach groups and areas.
- Have an adolescent key focal point person to ensure adolescent health care systems are in place and being implemented properly.

## HAND OUT: REQUIREMENT OF ADOLESCENT-FRIENDLY HEALTH FACILITIES

*Adolescent-friendly health facilities should have the following:*

- The facility offering the adolescent-friendly health services is located close to where the adolescents live or easily accessible by public transport.
- Adolescents need to be assured of privacy and confidentiality during a consultation.
- The examination room where the adolescent is being examined should have barriers like doors, screens and curtains for privacy.
- The clinic/facility operating hours are communicated to the adolescents and should be suitable to address the needs of adolescents e.g. after school hours or on weekends.
- Adolescent-friendly health services are available in convenient and appropriate settings, with adequate space and a comfortable waiting
- Adolescents should not be made to wait for a long time to access health care so that they are not discouraged and will want to come back when they have a medical problem.
- Sufficient time should be allocated to the adolescent seeking care in order to assess problems and extra time for complex consultations and referrals.
- Records should be kept in a confidential manner.
- A safe, friendly and supportive environment that offers protection and opportunities for development, information and skills to understand and interact with the world.
- Offer health services and counseling to address the health problems facing the adolescent and deal with personal difficulties in a confidential manner that promotes autonomy.
- Offer reproductive health services, counseling and testing for HIV and other sexually transmitted infections including treatment.
- Offer information and counseling on family planning methods available for adolescents. Appropriate family planning methods should be offered to adolescents who need it.

# SESSION 11: HEALTH VOUCHER MECHANICS PART THREE

## ACTIVITY 16: HEALTH VOUCHER MECHANICS PART 3

**Objectives:** To familiarize health care providers on sending messages for multiple services to the system.

**Time:** 30 minutes

**Materials needed:**

Phones/handsets with simcards

Training vouchers

Training health care provider codes

Training AGEP ID numbers

List of health service codes

Steps on sending message for multiple services to one patient

### Instructions:

Ask participants to pair up with a different participant.

Assign each pair a health provider code that they will use to send their messages.

Give each pair a list of the service code, a handset, training voucher and AGEP ID.

In pairs each participant should attempt to send messages confirming that they have attended to patient for two different health service; one for ANC1 and HIV test.

### **STEPS - AGEP girl comes to access more than one service**

*Step 1:*

*Provider sends first SMS to 3939:*

*Provider Code+AGEP ID Number+Voucher Serial Number+Service Code1+Service Code 2*

*(Authorization SMS received back to provider)*

*Step 2: Scratch off two PIN numbers from the panel*

*Provider sends second SMS to 3939 for service 1*

*Service Code+PIN Code*

*(Approval SMS received with approval code for first service)*

*Provider sends third SMS to 3939 for service 2*

*Service Code+PIN Code*

*(Approval SMS received with approval code for second service)*

# SESSION 12: AGEAP HEALTH VOUCHER—LESSONS FROM THE PILOT

## Mini Lecture

Objective: To share with the health providers for the rollout some of the experiences from the pilot  
Time: 15 mins

### Talking Points:

#### *On Client Usage*

- From the launch till May 2014, 14 girls accessed the health center in urban areas whereas 32 girls accessed the health center in rural areas.
- Urban girls accessed the health center for family planning and SRH related services like painful menses.
- Rural girls accessed the health center for general wellness, malaria and ANC services.

#### *On Provider Usage*

- Challenges with the mechanics of the voucher, such as:
  - Forgetting to send the second message (service plus PIN number to charge the voucher)
  - InSTEDD system not responding or taking hours to respond
  - Network down (MTN or Airtel)
- Inadequate sensitizing of all staff, leading to some staff sending girls away or not using the voucher card at all.

### REFLECTION EXERCISE

Reconvene the group and get them as a group to draw a tree. The trunk of the tree represents their clinic and the branches represent the things they will do to ensure their clinic is adolescent-friendly. The exercise should draw upon everything they have learnt from day one to day four.

## CONCLUSION

- Ask participants to complete the post-training questionnaire.
- If there are no questions, thank participants for the time they committed over the past few days.

Share contact information on who to contact for further questions along the way:

- ❖ Chipo N Zulu – Program Officer: [czulu@popcouncil.org](mailto:czulu@popcouncil.org) or 0974 913291
- ❖ Misozi Siwela – Program Coordinator: [msiwela@popcouncil.org](mailto:msiwela@popcouncil.org) or 0976 016246

## END OF TRAINING

## ANNEXES

### Annex 1

#### PRE/POST TRAINING QUESTIONNAIRE

Decide whether you agree (A) or disagree (D) with each of the following statements.

Write your response (A or D) to each statement in the space provided.

1. \_\_\_\_ All adolescents should be able to receive reproductive health services, regardless of their marital status.
2. \_\_\_\_ For an adolescent reproductive health program to be successful, staff must have the same values about sex and sexuality as the adolescents they serve.
3. \_\_\_\_ Service providers should tell an unmarried adolescent who has been having sex that he or she should not be.
4. \_\_\_\_ Adolescents' voices and needs must be considered when programs for youth are designed.
5. \_\_\_\_ Service providers should give contraceptives to an unmarried girl if she requests them.
6. \_\_\_\_ Young people do not want to learn about reproductive health issues.
7. \_\_\_\_ Adolescents have many legitimate questions about sex that require honest and factual responses.
8. \_\_\_\_ Masturbation is a healthy expression of a young person's sexuality.
9. \_\_\_\_ Condoms break easily and, therefore, are not effective in preventing pregnancy.
10. \_\_\_\_ Service providers should not bother discussing condoms with young people because most of them do not have sex.
11. \_\_\_\_ Adolescents with sexually transmitted infections (STIs) deserve their illness because of their behavior.
12. \_\_\_\_ Depo-Provera is a better method than the pill for adolescent girls because they may forget to take the pills.
13. \_\_\_\_ Before having children, adolescent girls should never use hormonal methods of contraception (Depo-Provera, pills).
14. \_\_\_\_ Sexuality education should be provided in schools.
15. \_\_\_\_ Young girls who complain of pain during menstruation are usually overreacting.
16. \_\_\_\_ Although pre-ejaculatory fluid does not contain sperm, the fluid may transmit HIV and other STIs to a man's sexual partner.
17. \_\_\_\_ The human sexual-response cycle begins to function only when an individual enters puberty, not beforehand.
18. \_\_\_\_ Besides abstinence, condom use is the only method that prevents both pregnancy and STIs.
19. \_\_\_\_ Adolescents are at higher risk than adults for complications during pregnancy and delivery.
20. \_\_\_\_ STIs that are caused by viruses, including herpes and genital warts, can be cured with medications.
21. \_\_\_\_ Women are less likely than men to show signs and symptoms of most STIs.
22. \_\_\_\_ The highest reported cases of STIs are among young people (ages 15 to 24).
23. \_\_\_\_ Scientific research shows that the thinking abilities of youth change as they pass through adolescence and become adults.
24. \_\_\_\_ Emergency contraception must be used within one week of unprotected sex in order to be effective.
25. \_\_\_\_ Premature ejaculation is a common concern of young men.

## Annex 2

### The Nature and Sequence of Changes and Events in Adolescence

CATEGORY OF CHANGE	EARLY 10-13 years	MIDDLE 14-16 years	LATE 17-19years (variable)
<b>Growth</b>	Secondary sexual characteristics appear Growth accelerates and reaches a peak	Secondary sexual characteristics advanced Growth slows down, approximately 95% of adult stature attained	Physically mature
<b>Thinking and judgment</b>	Concrete thinking Long-range implications of actions not perceived	Thinking is more abstract Capable of long-range thinking Reverts to concrete thinking when Stressed	Established abstract thinking Future-oriented Perceives long-range Options
<b>Self-awareness</b>	Preoccupied with: Rapid physical growth Body image Disrupted change	Re-establishes body image. Preoccupation with fantasy and idealism. Sense of all-powerfulness.	Intellectual and functional identity established.
<b>Family</b>	Defining boundaries of independence/dependence	Conflicts over control	Transposition of child-parent relationship to adult-adult relationships
<b>Peer group</b>	Seeks affiliation to counter instability	Needs identification to affirm self-image. Peer group define behavioral code.	Peer group recedes in favor of individual friendship
<b>Sexuality</b>	Self-exploration and evaluation	Preoccupation with romantic fantasy. Testing ability to attract opposite sex.	Forms stable relationships Mutuality and reciprocity Plans for future

## Annex 3

### Health Voucher Medical Protocols:

The details of each health service are as follows:

- 1. Wellness Check** - The wellness check will consist of measuring weight, height and blood pressure, a general physical exam, and advice related to issues relevant for the girl, such as nutritional advice, skin care (in case of acne) etc. The health professional will carefully probe each girl to uncover if she has SRH needs. If the girl needs SRH services that entail more than simple counseling, a second consultation can be provided at the same time or later according to the preference of the girl. This would be counted as a second service under the voucher (note services below).

In addition to serving as a general physical exam, the wellness check is meant to introduce the girl to the clinic setting, help her overcome some of the fears that she may have to accessing health services, and give her an entry point into the clinic that is non-SRH related if she would like.

**Wellness Check Plus** - The wellness check plus consists of the wellness check as described above, but also includes the management of other health problems not related to SRH, such as malaria, diarrhea and respiratory infections. The wellness check plus will only be provided at the public health facilities.

- 2. Family Planning Services** - This service includes condoms, pills, injectables, implants, IUD and Emergency Contraceptives (EC). Emphasis will be on appropriate counseling, providing a method choice and dual protection, which might mean dual method use. Girls will also receive detailed information on FP and prevention of STIs/HIV during their weekly safe space group meetings. There is a preference of not advising particular methods to adolescent girls who have not had a baby, such as IUD and implants. However, the Zambian guidelines will govern and those state that longer term methods can be used in girls below 20 years of age (IUD) or below 16 years of age (implants) taking into account certain precautions.

The various codes on the voucher (see the table below) provide for a full family planning consultation and counseling session with no method given, a full family planning consultation with a method given, and follow up visits to receive refills on the pill and injection.

- 3. Pregnancy Testing** – This service includes a pregnancy test and the appropriate referral: 1) if test is negative, referral to family planning counseling; 2) if test is positive and pregnancy is wanted, referral to the first ante-natal care visit; and 3) if test is positive and pregnancy is not wanted, referral to comprehensive abortion care (CAC) services.
- 4. Sexually Transmitted Infection Management** - This service will consist of a medical consultation, provision of treatment using the syndromic approach, and counseling. The syndromic approach permits the provider to apply a physical exam (inspection). This is beneficial as many adolescent girls avoid the health facilities, even if they have serious symptoms, due to their fear of a gynecological exam. In addition, it avoids a series of tests that may or may not determine the accurate diagnosis. An alternative is a gynecological exam for those who are sexually active, depending on the accepted practice at the particular clinic.



A further adaptation which makes the STI management more adolescent-friendly might be that the provider considers all adolescent girls at risk. Because it is common for girls ages 10-19 years old not to tell the truth about their sexual partners and lie about their risks, if all girls are assessed as “at risk” the chance that one of the girls will not receive the treatment she needs is minimal and all girls will receive the treatment they need. For example in the case of a vaginal discharge (for chlamydia, gonorrhoea, trichomonas, candida) if girls have a stable partner, they will also receive treatment for their partners (for chlamydia, gonorrhoea). The same counts for genital growths, warts, ulcers, and inguinal bubo.

It is recommended that girls also be referred for HIV and syphilis testing. If the test was positive for syphilis, the girl will receive treatment. If the girl has a stable partner, he will have to be invited to do the same test. The voucher covers testing and treatment options for both the girl and a stable partner.

All health workers will be trained in the syndromic management of STIs, including how to make the management of STIs adolescent-friendly (risk assessment, avoiding gynecological exams etc.).

5. **HIV Testing** – This service will include the HIV test itself, pre- and post-test counseling, and the appropriate referrals for HIV services if the test is positive.
6. **First Ante-Natal Visit** – This service will include the first ante-natal care visit for pregnant girls, including the standard laboratory tests. The girls will then be given a referral to the remainder of their ANC visits and delivery. A major barrier for adolescent girls to access ante-natal care is the shame and stigma of being pregnant at a young age. However, it has been found that once girls start prenatal care, they continue and can access good services for free at the same facilities. Therefore, the voucher is meant to get the girls into care by covering the first visit.
7. **Comprehensive Abortion Care (CAC)** – CAC includes safe abortion and post abortion care (PAC) – typically after unsafe abortions. The voucher will cover both medical and surgical abortion up to 14 weeks and a referral to a hospital if the pregnancy is beyond 14 weeks. The voucher will also cover medical and surgical PAC in case where girls come in after a miscarriage or incomplete abortion. In cases where the health facility cannot offer the appropriate PAC, a referral to a hospital will be made. In addition, the CAC voucher service will include FP counseling.

The prevalence of unsafe abortion in girls in Zambia is high and prevention should be an important program activity. In the safe spaces groups’ girls will receive general information about FP methods and abortion. Girls will be informed that in case they suspect a pregnancy which might be unwanted, they can use the voucher to access a pregnancy test. In the health facility the health professional will provide further information regarding the available CAC services and where these can be obtained.

The national guidelines for abortion will be applied when dealing with CAC services: “Standards and Guidelines for reducing unsafe abortion morbidity and mortality in Zambia”. This includes Standard 6: “If the patient’s age is below that of legal consent (<16 years of age) the parent’s or legal guardian approval to terminate pregnancy must be documented”. The relevant guidelines related to this standard are as follows: “1. The best interest of the minor will take precedence over that of parent or guardian and must be made on the principle of the evolving capacities of the minor to participate in decision making

affecting her life”, and “5. A parent, next of kin or another adult acting in loco parents can give consent on behalf of the minor”.

In addition, the national guidelines state the following (page 9): “The Ministry of Health respects the rights of health workers to conscientious objections in participating in the termination of pregnancy. However the client’s right to information and access to health care services including termination of pregnancy must also be respected”.

CAC is provided after a positive pregnancy test. In the case of an adolescent girl who does not know the age of the pregnancy and whereby the physical exam does not deliver sufficient information, it will be necessary to implement an ultrasound exam to define the age of the pregnancy or if not available, refer the girl to the nearest public hospital. Abortion services at hospital level can be covered by the voucher, as long as the pregnancy is not above 14 weeks or when there are no complications.

- 8. Consultation for Additional Medical or SRH Issues** - The voucher will cover a consultation either with a medical provider or gynecologist when there appears to be a health issue that is not on the list of services provided. Only the costs of the medical consultation will be paid. If more care is needed, then the girl will have to be referred.
- 9. Cervical Cancer Screening** – This voucher service will cover a consultation in which a girl receives cervical cancer screening – either a Pap smear or Visual Inspection with Acetic acid (VIA) and immediate cryotherapy if appropriate. The service will be emphasized for the older girls, and anyone who tests HIV positive.
- 10. Gender Based Violence Services** – This voucher service will include the first assessment, provision of PEP (when available), EC, STI treatment and a pregnancy test (when appropriate), and a referral to more comprehensive response services (i.e. legal, psycho-social, etc.). Because of lack of GBV recovery services in Zambia the voucher program will not be able to include the full package of services. The voucher will not finance the specialized services of One Stop or alternative centers.

## Annex 4

HAND OUT: ADOLESCENT PATIENTS CASE STUDIES
<p><b>Case 1: STI Management</b> <b>Adolescent</b> - Clementina is 19 years old. She is married and has two children.</p> <ul style="list-style-type: none"><li>• Her husband is a truck driver who travels all the time.</li><li>• She has a sexual relationship with the owner of a bar.</li><li>• She suspects that the bar owner has many other partners.</li><li>• She has never used condoms.</li></ul>
<p><b>Case 2: Pregnancy and Abuse</b> <b>Adolescent</b> - Gift is an orphan aged 12 years old. She is shy and rarely speaks. She has been sexually abused by her uncle who looks after her. Her uncle is married but has other sexual relationships.</p>
<p><b>Case 3: Family planning</b> <b>Adolescent</b> - Patience is confident 16 years old. Many people in the community say that she is “fast.” She likes to talk with boys, but she does not want a boyfriend until she finishes school. She is a virgin. She has never kissed a boy.</p>
<p><b>Case 4: Abortion</b> <b>Adolescent</b> - Mercy is 17 years old who is still in high school. She had protected sex with her boyfriend but the condom broke. She took emergency contraceptive pills but two months onwards her periods have still not come.</p>

Alternatively:

HAND OUT: ADOLESCENT CLIENT SCENARIOS <sup>10</sup>
<p><b>Scenario 1</b> <b>Reluctant Female Client</b> You think you have a sexually transmitted infection (STI) because you have a rash on your private parts. You want information and treatment, but you are embarrassed to say what you want and generally act evasive.</p>
<p><b>Scenario 2</b> <b>Young female Client</b> You are an 18-year-old girl entering a pharmacy/dispensary along with two friends. You go together for mutual support and to see what the place is like, but as a group you are noisy and comment freely and loudly on what you see. One of your friends teases the pharmacist while the other acts uninterested. Despite your friends’ behavior, you are very interested in getting contraceptives and information about how to use them.</p>
<p><b>Scenario 3</b> <b>Married Female Client</b> You are an 18-year-old married girl who has one child. You want to wait three years before having another child and are approaching a health care worker for information about how to do this. You have never used family planning and know nothing about contraception.</p>

<sup>10</sup> Adapted from Pathfinder International, Adolescent Curriculum :Comprehensive Reproductive Health and Family Planning Training Curriculum

### Handout: Questioning Skills

Questioning is the most common skill that providers use in counseling. Appropriate questioning enables providers to learn more about clients and thus better address their needs. In addition, the questions asked can make a big difference in whether the clients will tell the providers their real concerns and feelings. In general, there are four types of questions:

#### 1. Close-ended questions

**Requires:** Brief and exact reply; often elicits yes or no response.

**When to use:** When a specific response is required, for example, when taking a contraceptive history.

**Examples:** Do you (or does your boyfriend) use condoms? Which contraceptive pills are you using?

Avoid using close-ended questions before you get sufficient information about your clients.

#### 2. Open-ended questions

**Requires:** Longer reply; demands thought; allows for explanation of feelings and concerns.

**When to use:** When detailed information, such as a respondent's opinion, is needed.

**Examples:** What do you think about using condoms? What are your symptoms?

Service providers should use this type of question at the beginning of communication when they need to learn more about the clients. When using open-ended questions, service providers are able to gauge whether clients are willing to talk about their real concerns and feelings.

#### 3. Probing questions

**Requires:** Explanation of an earlier statement.

**When to use:** In response to a reply, as a request for further information.

**Examples:** If a client states that "The pill is no good," ask "Why don't you like the pill?"

Probing questions can help providers clarify client concerns. Sometimes, clients do not know how to express their real concerns or phrase their questions. Therefore, providers should not rush the conversation. Sometimes, the first question an adolescent client asks is designed to test the provider's attitude so as to know whether the real cause for the visit can be discussed.

#### 4. Leading questions

**Requires:** Lead respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.

**When to use:** When the respondent is expected to answer a question in a particular way.

**Examples:** Don't you think a condom is best for you?

Generally speaking, service providers should try to avoid using this type of question.

#### 5. Paraphrasing statements

"Paraphrasing" is a way to make sure that the service provider has accurately understood what the client is communicating. It also lets the client know that the service provider is interested in what he or she is saying. Here is an example of paraphrasing:

*Client:* "I want to use pills, but my sister says that they will make me sick and weak."

*Service provider:* "So, you have some concerns about the side effects of pills."

Types of Questions			
Close ended questions	Open-ended questions	Probing questions	Leading Questions
When to use:			
Mostly used to ask initial questions	To be used following a close-ended question	Use in response to a reply, as a request for further information. NOTE: Out of context, probing questions may sound leading.	Avoid using leading questions in general.
Requires:			
Brief and exact reply; often elicits yes or no response.	Longer reply; demands thought, allows for explanation of feelings and concerns	Explanation of an earlier statement.	Leads respondents to answer the question in a particular way or tells them about something that they might not otherwise have thought of.
Examples:			

## Annex 6

### **HANDOUT - Characteristics of Effective and Ineffective Counselors<sup>11</sup>**

#### **Effective Counselors**

- Exhibit genuineness: they are reliable, factual sources of information
- Create an atmosphere of privacy, respect, and trust
- Communicate effectively: for example, they engage in a dialogue or open discussion
- Are nonjudgmental: they offer choices and do not criticize the client's decisions
- Are empathetic
- Are comfortable with sexuality
- Make the client comfortable and ensure his or her privacy
- Talk at a moderate pace and appropriate volume
- Present messages in clear, simple language that the client can understand
- Ask questions of the client to make sure that he or she understands the message
- Demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Identify and remove obstacles

#### **Ineffective Counselors**

- Interrupt conversations: they talk to other people and/or speak on the telephone during a counseling session
- Are judgmental: for example, they make decisions for the client
- Do not make the client comfortable and ensure his or her privacy: for example, they provide counseling in the presence of other people without the client's consent and break confidentiality
- Are poor nonverbal communicators: for example, they look away and frown
- Lack knowledge on reproductive health issues
- Are uncomfortable with sexuality
- Are difficult to understand: they talk at a fast pace and an inappropriate volume or use language that their clients cannot understand
- Do not ask questions of the client to make sure that he or she understands the message
- Do not demonstrate patience when the client has difficulty expressing him- or herself or understanding the message
- Are not empathetic; for example, they are rude and not understanding of the client's problems or needs

---

<sup>11</sup> Adapted from *Engender Health – Youth Friendly Services Manual for Services Providers (2002)*

## Annex 7

### **HANDOUT - ADOLESCENT REPRODUCTIVE HEALTH RIGHTS<sup>12</sup>**

The right to good reproductive health.

The right to decide freely and responsibly on all aspects of one's sexuality.

The right to information and education about sexual and reproductive health so that good decisions can be made about relationships and having children.

The right to own, control, and protect ones' own body.

The right to be free of discrimination, coercion and violence in one's sexual decisions and sexual lives.

The right to expect and demand equality, full consent, and mutual respect in sexual relationships.

The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status, or location. This care includes

- Contraception information, counseling, and services.
- Prenatal, postnatal, and delivery care.
- Healthcare for infants.
- Prevention and treatment of RTIs.
- Legal, safe abortion services and management of abortion-related complications.
- Prevention and treatment of infertility.
- Emergency services.

The right to privacy and confidentiality when dealing with health workers and doctors.

The right to be treated with dignity, courtesy, attentiveness, and respect.

The right to express views on the services offered.

The right to gender equality and equity.

The right to receive reproductive health services for as long as needed.

The right to feel comfortable when receiving services.

The right to choose freely one's life/sexual partners.

The right to celibacy.

The right to refuse marriage.

The right to say no to sex within marriage.

---

<sup>12</sup> Source: IPPF. 1991. *Rights of the client*. London: IPPF quoted in *Pathfinder International, Adolescent Curriculum :Comprehensive Reproductive Health and Family Planning Training Curriculum page 8*

## Annex 8

### Hand out : Requirement of adolescent-friendly health facilities

*Adolescent-friendly health facilities should have the following:*

- The facility offering the adolescent-friendly health services is located close to where the adolescents live or easily accessible by public transport.
- Adolescents need to be assured of privacy during a consultation and confidentiality.
- The examination room where the adolescent is being examined should have barriers like doors, screens and curtains for privacy.
- The clinic/facility operating hours are communicated to the adolescents and should be suitable to address the needs of adolescents e.g. after school hours or on weekends.
- Adolescent-friendly health services are available in convenient and appropriate settings, with adequate space and a comfortable waiting
- Adolescents should not be made to wait for a long time to access health care so that they are not discouraged and will want to come back when they have a medical problem.
- Sufficient time should be allocated to the adolescent seeking care in order to assess problems and extra time for complex consultations and referrals.
- Records should be kept in a confidential manner.
- A safe, friendly and supportive environment that offers protection and opportunities for development, information and skills to understand and interact with the world.
- Offer health services and counseling to address the health problems facing the adolescent and deal with personal difficulties in a confidential manner that promotes autonomy.
- Offer reproductive health services, counseling and testing for HIV and other sexually transmitted infections including treatment.
- Offer information and counseling on family planning methods available for adolescents. Appropriate family planning methods should be offered to adolescents who need it.



## Annex 9

### Additional Participant Exercises

#### AGEP Values Clarification Exercise

Objective: The purpose of this exercise is to get an idea of the group dynamics and opinions related to sexual reproductive health services for adolescents.

Time: 15 minutes

Materials needed:

List of pre-written statements

Chalk, tape or string

#### Notes to the facilitator:

*Draw a line in the center of the room.*

*Explain to participants that you will read some of the following statements, beginning each time with, "Cross the line if ... " Participants should then quickly cross the line if they agree with the statement. After participants have moved, follow up each statement with, "observe who crossed the line and who did not ... notice how it feels to be wherever you are ... participants should then all move back to the same side of the line."*

#### Statements

1. Men by nature have a greater need to satisfy their sexual desires than do women.
2. Only excessive masturbation is harmful.
3. A woman should be a virgin at the time of her marriage.
4. In an intimate relationship, the woman sets the limits on sexual contact.
5. Parents should accept their homosexual son rather than try to re-orient his sexual preference.
6. The main function of sex is reproduction.
7. If an adolescent requests contraceptives, s/he should receive them.
8. Adolescent girls are much more likely to link sex with "being in love."
9. Family planning should be available for married people only.
10. Adolescents shouldn't be given contraceptives without their parents' permission.
11. Adolescents shouldn't be given contraceptives because it will encourage sexual activity.
12. Health care providers should be the main source of sexual information for adolescents.
13. Using family planning methods is not a good idea before the female has had her first child.
14. Parents should not allow their daughters as much sexual freedom as they allow their sons.
15. A child should be given sex education at school.
16. Adolescents who contract STIs have had many sexual partners.

#### Instructions

1. Ask all participants to stand on one side of the line.
2. Explain that you will read a series of statements and that participants should step entirely across the line when a statement applies to their beliefs or experiences.
3. Remind participants that there is no "in between," which means they must stand on one side of the line or the other, and there are no right or wrong answers.
4. Ask participants not to talk during the exercise unless they need clarification or do not understand the statement that is read.
5. Stand at one end of the line and give an easy practice statement, such as:

*Cross the line if you had fruit for breakfast this morning.*

6. Once some people have crossed the line, give participants an opportunity to observe who crossed the line and who did not. Invite participants to notice how it feels to be where they are.

7. Ask someone who crossed the line and then someone who did not to briefly explain their response to the statement. If someone is the only person who did or did not cross the line, ask them what that feels like.

8. Invite participants to all move back to one side of the line.

9. Repeat this for several of the statements. Select the statements that most apply to that group of participants.

10. After the statements are read, ask participants to take their seats.

11. Discuss the experience. Some discussion questions may include:

- How did you feel about the activity?
- What did you learn about your own and others' views?
- *Were there times when you felt tempted to move with the majority of the group?*

*Did you move or not? How did that feel?*

- *What did you learn from this activity?*
- *What does this activity teach us about*

12. Debrief in particular the last statement. If everyone in the group crossed the line, discuss this commonality. If everyone did not cross the line, discuss how these different views affect people's work on providing adolescent health services

13. Solicit and discuss any outstanding questions, comments or concerns with the participants.

Thank the group for their participation.

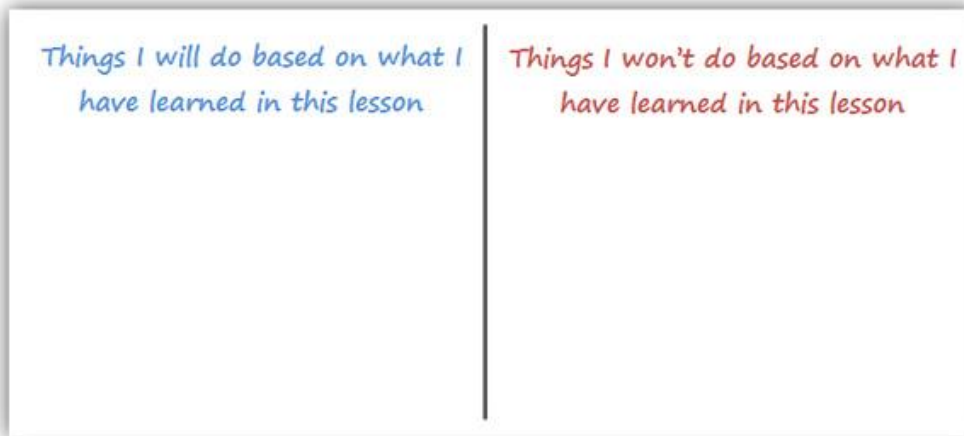
Activity adapted from:

Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA, Exhale.

## Annex 10

### Additional Facilitator Recap Activities

#### Memory Exercise: Recap on Lessons Covered So Far



#### Purpose

This exercise helps to refresh delegates' memory about what you just taught them. It encourages them to think about the training lessons covered so far and make a few statements about what they have learned. Specifically, it allows delegates to draw up a number of actions to do after the course to get more from the lessons.

Ideally you should run this exercise just before going to a tea or lunch break. It helps to summarize the points covered in the current lesson or all previous lessons (depending on your choice) and also acts as a closing exercise on a particular topic.

#### Objective

Identify a number of actions based on lessons you have learned and share them with other delegates.

#### What You Need

- Whiteboard or flipcharts. Ideally you need two separate surfaces for two groups to use. You can use two whiteboards, two flipcharts, one flipchart and one whiteboard, or divide a large whiteboard into two parts.
- One blue and one red marker pens.

#### Setup

- Divide the participants into two groups.
- Allocate each group to a whiteboard or flipchart. Give one group the Blue pen and the other group the Red pen.
- Ask the group with the Blue pen to title their area as one of the following. The choice is

yours based on how you want to reflect back on lessons:

- “Things I will do based on what I learned in this lesson”
- “Things I will do based on what I learned so far”
- Ask the group with the Red pen to title their area as one of the following:
  - “Things I won’t do based on what I learned in this lesson”
  - “Things I won’t do based on what I learned so far”
- Now get each group to queue up to their whiteboard. One person at a time, they should think of an answer to the title and write a statement on the whiteboard.
- They should remember the order that they write their statements as this will be needed in the next phase.
- Allocate one minute on average for each person to write their statements.
- Participants cannot repeat what has already been stated. Hence, those at the end of the queue must be aware of what others have written and may need a bit more time to come up with something that has not been covered already.
- Once both groups have completed their sections, swap their roles while keeping their respective pens. So the Blue group will now think of things not to do and the Red team will think of things to do.
- Ask each group to go to the right whiteboard and follow as before.
- Each person must contribute a statement. However, this time they should queue in the reverse order of how they queued in the first part of the exercise.
- Allocate 1 minute per person.
- If the people at the end of the queue find it difficult to contribute more to the current list, other delegates in the group can provide help as well.
- At the end, bring everyone back together and get both groups to review all the statements that have been written by both groups.
- Encourage a discussion and get commitment for future actions.
- Take a photo of the statements on the whiteboard and flipcharts and print them during the break. You can give these prints as a handout to delegates when they come back from the break. This will become a handy summary of the lessons covered which is expressed in terms of actions to do and not to do which is quite effective in changing future behavior.

### Timing

*Explaining the Exercise:* 5 minutes

*Activity:* 4 min phase one + 4 min phase two + 4 min review = 12 minutes for a group of 8

*Group Feedback:* 5 minutes

Discussion: Is there a pattern in the actions you have identified? If you had to choose three critical actions from each list that you will certainly commit to, which three would you select?

## REFERENCES

Bearinger, Linda H., Renee E Sieving, Jane Ferguson, Vinit Sharma. 2007. "Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential," *Lancet* 369: 1220–31.

China Youth Reproductive Health Project. 2005. China Youth Reproductive Health Project Training Manual: Youth-Friendly Services. Beijing, China: CFPA and PATH.

Engender Health – Youth Friendly Services Manual for Services Providers (2002)

IPPF. 1991. Rights of the client. London: IPPF quoted in Pathfinder International, Adolescent Curriculum :Comprehensive Reproductive Health and Family Planning Training Curriculum page 8

PATH. 1992. *Interpersonal Communication and Counseling for Family Planning Workers Training Curriculum*. Seattle, WA: PATH and State Family Planning Commission of China.

WHO. 2012. "WHO Orientation Programme on Adolescent Health for Healthcare Providers."

WHO. 2010. "Adolescent Job Aid."