Volunteer Peer Leader Training Module and Curriculm

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Volunteer Peer leader
Training Module & Curriculum

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Introduction

Adolescence is a transitional period following the onset of puberty during which a young person develops from a child into an adult. Bangladesh has an adolescent population of approximately 36 million: more than one-fifth of the total population of Bangladesh. Many adolescents, especially adolescent girls in Bangladesh, face challenges during this transitory phase, are due to a variety of factors including structural poverty, lack of access to information and services, negative social norms, inadequate education, social discrimination, unwanted sexual activity, child marriage and early child-bearing. According to UNICEF, 53% of the 20 - 24 years old young women got married within their 18 years of age. Many adolescent girls are at risk due to pregnancy, violence and malnutrition in Bangladesh. Both adolescents and their parents have a lack of awareness about health services. It is necessary to ensure information and services regarding reproductive health to solve this problem.

The Directorate General of Family Planning (DGFP) has undertaken concentrated initiatives like adopting the National Strategy for Adolescent Health 2017-2030 and the National Plan of Action for Adolescent health strategy (2019) to support implementing 1103 Adolescent Friendly Health Corners (AFHCs) across the country. DGFP has established adequate numbers of AFHCs (1103) which are helping the adolescents to receive reproductive health services and knowledge. But due to the lack of a friendly environment, and absence of adolescents and youths, most of the students of schools and colleges do not feel much welcomed, comfortable and hesitate to revisit the centers. The adolescents will feel comfortable to take services if there is a presence of youths in the AFHCs.

Objective of the FAA Award or Initiative:

The objective of this initiative is to include 15- 24 years aged 40 Volunteer Peer Leaders (VPLs) (1 male and 1 female in each center) in selected 20 AFHCs under DGFP in Dhaka, Narayanganj, Mymensingh and Netrokona to ensure friendly environment and improve quality of services in the AFHCs on the basis of adolescents' demands.

The volunteer peer leaders will work on a shifting basis -

- shift (a) 09:00am - 12:15pm
- shift (b) 12:15pm - 3:30pm.

VPLs will encourage the adolescents to receive information about sexual and reproductive health services and family planning through community and school based outreach campaigns in the surrounding areas and schools of the selected AFHCs. Also, they will collect and document feedback and recommendations from the service receipts at the AFHCs on improving the quality of services of the centers.

Definitions

Access: Programs and services delivered in a way that allows for all to take part in programs and receive services all across the province.

Adolescent: A person aged 10 to 19; teen refers specifically to adolescents between the ages of 13 and 19.

Adolescent Friendly Health Centers: Running 1103 Adolescent friendly health service centers, under Director general of Family Planning (DGFP), are reaching unmarried and married adolescent boys and girls with a range of health services and information, both general and SRH-related, through established health facilities.

Confidentiality: Making sure there is a system in place to protect the privacy of your health, financial and personal information.

Determinants of health: Our levels of health are determined or affected by many things including social and economic factors, physical environment, and individual behavior. It is the combined influence of these factors that determine or affect your health.

Diversity: Diversity includes the many differences among people in a society. It includes ethnicity, race, cultural traditions, religious expressions, age, gender, socio-economic status, geography, mental or physical ability and sexual orientation.

Informed choice: The provision of accurate and full health information delivered in a clear and understandable manner so as to facilitate informed decision making on the part of the patient.

Reproductive health: Women should have complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to her reproductive system.

Reproductive rights: Individuals have the right to decide freely and responsibly on the number and spacing of desired children, and to have the information and the means to achieve this. They also have the right to the highest standard of sexual and reproductive health and to make decisions free from any kind of pressure or prejudice.

Sexual Health: Positive results (ex: self-esteem, respect for self and others, rewarding human relationships, the joy of desired parenthood) are the goal instead of negative results (ex: unintended pregnancy, sexually transmitted infection, sexual coercion).

Sexuality: Sexuality includes not only physical and sexual desires, but also identity, social and gender roles and personal relationships with family, peers and partners.

Volunteer Peer Leader:

A designated volunteer who performs functions related to outreach of health-care delivery on behalf of the adolescent friendly health center, who are not health-care professionals, but receive special training to perform their functions, is a volunteer peer leader (VPL). These activities, occurring over an extended period of time, close to 21 months (August 2021-April 2023) - to be renewable in every 6 months, are aimed at developing adolescents' knowledge, attitudes, beliefs and skills and at enabling them to be responsible for and to protect their own health rights.

Young people: The term includes people between 10 and 24 years.

VOLUNTEER PEER LEADERS' ROLES AND RESPONSIBILITIES

Part-01

Collecting feedback from the service recipients at the AFHCs

Volunteer Peer Leader (VPL) will support to register the name of the service recipients/adolescent, listen to their problems, help in getting necessary services and will maintain follow up timely.

The service recipients will fill up a form mentioning their experiences through which the following informations will be collected -

- Experience of the service recipient;
- Opinion/level of satisfaction about quality of services;
- Problems while taking services;
- Behavior of the service provider/VPL towards the service recipient; and
- Recommendations on improving the quality of the services (if any).

VPLs will collect the 'Service feedback form' filled up by the service recipients and submit all the forms to the *Youth Capacity Building Associate* every week.

Part-02

Weekly performance evaluation

VPLs will have to fill up a weekly performance evaluation form to document the condition/progress of their work in a week. The followings will have to inform through the form

- Number of service recipients at the AFHCs (Boys,Girls and Others);
- Numerical differences of service recipients between last and current week;
- Behavior of the AFHC officials towards the VPLs;
- If the service recipients are getting necessary services;
- Reasons behind not getting necessary services;
- If the AFHCs remain open till the fixed time;
- If the service recipients are taking help from the VPLs;
- Number of students attending the school campaign and getting information about nearest AFHC and their services;
- Number of people attending the community campaign and getting information about nearest AFHC and their services;
- If the VPLs need any help/support from SERAC-Bangladesh or the DGFP; and
- Recommendation on service providing activities and improving the quality of service (if any).

VPLs will fill up and submit the 'Weekly Performance Evaluation Form' to the *Youth Capacity Building Associate* at the end of every week.

Part-03

Arranging Monthly Meeting with the VPLs

An online monthly meeting will be arranged on the basis of the Service Feedback form and Weekly Performance Evaluation form. The meeting will be conducted online (Zoom platform) for 1:30 - 2 hours including 40 VPLs, Youth Capacity Building Associates, M&E Associate and Project Team Leader. A report will be prepared on the basis of the discussion in the meeting.

- Discussion will be done on progress of work, experience and problems of the VPLs and their needed support on the basis of the report.
- VPLs will be informed after fixing the date and time of the monthly meeting (Possibly the last day of the month)

Part-04

Six monthly monitoring meeting

A half yearly report will be prepared compiling the monthly reports every six months. In total, 6 monitoring meetings will be organized offline for 2-3 hours in every six months (January 2022, July 2022, January 2023) in Dhaka and Mymensingh.

10 selected VPLs from each division, District level, and Union level DGFP officials (Family Welfare Assistant (FWA), Family Welfare Visitor (FWV), Sub-Assistant community Medical Officer (SACMO), Assistant Director, Divisional/District Director and other officials), Adolescent friendly service providers, and Project management team will participate. Other VPLs will join the meeting online.

Recommendations on improving the quality of the services will be generated by monitoring and discussing the progress of work of the VPLs. Date, Time and Venue will be informed after fixing.

Part-05

Sub-national (district) advocacy meeting

At the sub-national level four advocacy meetings (January/February 2022, October/November 2022) will be organized in Dhaka and Mymensingh.

The Directorate General of Health Services (DGHS) officials, UNO, Upazila health family planning officer, District level deputy director of FP, FWA/FWV, SACMO, medical officer of

maternal and child welfare center (MCWC), youth representatives, local journalists and CSOs will participate in the meeting. Community stakeholders and peer volunteers/VPLs will join the meeting online.

Topic of discussion -

- Collected recommendations on progress from youth and volunteers;
- Regulation and importance of involving VPLs at the AFHCs; and
- Improving the quality of the provided services at the AFHCs.

Part-06

National level (MCH unit+) advocacy meeting

Four national level advocacy meetings will be organized in six monthly sessions (November 2021, May 2022, September 2022, January 2023).

DGFP officials, Maternal and Child Health (MCH) unit, Field Service Delivery Program (FSDP), Information Education and Motivation (IEM) unit, Clinical Contraception Service Delivery Program (CCSDP), DGHS officials, education department and other national level stakeholders including CSOs, INGO representatives, young people, volunteer peer leaders and journalists, will participate in the meeting.

Topic of discussion -

- Inclusion of age specific data in the DGFP MIS;
- Collaboration with multi stakeholders;
- Integration of meaningful youth participation in the adolescent agenda
- Adolescent service quality improvement;
- Service providers' accountability; and
- Adoption of this adolescent engagement model.

Part-07

Weekly quizzes on the IEM unit social media page

Weekly quiz competitions will be organized to develop awareness on sexual and reproductive health (SRH) and family planning (FP) among adolescents with the help of the IEM unit of DGFP. VPLs will participate in the quiz competition and will also encourage others to participate.

- 4 quizz competitions will be organized monthly (1 in each week).
- In total, 84 quiz competitions will be organized from August, 2021 - April, 2023.
- The quiz competitions will be organized and promoted on social media - facebook page of IEM unit.
- Quizzes will be on SRH and FP.

- 3 winners will be selected in every competition.
- Winners will be provided certificate and gifts (booklet on menstrual health, adolescent health, and child marriage prevention).

Part-08

Organizing community level adolescent mobilization campaign

VPLs of each AFHCs will organize community level adolescent mobilization campaigns on building awareness on SRH and FP. Total 40 campaigns will be organized monthly in the surrounding areas of the selected AFHCs (2 campaigns in each AFHC).400 campaigns will be organized within 10 months in total.

- 40 surrounding areas of the selected 20 AFHCs have to be selected for organizing campaigns.
- Selection of filed or open place and taking permission if necessary to arrange the campaigns.
- Informing the community people about the time and place of campaign through miking.
- Taking necessary steps before the fixed time on the day of campaign.
- To educate the participants about SRH and FP during adolescence period, and informing about nearest AFHC, available services, DGFP hotline number etc.
- To play the previously recorded Puthi Path on SRH and FP information.
- To distribute BCC materials among the participants in the campaign.

Part-09

Organizing school based connectivity outreaches

40 surrounding schools of the 20 AFHCs will be selected. VPLs will organize a total of 40 campaigns in a month in the selected schools to build awareness on SRH and FP among the students by coordinating with DGFP's ongoing schools health programs. 400 campaigns will be organized within 10 months in total.

- Taking permission from the school authority before organizing campaigns.
- Informing the students 2 days before the campaign.
- To educate the participants about SRH and FP during adolescence period, and informing about nearest AFHC, available services, DGFP hotline number etc.
- To play the previously recorded Puthi Path on SRH and FP information.
- To distribute BCC materials among the participants in the campaign.

Part-10

Observing the International Youth Day & Adolescent Service Week

VPLs will invite the adolescents and youths in the close-door dialogue or discussion meeting to celebrate the International Youth Day (August, 2021/August, 2022) to showcase the progress made by engagement of youth at the centers and to connect their opinions and ideas to transform the center into a better service providing one. With this, the adolescent service week will be commenced to celebrate in the surrounding area of the centers by evolving local adolescents and young people to make the youth day more remarkable.

Part-11

Family Welfare Service Week

Celebrating the week with DGFP at local level during December 7-12 in 2021 and 2022 to enhance awareness, mobilize youth and community stakeholders to attract attention in improving youth friendly services at the centers.

Part-12

Youth Assembly

A day-long national level learning and sharing event will be organized in October, 2022 for the VPLs which will enable the project outcome to influence policy makers in generating commitment to adapting the model at the national level. Potential participants and guests will include, high level government officials from Ministry of Health and Family Welfare, 40 volunteer peer leaders (VPLs), local and national level DGFP, DGHS and other stakeholders to showcase the result and connect dots into other ongoing programs where it can be scaled up and discussion on how the VPLs can utilize their experiences in future.

Volunteer support

ORIENTATION AND TRAINING

It will act as an incentive to attract the young people to the organization in the first place and keep them there. Through orientation and training volunteers will be prepared to perform their roles. Information about the goals of the volunteer program, the roles of volunteers within the department, and the nature of the relationship between staff and volunteers, will strengthen the staff/volunteer partnership.

Volunteer orientation content

The orientation will include:

• welcome and introductions to staff members

• a brief description and history of the Adolescent Friendly Health Service Centers

• a review of the volunteer job responsibilities including policies and procedures that are to be followed by all volunteers.

Volunteer training

Training includes 3days long volunteer training in multiple group sessions that include discussion and case study.

Training areas include -

1. Communication,
1. Crisis intervention,
2. Cultural responsiveness and
3. Core skills on reproductive health and anatomy.

SUPERVISION AND SUPPORT

Volunteers will be provided regular supervision and periodic evaluation (described above) to ensure their meaningful contribution.

They will be provided -

- a clear identification of who is supervising them
- an understanding of how the supervision will be provided
- an opportunity to express their opinions and concerns on monthly, half yearly and annually basis
- supervision that reflects the job description for the volunteer position and the orientation and training that has been provided
- letting volunteers know what is expected of them.

Ongoing support

Regularly scheduled meetings with volunteers will be arranged with the Youth Capacity Building Associate to-

• share information with volunteers
• discuss questions and concerns
• collect and discuss volunteer reports about their work
• gather feedback on ways to strengthen the program
• debrief and discuss challenging client situations
• network with other volunteers

Evaluation of volunteers

Formal evaluation and presentation will be done with the presence of DGFP officials every 6 months continuously during a work period.

Volunteer performance reviews

Volunteer performance review will be done to express appreciation, identify problems and needs, and determine the volunteer's future involvement in Adolescent Friendly Health Service Corners. Performance reviews will be based on -

- previously agreed upon standards,
- the activity description,
- deadlines,
- available resources and
- intervening circumstances

Following personnel issues may require intervention:

- actions that affect the volunteer work
- actions that affect the work of others
- actions that violate organization policies or procedures
- actions that become annoying or offensive
- quality and/or quantity of the work does not meet stated expectations
- there is a problem adhering to schedules or deadlines
- The volunteer is taking an excessively long time to develop competency

Questions to consider in termination:

- Does the volunteer have a current job description?
- Does the volunteer understand his or her role?
- Has the volunteer participated in orientation and training?
- Could the situation be fixed by having the volunteer return to an orientation or training program?
- Have you previously documented the problem in writing; shared it with the volunteer; and discussed ways to avoid the situation in the future?
- Have you taken steps to minimize or contain the damage that may result from this decision?

RECOGNITION

Appropriate, sincere, timely, individual recognition may be the key to the success of the volunteer program. After investing time and effort in creative and energetic volunteer recruitment and training, establishing policies and practices that support and protect volunteers and fostering volunteerism within an adolescent center, it would be a terrible waste to lose volunteers because they feel unappreciated.

Everyone is motivated by different factors and, of course, contributes in different ways. When recognizing the contribution of volunteers, it is important to understand

- What brought them to the organization in the first place?
- What goals did they set for themselves?
- What aspects of the organization have they shown the most interest in?
- What have their successes and challenges been?

Appropriate recognition for these volunteers is to provide tangible evidence of their achievement – an announcement of how many individuals/community people/adolescents they have mobilized or the number of presentations they have made.

Recognition Tips:

- Say thanks. It's free, easy and the results can be pure magic.
- Surprise your volunteers. Deliver some gesture of appreciation they don't expect.
- Pay personal attention to volunteers. Take some time to get to know what is happening in their lives, and then make an effort to ask them about it the next time you see them.
- Give the volunteer a written testimony from spectators, staff and important people in the community who have noticed their contributions.
- Consider ways to recognize each person publicly within peer group settings and via school and community newspapers, or bulletins.
- Make sure that snacks are always available at volunteer meetings, training sessions, etc.
- Mentoring another group of volunteers enjoys leadership opportunities. They can be recognized by appointing them to mentorship positions.

RESOURCES

- Sample volunteer application
- Sample volunteer peer leader job description
- Sample volunteer interview evaluation form
- Sample volunteer agreement
- Sample evaluation checklist

SAMPLE VOLUNTEER APPLICATION FORM

Call for Application for Volunteer Peer Leader (VPLs)

Name: _____

Birth: _____

Gender: _____

Present Address:_____

Choose a location:

Naraynaganj

Sadar Bondor

Dhaka

Tejgaon Savar Dhamrai Hazaribag Mirpur

Mymensingh

Sadar Valuka Haluaghat Trishal Muktagacha Gauripur Nandail

Netrokona

Madan Sadar

- Education:_____
- Institute:
  _____
- Do you have any experience of local community engagement activities?
- Do you have internet accessibility?
- Do you have experience in youth engagement or campaign arrangement?

Volunteer Peer Leaders JOB DESCRIPTION

- Age group will be 15-24.
- Education requirement: Student of School (class 9/10); or College; or University (honors).
- Gender: 1 male and 1 female (per center).
- Location: Selected Union/AFHSC catchment area (please see the vacancy line).
- Proven experience of local community engagement activities with Reference/certification.
- Mobility and Community geography knowledge.
- Ability to communicate effectively virtually and in-person meetings.
- Access to technology/internet.
- Gender sensitivity, and SRHR/FP knowledge.
- Networking with youth of college/university in local area
- Have a bi-cycle, will get preference
- Language: Bangla, preferred local language

Training and supervision:

1. approximately 3days required for volunteer training
2. commitment to work for twenty-one months (six months renewable) and attending the scheduled volunteer meetings, advocacy meetings, campaigns and adolescents (Service taker in the center)
3. pre-employment security checks, which includes criminal record check and child abuse registry check

Supervision:

Volunteers are directly responsible to the project staff and will receive ongoing supervision and evaluation from both the Youth Capacity Building Associate and Team Leader.

Evaluation:

Volunteers will be evaluated every month through virtual meetings.

Termination:

If a volunteer decides to leave the program after the initial 6 months commitment, he/she must notify the youth capacity building associate as soon as possible.

SAMPLE VOLUNTEER INTERVIEW EVALUATION FORM

Candidate Interview

Name (Applicant): _____

Age _____

Gender: Male Female

Location _____

Education: _____

Name of Interviewer: _____

Organization and Job: _____

Scoring Candidate evaluation forms are to be completed by the interviewer to rank the candidates overall qualifications for the position. In the table under each column the interviewer should give the candidate a numerical rating and write specific job related comments in the rows provided. The numerical rating system is based on the following:
5 – Exceptional 4 – Above Average 3 – Average 2 – Satisfactory 1 – Unsatisfactory

Particulars	01	02	03	04	05	Remarks
Proven experience of local community engagement/campaign arrangement						
Mobility & Community geography knowledge						
Ability to communicate effectively virtually and in-person meetings						
Access to technology/internet						
Networking with youth of college/university in local area						
Average =						

Overall Comments

What was your overall impression regarding the candidate?
Poor Moderate Good
Do you recommend or want us to move forward with the candidate?

VOLUNTEER PEER LEADER AGREEMENT

Welcome to the Foundation Training of Volunteer Peer Leaders.

We rely on the help of our volunteer peer leaders. We appreciate your participation and hope your work with us is fulfilling and helpful in your personal growth. To best serve the job, it is important that you be responsible and maintain the trust we have put in you.

Therefore, we ask you to consider the directives below:

1. I will keep all information confidential.
2. I will work 5 days per week. This includes arranging school and community based outreach campaigns. The 6 months commitment begins from August, 2021.
3. I will attend volunteer meetings, six monthly monitoring meetings, Sub-national (district) advocacy meetings, and National level advocacy meetings.
5. I will undergo a pre-employment security check, which includes a criminal record check and child abuse registry check, before I begin my volunteer work.
6. If I do not fulfill these commitments, I am aware that my status as a volunteer will be reviewed.

SIGNED: _____

DATE: _____

WITNESS: _____

VOLUNTEER PEER LEADER EVALUATION CHECKLIST

This form is for feedback on newly trained volunteers and for yearly volunteer evaluations. When observing the counselling session, the observer considers the following areas:

- Does the VPL address the organization's policies and philosophy?
- Does the VPL establish a comfortable atmosphere for adolescents? (ex: openness, approachable, supportive).
- Is the attitude toward adolescents empathetic, respectful, genuine, non-judgmental?
- Does the VPL check out the client's perceptions?
- Is there good use of communication skills? (ex: open-ended statements, perception checks, attending behaviour, non-verbal communication, comfort with silence)
- Does the VPL address support available to the client? (ex:family, partner, peers, etc.)
- Does the VPL have a good working knowledge of the mobilizing model and process?
- Does the VPL have a good working knowledge of birth control information?
- Does the VPL provide appropriate resource materials to the client?
- Does the VPL discuss opportunities for follow-up?
- Is the VPL aware of referral procedures when dealing with the various options available for adolescents
- Does the VPL have a good working knowledge of charting procedures?

SRH Volunteer Training Curriculum

GETTING STARTED

The following sections offer a complete training curriculum that will be conducted in a group setting.

Using the curriculum

The curriculum has six (6) modules. Each covers specific skills or topics, starting with core skills that are commonly required by any SRH volunteer and continuing on to information on various aspects of adolescent SRH. All volunteers who will be involved in providing health education or counselling will be provided foundation training. This includes information on important aspects such as communication, confidentiality and providing quality services skills.

Adolescent SRH volunteer training modules

- communication skills
- confidentiality
- adolescence and reproductive health
- Sexual decision making
- Birth control & pregnancy options
- DGFP operational plan & action around Adolescent Friendly Health Center

FACILITATION TECHNIQUES

This section presents a brief overview of some training concepts and techniques that will be followed.

- Apply what volunteers learn shortly after learning it.
- Teach concepts and principles in addition to facts.
- Help set goals and objectives.
- Receive feedback.
- Be valued for their knowledge and past experiences.
- Avoid lecturing.
- Make content and materials closely fit the job description.
- Use interactive methods (case studies, role-playing, etc.) to help volunteers learn by using their own experience and the experiences of others.
- Allow plenty of time to process the learning activities.
- Include opportunities for participants to apply their learning to real-life situations.
- Use demonstrations to show both how to do something and how not to do it.
- Learning is aided by using hands-on practice rather than lectures.

Learning Objectives

Cognitive (thinking) objectives
Cognitive objectives include what changes are intended in knowledge. These objectives are described as lower or higher level cognitive objectives.

Lower-level cognitive objectives include:
• fact: accumulation of pieces of information
• comprehension: understanding those pieces of information

Higher level cognitive objectives include:
• application: being able to use the information
• analysis: being able to separate the information into smaller pieces
• synthesis: being able to put pieces of the information together to form a new idea
• evaluation: being able to assign worth, value or significance to the information

Attitude objectives
Attitude objectives include what participants are intended to feel, value or believe. They address low, medium or high levels of change.

Skill objectives
Skill objectives include changes in performance. These are sometimes called behaviour or psychomotor objectives.

Preparing for volunteer training

Space:
• Training should be held in a central, accessible location.
• Make sure all participants are aware of the location as well as any other information
• Make sure there are washrooms nearby.
• Set up the room according to your own preferences. Most commonly, participants are seated in a circle to ease conversation and interaction.

Materials:
• Have light snacks and beverages available at every training session.
• Review your agenda and consider ahead of time what equipment is required for the session including flipcharts and paper, markers, masking tape, name tags, paper, pens, copies of handouts and presentations, multimedia projector for electronic presentations, etc.

Guest speakers or presenters:

• If you invite guest speakers or government officials, be sure you talk to them ahead of time to coordinate the session together.

• Clearly specify how much time they will have to cover the topic, what you hope participants will get out of it, how many participants will be present, etc.

• Have a logistics kit and thank-you card to present to the guest speaker before/after the session.

Evaluations:

• Each session should include an opportunity for participants to evaluate the session itself.

• Evaluation can be done verbally and in writing. Verbal evaluations should take place at the end of the session with all participants being given the opportunity to provide their feedback or feelings about the session.

• Not all participants will be comfortable giving feedback verbally. Written anonymous evaluations allow participants to provide their feedback privately.

• Evaluation forms should be brief. Only ask questions you want answered and that you are prepared to do something about.

• Evaluations should be reviewed after each session and used to adapt further training sessions as appropriate.

TYPICAL TRAINING SESSION

The following is the format that will be adapted by facilitators. Activities and length of time will vary depending on topic, size of group etc.

- welcome and introductions
- beginning exercise (check-in or ice breaker)
- review day's agenda
- activity and/or discussion
- break
- activity and/or discussion
- debrief topic
- wrap up exercise (check-out or closing activity)
- evaluations

Volunteer Training Session Evaluation Form

Your feedback is very important to help us know if we are doing a good job. We would appreciate it if you could take a few minutes to share your opinions on this session.

Do not write your name on the form.

Thank you.
Session title:_____
Date:_____ Presenter: _____

For each of the following, please check off the best response:

Session	**Excellent Content**	**Good**	**Needs improvement**	**Not Applicable**
1. Covered useful material				
2. Was relevant to my needs				
3. Was easy to understand				
4. Visual aids				
5. Handouts				
Presentation				
6. Presenters' knowledge				
7. Presenters' communication style				
8. Responded well to questions				
9. The workshop increased my knowledge and skills on the	**Strongly Agree**	**Agree**	**Strongly Disagree**	**Disagree**

topic.				
10. Overall, how would you rate this workshop?	**Excellent**	**Good**	**Fair**	**Poor**
11. How could this training session be improved?				

Thank you for your active participation!

Training Modules

MODULE ONE

COMMUNICATION SKILLS

Session objectives:

- recognize difficulties with effective communication
- become familiar with the ideas of active listening
- develop awareness of non-verbal behaviours
- recognize ineffective listening
- recognize how abstraction affects communication
- practise communication skills/Group work

Agenda:

1. opening activity, icebreaker or go-around
2. chain communication
3. active listening
4. barriers to effective communication
5. words and meanings
6. Group work
7. closing activity or discussion, question-answer and evaluations

Total Time: Two hours

CHAIN COMMUNICATION

Objective: Participants will learn to recognize some of the difficulties with effective communication.

Structure: large group activity

Time: 20 minutes

Materials: Pen and paper

Procedure:

1. Say: "We're going to do a brief activity about listening to get right into the topic of communication skills. Some of you may have done this before. I'd like someone to volunteer to come over here and I'm going to whisper some information very quietly so no one can hear what I'm saying. I then want that person to select someone else to come over and whisper what I told them to the next person. Then, the next person will do the same thing with another person and so on. When we're at the second last person, I'd like the last person to bring a piece of paper and pen with them and write down what they are told. Then, we'll compare that information with the actual information I started with. Can anyone want to volunteer, please?"

2. Whisper to the volunteer: “I want you to go to the nearest grocery store and buy me some apples,biscuits, cheese, french fries, chips, and chocolates.”
3. Say “OK. I’d like you to select someone and whisper to them exactly what I just whispered to you.”
4. Go around until all participants have taken a turn. Remind the last person to write down what they hear.
5. Ask the last person to read out what they wrote. Then, read out the list you originally whispered.
6. Discuss the activity briefly by asking:

- Did the final list differ substantially from the initial one?
- If so, why do you feel this happened?
- Can you pinpoint any areas of breakdown in communication?
- Was there anything that made the information easier to remember?
- Was there anything that made it difficult to remember?
- Was memory the only factor involved here or was there something else going on?

ACTIVE LISTENING

Objective: Participants will become familiar with the idea of active listening.
Structure: lecture and discussion
Time: 15 minutes
Materials: copies of handout: Active Listening Techniques, copies of handout: Active Listening Checklist, flipchart, markers

Procedure:

1. Introduce the topic by asking participants to explain what they believe is meant by the term “active listening”. Record responses on flipchart.
2. Explain that active listening is a way of responding to someone by trying to understand not merely what the person is saying but what he/she is feeling. Active listening involves techniques that demonstrate what they are saying deserves to be heard. It encourages people to feel comfortable enough to continue talking about difficult issues. Another term for active listening is reflective listening. The key is that you are actively giving something back to the other person (reflecting) to encourage him/her to express feelings and thoughts deeply and honestly.
3. Distribute handout: Active Listening Techniques and handout: Active Listening Checklist.
4. Review the information on the handout: Active Listening Techniques. As you read the information to participants (or have members of the group read the handout) ask participants to think about ways they might practice active listening in their day to day lives.
5. Review handout: Active Listening Checklist. Discuss why participants feel it might be important to practice active listening in a counseling session.

ACTIVE LISTENING CHECKLIST

■ Stop talking.
■ Empathize with the person.
■ Concentrate on what the person is saying.
■ Look at the person.
■ Smile and gesture appropriately.
■ Try to leave your emotions behind.
■ Get rid of distractions.
■ Ask questions.
■ Listen for what is not said.
■ Listen to how something is said.
■ Avoid making assumptions.
■ Avoid classifying the person.
■ Avoid hasty judgments.

BARRIERS TO EFFECTIVE COMMUNICATION

Objective: Participants will learn to recognize barriers to effective listening.
Structure: Group discussion
Time: 15 minutes
Materials: copies of handout: Barriers to Effective Communication, flipchart, markers
Procedure:
1. Ask participants to give examples of poor or negative communication (ex: checking a watch, giving orders like "You should."). List the examples on the flipchart. Ask participants how they feel when somebody they are having a conversation with does these things.
2. Distribute handout: Barriers to effective communication. Review the information on the flipchart. Ask participants if they have any additional examples.
3. Ask: What is the effect on a client of ineffective communication?

WORDS AND MEANINGS

Objective: Participants will learn to recognize how abstraction affects communication.
Structure: small and large group discussion
Time: 20 minutes
Materials: flipchart

Procedure:
1. Write the following words on the flipchart paper:

- healthy
- ill
- problem
- anxiety

- fear
- sexuality

2. Have participants get into groups of three. Assign one word at random to each group. If there are more than 18 participants, assign the same words to more than one group. Have the groups define their words. Definitions can be a one-word synonym or a phrase or whatever the group thinks appropriate. Give participants a a couple of minutes to define the word.
3. Write the following words on a flipchart while the groups are working. Write them exactly as they appear below.

Possession – Abstract
Pet
Animal
Cat
Siamese
Seal point – Concrete

4. After groups have had some time to write their definitions, stop them and ask them to consider the words on the flip chart. Explain that words can be abstract or concrete. Abstract means that they represent ideas. Concrete means that they represent real things
5. Ask participants to now define the word they were given – but this time; try to define it as concretely as possible. If the original definition seems thoroughly concrete, have them try a different word. Give each group five minutes to prepare a definition.
6. Have participants work on the activity. Monitor and answer questions or help, but do not provide definitions. Have each group in turn share the more concrete definition with the larger group.
7. Discuss the concept of concrete by asking questions such as:

- Were most of the definitions abstract at the beginning?
- If so, how did this fact affect the similarity of definitions?
- How did trying to make definitions more concrete affect their degrees of similarity?
- Were some words more difficult to make concrete than others?
- If so, how do you account for that?
- What does this experience suggest about where meaning lies?
- How can you communicate your meaning more clearly to another person?

SOCIAL MEDIA

Objectives

- Social media outlets and their potential and power in an issue campaign;
- How to use social media to increase awareness and exposure.
- Best practices in using the most popular social media outlets.

Agenda

1. Presentation:
2. Group exercise:
3. Debrief, test and question-answer:

TIME: 60 minutes

OVERVIEW

This session requires trainers to have a working knowledge of social media. They must also be able to lead discussions about why people participate in social media and how it applies to the issue at hand. This session will educate activists on best practices and ideas for effective social media campaigns.

MATERIALS NEEDED

- Flipchart
- Dark markers
- PowerPoint presentation
- Prepared examples of highly effective advocates on social media, such as celebrities, politicians, musicians, pop-icons, etc.

MODULE TWO

CONFIDENTIALITY

Session Objectives:

• Become familiar with the concept of confidentiality.
• Develop sensitivity to issues of confidentiality.
• Develop personal confidentiality guidelines related to SRH.
• Understand and clarify comfort levels with confidentiality policy guidelines.
• Recognize breaches of confidentiality and create responses to those breaches.

Agenda:

1. opening activity, icebreaker or discussion
2. what is confidentiality
3. developing personal confidentiality guidelines
4. examining confidentiality policy guidelines
5. breaches of confidentiality
6. Group work
7. closing activity or discussion and evaluations

Total Time: two hours & 20 minutes

WHAT IS CONFIDENTIALITY?

Objective: Participants will become familiar with the concept of confidentiality.
Structure: Group discussion
Time: 15 minutes
Materials: copies of handout: What is Confidentiality?, flipchart, markers

Procedure:

1. Ask participants "What is confidentiality?" Ask participants to respond and record key points on a flipchart.
2. Share the following definition of confidentiality:
    - an assurance of mind or firm belief in the trustworthiness of another or in the truth and reality of a fact, trust or reliance – someone or something in which trust is placed
    - something told in secret or a private communication
    - the belief that another will keep a secret; assurance of secrecy
3. Distributed handout: What is Confidentiality? and review with participants. Ask them why it is important, when working with adolescents, to ensure we always respect their confidentiality. Discuss.

CONFIDENTIALITY RIGHTS AND RESPONSIBILITIES

- Imagine that you have just learned that you have a sexually transmitted infection (STI). How would you respond? What are your feelings?
- Who would you tell? Why?
- Who would you want to make sure doesn't know? Why?
- Under what conditions would you want people to know?
- Under what circumstances would you want to know if a friend or someone you work with had an STI? Why?

BREACHES OF CONFIDENTIALITY

Objective: Participants will recognize breaches of confidentiality and create responses to them.
Structure: small group and large group activity
Time: 20 minutes
Materials: paper and pens, flipchart, markers

Procedure:

1. Divide participants into groups of three. Give each group 10 minutes to create a scenario in which confidentiality has been breached and write it down.
2. When groups have created a scenario, have them exchange scenarios so that each group has another group's scenario. Have groups create a brief response to the breach and how they would deal with the situation.
3. Have each group read out the scenario they were given and then discuss their responses. Discuss key points as they come up.

MODULE THREE

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

Session objectives:

- Identify and describe the SRH concerns of adolescents.
- Develop the skills to talk about reproductive and sexual health issues with adolescents.

Agenda:

1. opening activity, icebreaker or discussion
2. common adolescent health concerns
3. Myth examining
4. Reproductive health issues question/answer match
4. Group discussion
5. closing activity or discussion and evaluations

Total Time: two hours

IT'S THE TRUTH: THE FACTS ABOUT PERSONAL SEXUAL AND REPRODUCTIVE HEALTH CARE FOR ADOLESCENT FEMALES

It is common for adolescent females to:

- be at a different stage of physical development from peers of the same age
- Have one breast slightly larger or differently shaped
- Have breast swelling and tenderness just before their periods
- Have cramps before and/or during their periods
- Have nipples that turn in instead of sticking out or hair around the nipples
- Have some natural, healthy, genital odour
- Have genital hair of a different colour from hair on other parts of their bodies
- Have a regular menstrual cycle length between 21 and 40 days
- Have irregular periods
- Have wetness in the vaginal area when sexually aroused
- Masturbate occasionally, frequently, or not at all (with no resulting physical harm)
- Have varying amounts of clear to cloudy discharge from the vagina, as part of their monthly cycle or with antibiotics, birth control pills, or pregnancy
- Have their hymens stretched during routine physical activities like gymnastics (therefore not a clue to virginity)
- Have labia, breast, nipples of various sizes, shapes, skin tones

IT'S THE TRUTH: THE FACTS ABOUT PERSONAL SEXUAL AND REPRODUCTIVE HEALTH CARE FOR ADOLESCENT MALES

It is common for adolescent males to:

- be at a different stage of physical development from peers of the same age

- have one testicle larger and lower hanging than the other
- have their testicles hang closer to, or further from, the body, depending upon temperature changes, stress, or sexual arousal
- be normal with either a circumcised or uncircumcised penis
- have a whitish, cheesy substance (smegma) under the foreskin, if uncircumcised
- have a pimple or hairs on the penis
- have genital hair of different color from hair on other parts of their bodies
- have some natural, healthy genital odor
- have frequent erections, sometimes due to sexual arousal, stress or general excitement, and sometimes for no apparent reason
- wake up in the morning with an erection
- sometimes lose an erection during intercourse
- masturbate occasionally, frequently, or not at all (with no resulting physical harm)
- have erections without ejaculating
- have wet dreams (nocturnal emissions)
- have a flaccid (limp) penis length of under five inches
- believe, incorrectly, that penis size is crucial to proper sexual functioning
- have an ache in the testicles ("blue balls") after prolonged sexual arousal (which will go away by itself or can be relieved through masturbation)
- have breast swelling during puberty which disappears after puberty ends
- have some breast tenderness, or a sore spot under one or both nipples

REPRODUCTIVE HEALTH ISSUES QUESTION/ANSWER MATCH

Objective:

Participants will identify and describe the reproductive health concerns of adolescents and build skills to talk about reproductive health issues.

Structure: Group activity

Time: 30 minutes

Materials: reproductive health question and answer cards educator resource, participant resource

Procedure:

1. Tell participants they're going to have a chance to find answers to common questions about reproductive and sexual health problems.
2. Distribute one question or answer card to each participant. (Store question and answer cards in pairs until you know the number needed for your group. Shuffle the order of the question and answer cards before you begin the activity.)
3. Explain that they each have either a question card or an answer card. Their job is to find the person in the room holding the best match to their own card. Demonstrate by doing an example with one participant.

4. Tell participants they will have five minutes to find their match and they should remain with their match until the activity is completed.
5. After everyone has found a match, ask each pair to read their question and answer to the group, one at a time. If the group believes the match is accurate, the pair sits down and the entire group adds information or asks questions about that issue. If someone questions the accuracy of the match, ask that pair to move to a specific section of the room until all of the pairs have reported.
6. When all of the pairs have read their cards, have participants with the questionable matches reread their cards, and others suggest the correct match for any that were paired incorrectly.
7. Conclude with the following questions:

- What did you learn from doing this activity?
- How might young people feel about talking to somebody about these issues?
- How might you help increase their comfort level with this topic?
- What other sexual or reproductive health issues would you like to know about?

REPRODUCTIVE HEALTH QUESTION AND ANSWER CARDS QUESTIONS

1. What are some reasons a woman might get a pelvic exam?
2. How often should a man examine his testicles?
3. How often should a woman examine her breasts?
4. What is the name of the special instrument health care providers use for a female pelvic exam?
5. What percentage of infected males knows they have gonorrhoea because they have symptoms?
6. What percentage of infected females knows they have chlamydia because they have symptoms?
7. What are some signs or symptoms people might have if they have a sexually transmitted infection?
8. What are some early signs of pregnancy?
9. Who has to give someone under the age of 18 permission to have a sexual health exam or a test for a sexually transmitted infection?
10. What are some ways health professional checks to find if a person has a sexually transmitted infection?
11. What factors increase a female's chances of getting pelvic inflammatory disease, which may limit her ability to become pregnant in the future?
12. What factors increase a female's risk of getting cervical cancer?
13. What health benefits besides pregnancy prevention can condoms provide?
14. Women between the ages of 15 and 24 account for approximately what percentage of all positive chlamydia cases?
15. What percentage of young people aged 15 to 19 in Manitoba smoke tobacco?
16. What is considered to be Canada's most common sexually transmitted infection (STI)?

17. When might a health care provider be forced to contact a minor's parent or guardian?
18. What are some reasons why some teens don't go to a health care provider

MODULE FOUR

SEXUAL DECISION MAKING

Session Objectives:

Identify healthy and unhealthy relationships with body
Demonstrate assertive communication skills.
Learn to apply decision making skills in counseling.

Agenda:

1. opening activity, discussion or icebreaker (10 minutes)
2. healthy relationships comparison (30 minutes)
4. Group activities
5. closing activity or discussion and evaluations (15 minutes)

Total Time: One hour & fifteen minutes

HEALTHY RELATIONSHIPS COMPARISON

Objective: Participants will define a healthy and unhealthy relationship.
Structure: large group and small group activity
Time: 15 minutes
Materials: flipchart, markers

Procedure:

1. Depending on the size of the group, divide it into two or four equal groups.
2. Assign one group the topic of "healthy relationships" and the other group "unhealthy relationships."
3. Give each group five minutes to brainstorm as many characteristics of their subject as possible.
4. Have each group present its list, either written on the board or on taped up flip chart papers. After all of one subject has been presented, let anyone else contribute to the list until there is a list for "healthy" and another for "unhealthy" relationships. Leave these lists up on the walls for the rest of the session.

Sample List: Healthy Relationships

Happiness • comfort • trust • kindness • love • acceptance • affection • strong self-esteem of both partners • equality • humor • mutual respect • fun • friendship • can be yourself • laughter • no fear of partner • common interests • still independent people • support • honesty • fair fights • communicate well • acceptance • faithfulness • empathy

Unhealthy Relationships

• no trust • unfair fights • no respect • partner tries to change you • jealousy • lies • abuse-emotional, physical • manipulation-mental, sexual • bad/no communication • lack of understanding • low self-esteem • no fun • power issues • fear • based only on physical attraction

5. Lead a discussion by asking:

- How do you feel in a healthy relationship?
- How do you feel in an unhealthy relationship?
- Why do people sometimes stay in unhealthy relationships?
- What can you do if you know someone is in an unhealthy relationship?
- Who can help them?
- What are some ways to end an unhealthy relationship?

6. Conclude the activity by pointing out how important it is to recognize the qualities of both healthy and unhealthy relationships. In counseling, this will help us work with our clients to develop and negotiate satisfying and meaningful relationships.

MODULE FIVE

BIRTH CONTROL AND PREGNANCY OPTIONS

Session Objectives:

- Learn the various methods of birth control and safer sex options.
- Review a typical birth control counseling session.
- Become comfortable doing birth control and safer sex counseling with adolescents.

Agenda:
1. opening activity, icebreaker or discussion
2. methods of pregnancy prevention quiz
3. Discussion on FP Methods
4. Pregnancy options counseling guidelines
5. Group works
6. closing activity or discussion and evaluations

Total Time: Two hours

METHODS OF PREGNANCY PREVENTION QUIZ

Objective: Participants will identify effective methods of pregnancy and STI prevention.
Structure: individual
Time: 20 minutes Materials: handout:
Methods of Pregnancy and STI Prevention, flipchart, markers

Procedure:
Distribute handout: Methods of Pregnancy and STI Prevention to participants and give them time to complete the quiz individually. Review answers as a large group.

1. If you are under 16 years of age, you need parental consent to obtain birth control pills. FALSE. There is no minimum age to prescribe contraception and youth are under no legal obligation to inform their parents that they are being prescribed/using contraception.
2. Condoms can be used with water-based lubricants. TRUE. Oil or petroleum based lubricants (ex: Vaseline or hand lotion) cause condoms to break.
3. Oral contraceptives (the birth control pill) should be taken at the same time every day. TRUE. For best results, the pill should be taken at the same time every day.
4. Women must receive birth control injections every six months. FALSE. Women must receive birth control injections every three months.
5. It is possible for a woman to become pregnant if she has vaginal intercourse during her period. TRUE. It is unlikely that a woman would become pregnant during her period. However, some women with shorter menstrual cycles ovulate earlier than day 14, and sperm can survive four to seven days inside a woman's body.

6. Air must be squeezed out of the tip of the condom before putting it on. TRUE. This reduces the chance of it breaking or tearing.
7. Non-lubricated condoms work best for oral sex. TRUE. Lubricated condoms have a medicinal taste, non-lubricated do not.
8. Withdrawal is an effective method of birth control. FALSE. Withdrawal is not a reliable method.
9. Emergency contraception (the Morning After Pill) can be taken up to five days after unprotected vaginal intercourse. TRUE. However, the earlier a woman takes emergency contraception, the more effective it is.
10. A condom can be used more than once. FALSE. A condom can only be used once and should be discarded after use.
11. A prescription for a vaginal ring can be obtained from a physician. TRUE. A physician at a clinic or physician's office must prescribe the vaginal ring.
12. Birth control is not a guy's responsibility because he's not the one who could get pregnant. FALSE. Guys should also know about all methods of birth control and disease prevention so they can support their partner's effective use of a method and reduce the risk of STIs and unintended pregnancy.

COMMON METHODS OF PREGNANCY PREVENTION

Birth control methods:

- **Condom:** Condom is a barrier contraceptive made from latex rubber, a synthetic rubber called polyisoprene, or a very thin plastic called polyurethane to protect against unwanted pregnancy.
- **Birth control pill:** The birth control pill is a type of contraception that contains hormones that prevent pregnancy.
- **Emergency pill:** Emergency contraceptive pills (ECPs) are pills that can be taken up to 120 hours (5 days) after having unprotected sex.
- **Contraceptive injection:** The contraceptive injection releases the hormone progestogen into the bloodstream to prevent pregnancy.
- **IUD:** "IUD" stands for "intrauterine device." Shaped like a "T" and a bit bigger than a quarter, an IUD fits inside the uterus. It prevents pregnancy by stopping sperm from reaching and fertilizing eggs.
- **Implant:** The contraceptive implant (Nexplanon) is a small flexible plastic rod that's placed under the skin of the upper arm by a doctor or nurse. It releases the hormone progestogen into the bloodstream to prevent pregnancy and lasts for 3 years.
- **Others:** Other contraceptive methods are IUS (intrauterine system or hormonal coil), contraceptive patch, vaginal ring etc.

PREGNANCY OPTIONS COUNSELLING GUIDELINES

Objective: Participants will learn how to do a pregnancy options counseling session.

Structure: large group presentation – consider a current volunteer or health practitioner as a guest presenter.

Time: 60 minutes

Materials: handout: Pregnancy Options Counseling Guidelines, flipchart, markers.

Procedure:

1. Invite an experienced volunteer or a health practitioner to present to the group on how to conduct a typical pregnancy options counseling session. If no guest speaker is available, make notes for yourself to summarize the information in the Pregnancy Options Counseling Guidelines into a presentation.
2. Present the information in the Pregnancy Options Counseling Guidelines to the group. Invite participants to ask questions.
3. Distribute handout and ask participants to keep the guidelines for future reference. If they have any questions, tell them to see you after the session or at the next training.

Note: If time permits, have volunteer's role play parts of the pregnancy options counselling session. Have the guest speaker demonstrate first with one of the participants. Then, participants can be invited to take over the counselor role from the speaker.

MODULE SIX

DGFP Plan of action around Adolescent Friendly Health Center

Adolescent Sexual and Reproductive Health

The sexual and reproductive health (SRH) status of adolescents in Bangladesh, both those who are unmarried and married, remains an area of concern for the country. Low levels of knowledge on SRH and STI/HIV, high prevalence of child marriage, correspondingly high levels of adolescent fertility and limited access to quality and age appropriate information and services are challenges, which need to be addressed through adolescent health programming. It is envisioned that interventions which provide quality, age appropriate information and services to adolescents, on their SRH and rights, beginning with the very young adolescent(10-14 years) and continuing until they become adults (18 years onwards) will contribute to improving the SRH status of adolescents in the country.

Strategic Objectives:

- To create an enabling environment at all levels – national and local – by strengthening legislation, policy development and implementation;
- To integrate and strengthen age appropriate comprehensive sexuality education programmes at all academic and training institutions.

Violence against Adolescents

As a patriarchal and strongly hierarchical society, the prevalence of violence is a common and socially accepted phenomenon in Bangladesh. Violence affects children, adolescents and adults alike with girls and women disproportionately experiencing violence – be it from persons known to them, the wider community or complete strangers. A clear manifestation of violence against adolescents, especially adolescent girls, is the high prevalence of child marriage in Bangladesh – according to the most recent BDHS (2014) 59 percent of women aged 20-24 years were married before the age of 18. While there is no nationally representative or documented data on violence experienced by adolescent boys, anecdotal evidence and small-scale studies point to violence experienced by adolescent boys as well.

Strategic Objectives

- To promote positive social norms which address age and gender based discrimination and violence, including child marriage by engaging and influencing policy makers and key stakeholders;
- To empower adolescents, especially adolescent girls, by providing them with life skills to stand up for their rights, including their rights to fully and freely consent to marriage.

Adolescent Nutrition

Adolescence is a period of rapid physical, mental and emotional growth, characterized by the development of the brain and related cognitive capacities which are the foundation of overall health and well being. The nutritional requirements during adolescence is significant and a key requisite to attain optimum growth in this important stage of life. A well-nourished adolescent girl will have a multi-generational impact because a healthy, mature and well-nourished woman is more likely to deliver babies with appropriate birth weight. A strong start in life is essential to break the intergenerational cycle of under nutrition and a well-nourished adolescent is also more likely to lead a healthy life during adulthood, with fewer risks of non-communicable diseases in later life. The global review on adolescent nutrition (WHO, 2005) suggested that the main nutritional issues of adolescents in low- and middle-income countries are under nutrition and associated deficiencies which often originate during childhood.

Strategic Objectives

- To reduce under nutrition and anaemia among adolescent girls (pregnant and nonpregnant) and boys;
- To reduce the risk of low birth weight babies, pregnancy related complications and nutritional risks among adolescent girls;
- To reduce micronutrient deficiencies such as Calcium, Vitamin D and Iodine deficiency among pregnant adolescent girls.

Mental Health of Adolescents

Like many other countries across the world, awareness about mental health, mental illness and acceptance of treatment for it are very low in Bangladesh, primarily due to social stigma and superstition. The report of the National Mental Health System in Bangladesh (WHO 2007), showed that 16.1 percent of the adult population (aged 18 years or older) of Bangladesh suffer from some form of mental disorder. A systematic review on the mental health situation of Bangladesh revealed that the overall prevalence of mental ill health varied from 6.5 to 31 percent among adults and from 13.4 to 22.9 percent among children (Hossain et al., 2014). Importantly, similar to data on the SRH status of adolescents, there is limited data on the mental health situation of adolescents. Much of the available mental health related statistics focuses on adults and children of the country and therefore it is difficult to critically assess the mental health status of adolescents in the country. The wide range in the reported prevalence estimates strongly suggests that mental disorders constitute a significant public health problem in Bangladesh.

Strategic Objectives

To integrate the mental health agenda within primary health care services and other relevant health and education services;

To promote mental health and prevent mental ill health by implementing a range of evidence based interventions and screening for common mental illnesses and suicidal behaviour as per the provisions of primary mental health care.

Social and Behavior Change Communication

Meeting the overall health needs of adolescents, given the stigma, myths and taboos associated with adolescent health issues, is a challenge in Bangladesh. Adolescents have some access to information relating to their health, but this information is not provided through means that have the power to change existing negative behaviors, maintain positive behaviors and adopt more responsible and effective behaviors, which will contribute to health promotion. As a result, there is a need to collaboratively adopt an effective SBCC campaign if we are to ensure the health of all adolescent boys and girls of Bangladesh.

Strategic Objectives

- To ensure political commitment and adequate resources to support SBCC interventions;
- To promote social mobilization and ensure wider participation, coalition and ownership of issues which affect adolescents among community members;
- To use SBCC interventions to bring about changes in knowledge, attitudes and practices among specific audiences.

Health Systems Strengthening

The concept of adolescent health has to be understood from a multi-dimensional perspective and an effective response to meeting the health needs of adolescents require a multi-sectoral and multidisciplinary approach. As such, the effective implementation of adolescent health programs will depend on a coordinated approach and is the collective responsibility of a range of line ministries, departments and agencies, non-governmental organizations, the private sector, religious authorities, communities, families and individuals. However, as the focal Ministry for adolescent health, the Ministry of Health and Family Welfare has the overall responsibility to ensure its systems are strengthened and can meet the health needs of this large population cohort. This strengthening of the health sector response to adolescent health needs to be conducted through a systematic process, which applies at the national, district and sub-district health facility levels, in line with the Essential Services Package (ESP) of the Government of Bangladesh.

ANNEX

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICE FEEDBACK FORM

Date: _____

Name of the service taker: _____

Age: _____

Sex: a) Male b) Female c) Others

Name of the Center: _____

1. Has necessary SRH service been provided without the presence/permission of the guardian?

   a) Yes b) No

2. Could you discuss your queries/problems without hesitation to the service provider?

   a) Yes b) No

3. Have you received your necessary service?

   a) Yes b) No

4. Was the behavior of the service provider satisfactory?

   a) Yes b) No

5. Have you faced any problems during the service?

   a) Yes, (_____) b) No

6. Did the service provider ask any personal questions/ give any unwanted advice to you?

   a) Yes b) No

7. Is there a separate sitting arrangement in the center where service was provided with maintaining privacy?

   a) Yes b) No

8. Does the center remain open at your convenient time?

   a) Yes b) No (It will be helpful if the center remains open till _____)

9. Did the youth/VPL help in ensuring your service?

   a) Yes b) No

10. Are the campaigns helping in taking health services?

a) Yes b) No

11. Will you revisit the center for taking services?

a) Yes b) No

12. Will you recommend the center to your friends/classmates?

a) Yes b) No

13. Is there any service system which will be helpful for you if arranged otherwise?

-

14. What did you like about the center? (any one)

-

15. What do you think should be done to improve the quality of the services?

-

16. How would you mark the experience of your service at the center?

a) Very good b) Good c) Neutral d) Bad e) Very bad

WEEKLY PERFORMANCE EVALUATION FORM

Date:

Name of the VPL:

Name of AFHS Center:

1. How many adolescents (Put the number separately for Male and Female) visit the AFHS Center this week? _____

2. Has the number of visitors increased than last week? If yes, then how many?

a) Yes, _____ b) No

3. Are the staff supportive of you?

a) Yes b) No

4. Do the visitors get their needed services?

a) Yes b) No (If no, then write down the causes below)

5. Do the visitors ask you for any help or query?

a) Yes b) No

6. Does the AFHS Center remain open till 3:00 pm?

a) Yes b) No

7. How many students participated in the school campaign and were informed about the nearby AFHS Center and it's services this week?

Ans:

8. How many people participated in the community campaign and were informed about the nearby AFHS Center and it's services this week?

Ans:

9. Do you need any support/help from the team of SERAC-Bangladesh? (If no, then skip this part)

10. Do you need any support/help from the Directorate General of Family Planning (DGFP)? (If no, then skip this part)

11. If you have any recommendation for improving the service of Adolescent Friendly Health Service (AFHS) Center then write down below.

MONTHLY REPORT FORMAT

Name of the Month:

Number of AFHS Center: 20

Number of VPLs: 40

1. **Monthly number of visitors (Male and Female, Others):**

Sl. No.	Division Dhaka	Center Name	Upazila	Number of Male visitor	Number of Female visitor	Number of Other visitors	Total number of visitor
01	Narayanganj	Ma o Shishu Kollan Kendro	Sadar, Narayanganj				
02		Siddhirganj Mijimiji Union Sastho o Poribar Kollan Kendro	Sadar, Narayanganj				
03		Muchapur Union Sastho o Poribar Kollan Kendro	Bondor, Narayanganj				
04		Shambhupura Union Sastho o Poribar Kollan Kendro	Sonargaon, Narayanganj				
05	Dhaka	Beraid Union Sastho o Poribar Kollan Kendro	Tejgaon				
06		Tetuljhora Union Sastho o Poribar Kollan Kendro	Savar				
07		Vakurta Union Sastho o Poribar Kollan Kendro	Savar				
08		Shomvag Union Sastho o Poribar Kollan Kendro	Dhamrai				
09		Shahid Shamsunnesa Arjumoni Ma o	Hazaribag				

		Shishu Kollan Kendro					
10		Mirpur Upazila Poribar Porikolpona Karjaloy	Mirpur				
Division: Mymensingh							
01	Mymensingh	Ma o Shishu Kollan Kendro	Sadar				
02		Khagadhor Union Sastho o Poribar Kollan Kendro	Sadar				
03		Hobir Bari Union Sastho o Poribar Kollan Kendro	Valuka				
04		Bildora Union Sastho o Poribar Kollan Kendro	Haluaghat				
05		Boilor Union Sastho o Poribar Kollan Kendro	Trishal				
06		Kumarpata Union Sastho o Poribar Kollan Kendro	Muktagacha				
07		Maoha Union Sastho o Poribar Kollan Kendro	Gauripur				
08		Chondipasha Union Sastho o Poribar Kollan Kendro	Nandail				
09	Netrokona	Fatehpur Union Sastho o Poribar Kollan Kendro	Modon				

2. **Number of visitors per week:**

Sl. No.	**Name of the AFHS Center**	**Visitors in WEEK**	**Visitors in WEEK**	**Visitors in WEEK**	**Visitors in WEEK**	**Visitors in WEEK**

		01	02	03	04	05
01.	Ma o Shishu Kollan Kendro, Narayanganj					
02.	Siddhirganj Mijmiji Union Sastho o Poribar Kollan Kendro					
03.	Muchapur Union Sastho o Poribar Kollan Kendro					
04.	Shambhupura Union Sastho o Poribar Kollan Kendro					
05.	Beraid Union Sastho o Poribar Kollan Kendro					
06.	Tetuljhora Union Sastho o Poribar Kollan Kendro					
07.	Vakurta Union Sastho o Poribar Kollan Kendro					
08.	Shomvag Union Sastho o Poribar Kollan Kendro					
09.	Shahid Shamsunnesa Arjumoni Ma o Shishu Kollan Kendro					
10.	Mirpur Upazila Poribar Porikolpona Karjaloy					
11.	Ma o Shishu Kollan Kendro, Mymensingh					
12.	Khagadhor Union Sastho o Poribar Kollan Kendro					
13.	Hobir Bari Union Sastho o Poribar Kollan Kendro					
14.	Bildora Union Sastho o Poribar Kollan Kendro					
15.	Boilor Union Sastho o Poribar Kollan Kendro					
16.	Kumarpata Union Sastho o Poribar Kollan Kendro					
17.	Maoha Union Sastho o Poribar Kollan Kendro					
18.	Chondipasha Union Sastho o Poribar Kollan Kendro					
19.	Fatehpur Union Sastho o Poribar Kollan Kendro					
20.	Ma o Shishu Kollan Kendro, Netrokona					

3. **Number of people joined the community campaign this month:**

4. **Number of students joined school based campaign this month:**

5. **Cooperation of the Staffs of AFHS Centers:**

6. **Reasons behind not getting needed services from the AFHS Centers:**

7. **Communication between the VPLs and the visitors:**

8. **Maintenance of visiting hours of the AFHS Centers:**

9. **Supports needed from SERAC-Bangladesh:**

10. **Supports needed from Directorate General of Family Planning (DGFP):**

11. **Recommendations by the adolescent visitors for improving the service of the AFHCs:**

12. **Recommendations by the VPLs for improving the services of the AFHCs:**

SERAC-*Bangladesh*
(A youth focused rights and development organization)

Shukhi Jibon

PATHFINDER