Enhancing Girl's Agency and Gender Equality

FACILITATIORS GUIDE

MODULE 3

IMPLEMENTATION OF SERVICE DELIVERY COMPONENTS

NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

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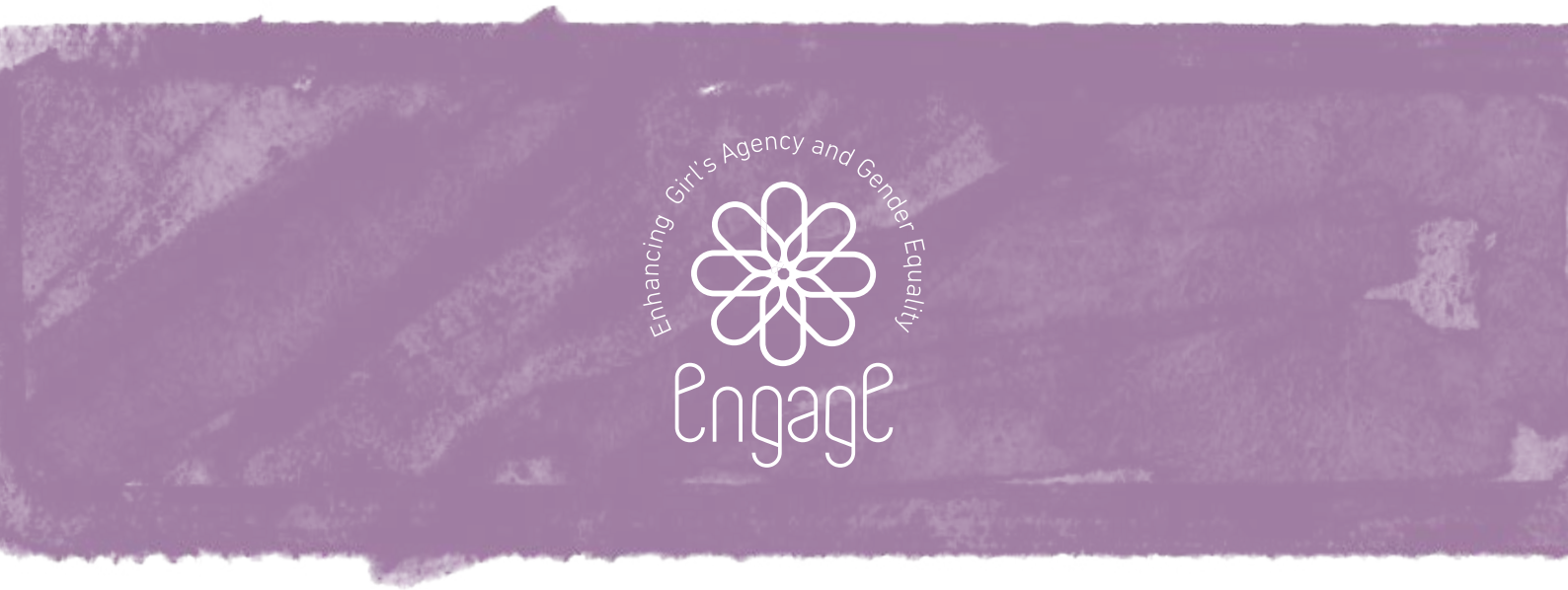
actalliance


Enhancing Girl's Agency and Gender Equality
Engage

INTRODUCTION TO ENGAGE CAPACITY BUILDING STRATEGY

To support the implementation of the community-level strategies, ongoing support should be provided to staff and partners to develop the skills, knowledge, confidence, and transformative attitudes to implement high quality GBV services and community outreach activities. This support will be responsive to the identified needs and contexts, but is likely to include a combination of resources, training, coaching and peer support, in order to best prevent and respond to CEFM in humanitarian settings.

The capacity component consists of two main activities:

1 an initial training for facilitators using the following tool, including the facilitators guide, participant's workbooks and powerpoint slides

2 the ongoing provision of coaching, supervision and peer support.

ENGAGE TRAINING PACKAGE

Before implementing the activities in this toolkit, it is essential that facilitators and caseworkers participate in an initial training, which provides an in-depth overview of the activities and tools to support implementation, monitoring and evaluation. The 4 modules are anticipated to take 4 weeks in total, so it is important that time and resources are allocated appropriately. The modules, expected time frame and target audience are as follows:

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
1	Core Training Module	4.5	All staff, including programme managers, community outreach workers, life skills facilitators and caseworkers.
This module introduces the ENGAGE toolkit, provides an opportunity for staff to reflect on their own attitudes and beliefs, and covers essential information related to CEFM (such as driving factors and consequences). The sessions also introduce and explain adolescent, sexual and reproductive health (ASRH), the ENGAGE Theory of Change and monitoring and evaluation of the program.			
2	Facilitation Skills and Considerations*	4.5	All staff, as above
This module focuses on the Do No Harm principle, followed by staff self care. The remaining sessions focus on building skills required to facilitate the ENGAGE program, such as participatory processes, communication skills and creating a safe and respectful space. These sessions are optional, and only required if staff need support with learning or improving existing facilitation skills. Specific topics can be selected rather than the entire module.			

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
3	Implementation of Service Delivery Components	4.5	All facilitators of the life skills and focused care tools, caseworkers and supervisors
This module focuses on service delivery component of the ENGAGE program. This begins with case management for at risk girls and girls who are already married, followed by a theoretical overview of the service delivery component (Ife skills and focused care sessions). The remaining sessions focus on practical application of the tools, where participants practice allocated sessions in front of their peers and receive critical feedback for improving facilitation of service delivery activities.			
4	Implementation of Community Outreach Components	6.5	Facilitators of community outreach components, programme managers
This module focuses on the community outreach component of the ENGAGE program. This includes an overview of the community outreach tools, including male and female caregiver's sessions, religious leader's workshops, teacher's workshops and the community dialogue and social norms change program. After each theoretical overview, staff will practice allocated sessions from that tool in front of their peers and receive critical feedback for improving facilitation of community outreach activities.			

***OPTIONAL**

A training agenda and a pre/post test with answers are included in the ENGAGE implementation guide (annex 7 and 8). These can be adapted to suit the training plan, depending which sessions have been selected, and if this will be facilitated in a one 4 week block, or split up into modules over a longer period. A participant's workbook is also included as part of this toolkit, which includes key takeaway messages, plus the annexes and handouts in sequential order. It is strongly advised that the workbook is printed for each participant, as this resource will encourage group members to engage in discussions rather than copying PowerPoint slides, plus will be a useful resource to refer back to. The workbook also reduces the training preparation by pulling together all the handouts required for participants.

It is recommended that the ENGAGE program does not begin until all modules of training are complete. This is because the Adolescent Girls Life Skills program (Module 3: Service Delivery) and Male and Female Caregivers Sessions (Module 4: Community Outreach) are designed to complement each other, hence it is important that they are facilitated in the field at the same time.

It is also recommended that a 5 day refresher training takes place approximately half way through the 12 month program, as outlined in the ENGAGE Timeline. This should focus on areas that have been identified to need further capacity building, through the use of the ongoing coaching, supervision and peer support tools. The selected sessions (both theoretical and practical) will aim to improve the skills, confidence and performance of facilitators, leading to better quality implementation of activities and ultimately, more positive outcomes for individuals and communities.

Written by: Kaiser Consulting Group
Piloted and Edited by: Emily Seaman, NCA CEFM Specialist
Designed by: Hugo Balandra

MODULE 3: IMPLEMENTATION OF SERVICE DELIVERY COMPONENTS

TARGET AUDIENCE: All facilitators of the life skills and focused care tools, caseworkers and supervisors.

SESSION 1

CHILD, EARLY AND FORCED MARRIAGE (CEFM) AND GBV CASE MANAGEMENT[1]

5.5 HOURS

Responding to child marriage cases, whether they involve imminent risk cases or girls who are already married, requires strong case management skills and knowledge on how to work with adolescent girls. These are often complicated and time intense cases and case workers should always bring in a supervisor for support when needed.

NOTE: *The following session is informed directly by The Interagency GBV Case Management Guidelines. For further information to assist with technical guidance, refer to gbvresponders.org*

LEARNING OBJECTIVES:

- Understand the various case management responses to early marriage
- Determine how to provide levels of face to face and remote safety support for adolescent girls
- Understand how to identify and refer participants appropriately
- Understand the differences between standard case management process and adaptations for emergencies

TOPICS

1.1 Case management for at risk girls and girls who are already married
1.2 Safety planning
1.3 Secure referrals to specialized services
1.4 Delivering remote support

MATERIALS AND PREPARATION

- Flipchart
- Markers
- Annex 1: module 3 pre test
- Annex 2a: consent and assent for individual services
- Annex 2b: introduce and get consent
- Annex 4: assessment case studies
- Annex 5: case management response to early marriage
- Annex 3: mapping needs
- Annex 6: standard case management process and adaptation for emergencies
- Copies of the service provider map and interagency referral form (if available in your area)

1 GBV AoR (2017). The Interagency Gender-Based Violence Case Management Training, Facilitator's Guide.

TOPIC 1.1

SERVICES FOR AT RISK GIRLS AND GIRLS WHO ARE ALREADY MARRIED

3.5 HOURS

MATERIALS AND PREPARATION
Flipchart and markers, annex 1: Module 3 pre test, annex 2a: Consent and assent for individual services, annex 2b: Introduce and get consent, annex 3: Mapping needs, annex 4: Assessment case studies, annex 5: Case management response to early marriage

Show slide 1 and introduce Module 3. Explain that during this module we will focus on implementation of the service delivery components, including **case management, life skills for adolescent girls and boys** and **focused care sessions.**

Refer participants to **Participants workbook annex 1: Module 3 pre test** and allow 20 minutes to complete.

Show slide 2 to introduce the session. **Read slide 3** to go over the session objectives.

Show slide 4 and introduce topic 1: Case Management for at Risk Girls and Girls who are Already Married.

Ask participants if they can list the principles of working with adolescent girls in case management.

Show slide 5 and explain the principles[2] of working with adolescent girls:

- Respect the rights, wishes, opinions, and dignity of the girl survivor and jointly determine her best interest
- Show empathy
- Establish and maintain safety
- Ensure and maintain confidentiality
- Non-discrimination: Treat every girl with equal care and respect
- Collaboration: Engage the girl survivor in decision-making
- Empower girls and build resilience
- Accountability and responsibility

Show slide 6 and say that working with adolescent girls can be a bit scary for those of us who have worked with adult women for most of our careers. At the core of GBV case management with adolescent girl survivors, the principles, theories and skills are all the same. We maintain survivor-centred attitudes and pull on our strong communication skills to effectively support, assess, and service/safety plan with survivors.

2 Guiding Principles for Working with Adolescent Girl Survivors: IRC

Explain that when working with adolescents, it is important to remember to:

Alter your delivery based on the girl's developmental level, situation, and maturity	**Do not use professional jargon, terms, or phrases**	**Use simple, clear language – tailored to the age and understanding of the girl**	**Prioritize safety**

Divide participants into groups of no more than 5 and **ask** participants to recall the core module of the training. **Ask** the participants to talk about what child marriage looks like in the community in which they work, including the risk and protective factors for early marriage and how they see their role within this. After 5-10 minutes, come back and have everyone share their discussions with the larger group.

Show slide 7. Say that CEFM case management follows the same process and guiding principles as other GBV cases. Explain that there are two main categories of early marriage cases, which require different types of focus in your assessment and ultimately different actions based on the needs of the girl. This includes imminent risk and already married cases, which we will look at closer in this topic.

First and foremost, in any case management response is introducing yourself and getting consent to proceed with services. This is followed by a safe, well-paced, and thorough assessment. The assessment will look slightly different depending on the girl's situation: whether she is at risk for an early marriage or if she is already married.

Show slide 8 and say remember that while this may be our instinct, it is not our role to go immediately to the family to try to stop a marriage from going ahead. Doing so is unsafe for the girl as well as ourselves and our colleagues. Our role is rather to work with the survivor to understand what she wants and how we can support that process. We want to:

- Build a trusting relationship
- Facilitate a process of engagement, assessment and case action planning
- Provide information to the girl about early marriage
- Engage with trusted adults if and when relevant. Just like with any type of GBV, as the case worker, we do not intervene directly
- Keep safety of the girl at the forefront of any action / intervention.

Show slide 9 and say that the case management response always begins with "Introduction and Engagement", including the informed consent process. If your organization has other programming for adolescent girls, it is possible that you may already be working with that girl. If you are already working with the girl, but not in the context of a case management service, you still need to re-confirm consent at this first stage. You will also need to re-confirm consent for each referral or for transition into remote modality, remembering to be clear about confidentiality and its limits and mandatory reporting.

Explain the consent process for working with adolescent girls will be different depending on the age of the girl with whom you are working.

If the girl is between the ages of 6-11, you will obtain informed assent, an agreement from the girl that she wants to receive services. You will then have to get informed consent from the girl's caregiver. If the caregiver is not supportive or if reaching out to the caregiver is deemed to not be in the child's best interest, another trusted adult or the girl's case worker can provide written consent for services.

The same process applies to girls aged 12-14; however, depending on the maturity of the girl, her consent for services can take due weight, meaning that consideration can be given to her views and opinions based on factors such as her age and maturity.

For girls ages 15-17, informed consent must be obtained from the girl and, if possible, from her caregiver.

ANNEX 2A: CONSENT AND ASSENT FOR INDIVIDUAL SERVICES[3]

AGE GROUP	CHILD	CAREGIVER	IF NO CAREGIVER OR NOT IN CHILD'S BEST INTEREST	MEANS
6-11	Informed assent	Informed consent	Other trusted adult's or caseworker's informed consent	Oral assent, written consent
12-14	Informed assent	Informed consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of the child) can take due weight	Written assent, written consent
15-17	Informed consent	Informed consent with child's permission	Child's informed consent and sufficient level of maturity takes due weight	Written consent

3 GBV AoR (2017). The Interagency Gender-Based Violence Case Management Training, Facilitator's Guide.

Break participants into three groups. **Refer** participants to their **Participants workbook** to find **annex 2a: Consent and assent for individual services and annex 2b: Introduce and get consent case studies. Tell** participants that based on the information just learned, discuss appropriate consent procedures. After 5 - 10 minutes, ask each group to share one scenario and consent procedure with the larger group.

Show slide 10. Explain that imminent risk cases are girls who are not yet married but their parents are in the process of negotiating their marriage or are actively planning for it.

Show slide 11. Explain the first two points related to the recommended case management response:

A

First understand the situation and how the girl feels about the marriage; we know that some girls are initially excited about the marriage because they get to dress up and perhaps also their friends are married, but know little more of what the marriage will entail.

B

Provide information. Once you have gathered enough information, you will provide information to the girl client. You can start by asking the girl "how do you think getting married will impact your life?".
It is also helpful to use communication materials that your office may already have.

As a large group, **brainstorm** what information might be useful to share with the girl. **Write** the responses on a flipchart. Refer participants to their **Participants workbook Module 3** and explain that some of the information you want to provide includes:

- Getting married at her age will likely restrict her freedom. Girls who get married young usually do not get to see their friends as much and are not allowed to attend school anymore.
- Many girls who get married will be expected to have sex before they want to, and because of power dynamics within the relationship, sex will likely not be based on their own willingness or consent—and it may well be physically forced. Given that most often the men to whom girls are married are older and sexually experienced, this could put the girl at increased risk of HIV and other STIs, particularly when there is physical force.
- Many girls give birth within the first year of marriage, when their bodies are not fully matured. There can be serious health consequences from this.
- Girls in early marriages are more likely to experience intimate partner violence.

Return to Slide 11 and explain the third point:

C

Determine if there is a supportive family member or trusted adult in her life. This must be a thorough conversation to ensure that engaging an adult will not put the girl at risk. You and the girl will need to plan for when and how she will approach the supportive adult; role plays can be a helpful tool to use in these moments. Role play with the girl what she will say and how she will approach the adult. You will then need to identify a time and place to follow-up with her to check in about the conversation.

If the adult was indeed supportive and caring, and you assess it will be safe, you can engage the adult in a joint or one-on-one session.

Show slide 12. Explain that when working with a parent or family member there are special considerations:

If you are engaging with the girl's parent or other family member with decision making power, be **NON JUDGMENTAL** in your conversation. Your goal is to understand the family and environmental circumstances that are contributing to the early marriage decision. You want to support the caregiver in thinking through the pros and cons of the early marriage and then provide information about the consequences of early marriage. These consequences are similar to those you explained to the girl, but tailored to the adult perspective:

Early marriage restricts girls' freedom, isolates them from peers and ends their education prematurely.

Girls are often wed to men who are older and more sexually experienced; young brides lack power and are more likely to experience intimate partner violence.

They risk exposure to HIV and other STIs. Eighty percent of unprotected sex among adolescent girls in the developing world occurs within marriage.

Because girls married young are likely to give birth within one year of marriage and their bodies may not be fully developed, they are more likely to experience complications in childbirth.

Provide information on the legal framework, where relevant. This should be provided in a non-threatening way so that the family is not encouraged to marry the girl in another location or clandestinely. It is intended to serve as an argument for waiting until the girl is older, when more protections will be afforded her and her family members.

Say that if the trusted adult is outside of the family, assess with the adult their degree of influence over decision making in the family and their ability to get involved. You can also explore with this adult if s/he thinks one of the girl's caregivers would be willing to speak with you, the case worker. Again, assessing the risks in this situation is important for the girl's safety, the supportive adult's safety and your safety. If you deem it to be safe to engage a caregiver, obtain consent from the girl to do so and give her the option to be present for the meeting with her caregiver.

Divide participants into groups of three. **Ask** participants to discuss how you would provide information to both girl clients and caregivers. What topics do you expect to be difficult? How do you aim to properly address some of the more difficult topics? Give participants 10-15 minutes in the small groups and then come back to the larger group to share highlights of their discussions. **Write** the groups responses on a flipchart paper.

Show slide 13. Say that if, following your engagement of the girl and a parent or other trusted adult, it remains likely that the marriage is going to move forward, your goal must be to prepare the girl to navigate her new relationship and environment in a way that minimizes her risk of violence and health complications. We call this risk reduction.
You will want to:

1. **Assess** with her:

? **What are her feelings now about the marriage?**

? **What are her questions/concerns?**

? **What are the potential risks for her, particularly related to safety and health? This should include questions about the person she will be marrying, and whether she recognizes any signs that he may be abusive.**

2. **Safety plan.** Utilize your assessment to carry out a safety plan with her and if you identify together that there are current or potential safety risks from either her future husband, family members or community members. Explain that we will look more at Safety Planning in the next topic.

3. **Provide information and make potential referrals to reproductive health.** It is incredibly important that you discuss and help the girl understand her sexual and reproductive health. If you feel that you do not have the appropriate skills or knowledge to do this, be sure to identify a reproductive health expert who can provide this information and get the girl's consent to have this person speak to her. It will be important that she understands pregnancy and contraception methods. You also want to make sure that she understands that sex, even within a marriage, should be consensual. You or the reproductive health expert can practice with her how she will communicate with her new husband about having sex. The girl can be referred to life skills to learn more about reproductive health if this is appropriate or the programme/implementing partner could arrange for a reproductive health expert to come to your centre to provide an information session to groups of girls, on a regular basis.

4 **Legal information/support.** Depending on the context, you may also want to provide her with legal information or make a referral to an organization that can. She should be provided with accurate legal information about her rights and protections under national and customary law, including if she wants to stop the marriage from happening, or if once she is married she wants to escape the marriage or get an official divorce.

5 Keep or get the girl involved in **supportive services** so that you can maintain a relationship with her and provide opportunities for her to be around other girls, make friends and build a social support system.

6 Help the girl identify a **supportive person** in her life. It is best if this is someone that she can see on a regular basis and who she can talk to about her worries, fears and problems.

7 Help her identify **positive coping strategies.** Ask the girl what she is currently doing to help herself when she feels sad or upset. Help her connect to those existing practices and help her identify new ones that build on her sources of support in her life, activities that bring her joy or calm and that build on her strengths. Refer the girl to focused care activities.

8 **Advocate for the girl.** If it is safe to do so, speak with the parent, caregiver or supportive adult about ways to take into account the girl's best interests within the marriage negotiation such that her right to access education and health care is preserved.

9 **Continue to engage a supportive adult.** If the marriage is going forward, it is even more important that the girl have a supportive adult in her life. If it is safe to do so, you can discuss with a parent, caregiver, or other trusted adult to ensure that she/he knows the consequences of early marriage, some of the safety risks, and how to support the girl moving forward.

Show slide 14 and explain that girls who are already married and not currently seeking your services as survivors of violence also require your support. If the programme is already working with adolescent girls or is planning to, create the opportunity and space for married girls to become engaged in your group services, which may eventually allow for individual engagement with them such that you can provide support regarding their situation as a young wives and mothers.

Once a girl consents to individual services, individual responses should be focused on understanding and responding to the girl's current needs and supporting her to minimize her risk of violence and health complications. With these cases, you can use a standard survivor-centred approach to case management, focusing the assessment on safety, health, psychosocial status, and economic well-being. Some **key assessment points** to which you want to be particularly attuned are:

- Sexual relationship: Is there forced sex within the marriage? Is she in any pain because of sexual intercourse? Is their risk for HIV?
- The girl's understanding of reproductive health and her own body.
- Pregnancy: Is the girl pregnant? If so, what does she want to do? Has she had appropriate medical care? Does she have anyone helping her through the pregnancy? Does the girl have other children and/or know how to provide care to a new born?
- Is there intimate partner violence?
- Is there violence from other family members?

- Access to money: Who is earning it? Who is controlling it?
- Is she attending school?
- Does she have a social support system?
- How does she feel about the marriage in general?

Show slide 15 and remind participants that your assessment will inform the development of an action plan with a range of responses. The action plan should include:

- Provide information to the girl about:

Health, safety, and psychosocial consequences of early marriage	Health and reproductive health services, including family planning, safety and security services, psychosocial services and any other relevant support	Legal counseling services

- Carry out safety planning.
- Help the girl identify a supportive person in her life. It is best if this is someone she can see on a regular basis and who she can talk to about her worries, fears and problems.
- Help the girl identify positive coping strategies. This can be as simple as asking her what she likes to do, what brings a smile to her face, or what helps calm or soothe her. Discuss with her if she is doing these things now and if/how they are working. Discuss with her how she may be able to use these strategies when she is feeling down or upset.
- You can still try to work with a supportive adult to ensure that the girl has a positive and caring adult in her life and that you have some contact with this person.

Break participants into groups of 3 to map out the survivor's needs. Refer participants to their **Participants workbook Module 3** to review the case study. For each of the needs the group identifies from the case study, determine which area the need fits in on the needs map[4] **(annex 3)**, explaining that the needs may fall into more than one category.

CASE STUDY:
A survivor came to your office requesting services. She was visibly shaken, had some bruises on her arms, and said she was afraid to go home. After speaking with her more and calming her down, you were able to gather the following information:

- The survivor has been in an abusive relationship for one year – since her marriage to an elderly cousin. She is 15.
- Her husband has threatened to harm himself if she leaves.
- She is interested in services, including getting connected to other girls in the community.
- She is complaining of some abdomen and back pain.
- She feels helpless in her situation because she depends on her husband financially.
- She wants to try to get into a better situation for herself and her one toddler

4 Interagency Gender-based Violence Case Management Training Materials

ANNEX 3: MAPPING NEEDS

Ask participant's to form pairs and explain that we will now practice conducting an assessment through role play. Ask one person to be the case worker, and the other will play Sara. Case workers, remember the difference between assessment for girls at imminent risk (risk reduction) and girls who are already married.

ANNEX 4: ASSESSMENT CASE STUDIES

SARA'S STORY (AT RISK)

Your name is Sara and you are 9 years old. For as long as you can remember your parents have talked about your marriage. They haven't told you when it will be but you fear it is coming soon because they have been acting strange lately – your mother keeps asking you to help cook meals for the family and clean the home instead of going to school and your younger siblings are teasing you about kissing. You really want to go to school. You have one teacher who is a woman and she went to university. She's really cool and you want to be just like her – she even lives in an apartment on her own in the city! You heard that you could go to the women's centre to get help staying in school.

After 15 minutes, have them come back to the larger group and share experiences. Then ask the pairs to swap roles and assign the second case study – Farah to the case worker. Allow another 15 minutes of role play practice, focusing on the "already married" case. Once everyone has had time to role play, volunteers can "present" their role play to the larger group.

FARAH'S STORY (ALREADY MARRIED)

Your name is Farah and you are 15 years old. You came to the women's centre for medical care and were ultimately referred for GBV case management. You were hesitant to begin receiving services but you felt like you were going crazy at home. You've been married for 3 years and have two young children. Your husband is several decades older than you are and expects perfection from you as a mother, wife, and

housekeeper. If the children act up or the house isn't perfectly clean, he yells at you and sometimes hits you. Before you were married, you were a virgin and didn't quite understand what was expected of you as a wife. Now your husband demands sex on a regular basis, something you do not want, but feel you must do as his wife. You can talk to your sister sometimes about what is going on as she's also married and is only a few years older than you are, but your family thinks the marriage is the best thing that has happened to you and them as your husband and his family are wealthy. You want to be able to work and make friends, but your life at home is unbearable.

Show slide 16. Ask participants what happens if you're working with a girl and together you cannot identify a supportive adult in her life? In these cases, you as the case worker, may be the only adult she trusts. As a group, **brainstorm** what can you do to help her while maintaining appropriate boundaries?

You can focus on preserving the girl's access to you and your programme's services; keep a line of communication open with her to ensure you can aid her in crisis response.

You do NOT want to engage a caregiver prematurely or out of desperation to find a supportive adult because it can result in them seeing you as the "enemy" and not allowing their daughter to receive services.

Refer participants to **annex 5: Case Management Response to Early Marriage** in their **Participants workbook Module 3** and give 5 minutes to review.

TOPIC 1.2

SAFETY PLANNING

30 MINUTES

MATERIALS AND PREPARATION
N/A

Show slide 17 to introduce the topic.

Show slide 18 and say that safety planning is a contingency mechanism that helps survivors to minimize the harm done by the perpetrator by identifying resources, ways to escape, means to avoid harm, and places she can run to for safety. Safety planning empowers the survivor to have some control over of a situation that is usually quite victimizing and demeaning[5]. **Say** that the safety plan can be documented as part of the case action plan or can be documented separately.

You will determine the level of the survivor's safety by understanding her sense of safety in the home, in the community and her identified safety and support systems if available. The safety of a girl is a priority and as such, if there is an immediate safety threat, the girl should be connect with services which can provide short-term protection which might lead to a longer-term option.

Show slide 19 and explain that you can begin to assess safety when the survivor is telling their story, by listening carefully for situations, circumstances, and people that are harming the survivor, including her immediate family and husband. You can then engage with them by asking questions to help guage their sense of safety. You can have the survivor use a scale from 1-5, with 1 being in danger and 5 being completely safe, to rate their sense of safety in different situations and contexts. You will need to identify who they do not feel safe with and why, which places they do not feel safe in and why and, in cases of intimate partner violence, perpetrator-specific safety and risks.

Listen and assess for:

- The person's sense of safety in their home and in the community.
- Identify with whom and where the survivor does not feel safe and why. You can do this by asking the person or by mapping it with them visually, i.e. conducting a mapping of places in the community where the person does not feel safe.

5 Case Action Planning: Safety Planning: IRC

Highlight that the safety plan is an intervention that helps survivors analyse the risks for harm in their lives and plan for how to reduces those risks. By creating a safety plan, we are in no way suggesting that the survivor has control over when and where they experience violence – reiterate with the person that the violence is NOT their fault. Safety plans may reduce their likelihood of being harmed and each plan requires an individualized approach.

Show slide 20 and explain the person's existing safety and support systems and strategies:

Identify what the survivor has been doing since the incident to keep themselves safe from the perpetrator/husband or others who might harm them. Discuss if what they have been doing is something they can continue to do and identify what resources or support they might need to continue using these strategies.

If there are particular places that are unsafe, discuss whether there are strategies for avoiding those places or for mitigating the associated risks (such as having a friend supportive person in their life and if none are available, work on preserving the girl's access to case management series and programmes.

TOPIC 1.3

SECURE REFERRALS TO SPECIALIZED SERVICES[6]

60 MINUTES

MATERIALS AND PREPARATION
Flipchart, markers, copies of the service provider map and interagency referral form (if available in your area).

Show slide 21 to introduce the topic.

Provide participants with a minute overview of Managing Safety and Protection Issues (including safe referral) from Module 2.

Ask participants to think about when and where they should refer a participant. **Say** that participants should be referred according to the refer pathways available in their area. Informed assent/consent should always be obtained from the individual. **Explain** that informed consent refers to the giving of approval after careful consideration. In order to give informed consent, the individual concerned must have all adequate relevant facts at the time consent is given and must be able to evaluate and understand the consequences of an action.

Show slide 22 and explain GBV survivors, including girls who have been married often need various type of care and support to help them recover and heal and to be safe from further violence. Some of the most common services that survivors have the right to receive are:

- **MEDICAL TREATMENT** and health care to address the immediate and long-term physical and mental health effects of GBV.
- **PSYCHOSOCIAL CARE** and support to assist with healing and recovery from emotional, psychological and social effects.
- Options for **SAFETY AND PROTECTION** for survivors and their families who are at risk of further violence and who wish to be protected. Legal and law enforcement services that can promote or help survivors to claim their legal rights and protections.
- **EDUCATION AND LIVELIHOOD** opportunities to support survivors and their families to live independently and in safety and dignity.

6 IRC, 'Girl Shine,' 2017.

- **OTHER PROTECTION SERVICES,** including durable solutions for displaced populations. In displacement situations, lack of documentation and detention can expose survivors to considerable further risk.

  In many humanitarian contexts, some or all of these services may not exist or be functioning properly, and/or some affected persons may not have adequate access. Before setting up case management services, you will need to know what services exist in the community, the extent to which they are functioning, and who has access to them. Where there are gaps, you will need to work with other organizations and community leaders and members to address them.

Explain that while it is important to identify instances where participants should be referred to specialised services, there are also instances when a need for referral might not be so obvious and therefore it is important to learn characteristics of distress. **Show slide 23 and 24,** explaining that these cases may need referral for specialised services.

After reading through the two slides, ask participants how children express their emotions compared to adults? What are the unique experiences of girls and boys which could lead them to feel distressed? Explain that it is important to observe a child's emotional state when they are participating in the sessions.

As a group, brainstorm how you can tell if a child is distressed and not feeling well during a session? Some examples might include that she is out of character and not 'feeling like normal'. This might include being withdrawn, changes in behaviour, anxious or anger.

Say that there may be situations that occur during the sessions that are of a sensitive nature. These need to be handled with care, and facilitators must ensure that they do not cause further harm to participants. Facilitators may be faced with children displaying harmful coping mechanisms, rejecting information due to its sensitive nature (especially during ASRH sessions) and disclosing personal cases of GBV. **Show slide 25**

HANDLING SENSITIVE BEHAVIOURS

- Recognize and manage girls' discomfort.
- Avoid lecturing or preaching.
- Share accurate information.
- Do not give personal opinions.
- Ask for support if help is needed to respond to particular issues.
- Talk to the group about the importance of privacy.
- Make sure to set group agreements from the start of the curriculum and ask girls to remind themselves of these at the beginning of each session.

Handout the service provider map and interagency referral form (if available). Allow participants a few minutes to revise. Before moving on, check that everyone is able to correctly use the referral form through identifying the correct service provider.

TOPIC 1.4

REMOTE SERVICE DELIVERY

30 MINUTES[7]

MATERIALS AND PREPARATION
Annex 6: Standard Case Management Process and Adaptation for Emergencies

Show slide 26 to introduce topic 4.

Explain that remote GBV service delivery provides GBV services (predominately emotional support and case management) over a technology platform (i.e. hotline, chat, or SMS) rather than in person.

Show slide 27 and explain remote GBV services can be provided as follows: 1) as a separate stand-alone intervention in places where the population cannot access services in person or an organization cannot set up in-person services due to insecurity; 2) implemented in tandem with static programming to expand the geographic reach of services, in which case they are often accessible on a regional or national level; and/or 3) implemented as part of a mobile service delivery approach to enhance continuity of GBV services when the mobile team is not on-site, in which case they may have a more limited geographic scope, accessible only to the population at the mobile sites.[8]

Show slide 28 and say that remote service delivery provides immediate, confidential assistance for girls who are at imminent risk of CEFM or for girls who are already married in need of individual case management services or focused group support. Remote service delivery also provides crisis support for girls who are in unserved or isolated areas.

Explain that benefits of remote programming includes:

- Allows survivors to immediately access help when they experience a crisis.
- Expands access to crisis support and case management in areas that are inaccessible or unserved as well as to populations who cannot reach in-person services due to restricted mobility.
- Offers greater confidentiality for all survivors, but may be particularly useful in reaching survivors who face additional stigma related to help-seeking, such as male or LGBQTI+ survivors.
- Potentially increases service access for adolescent survivors, who are more likely to use such technologies and are at high risk of sexual violence, abuse, and exploitation in humanitarian settings.
- As mentioned above, when used with mobile responses, hotlines can provide continuity in GBV service delivery when a mobile team is not on-site. The functions of a hotline when used as part of a mobile intervention include:

7 IRC, 'The Guidelines for Mobile and Remote Gender-Based Service Delivery,' 2018 and UNICEF/IRC,' COVID-19 - GBV Risks to Adolescent Girls and Interventions to Protect and Empower them' 2020.
8 Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery

Allows GBV case workers to speak directly with survivors and offer crisis intervention, safety planning, information resources and referrals;	Allows GBV case workers to speak with community volunteers who support mobile programming (referred to as community focal points) and other service providers to support their work with survivors.

The life skills workshops should not be conducted remotely.

Distribute **Participants workbook Module 3: annex 5 on adapting case management in emergencies.** Explain that the case management adaptation should be followed when providing remote and mobile support to girls at imminent risk of and experiencing CEFM.

Say that there might be instances where GBV case management is unavailable and there might be a need to shift these activities to psychosocial support group sessions. Ideally, these are conducted by mobile case workers rather than through remote support.

Explain that due to security and access restrictions, GBV Helplines can be provided using common technology if available. Online support offers flexibility and anonymity in the opportunity to support the emotional health of frontline workers who must continue the interface with children and other family members. Likewise, when offering remote ASRH support, provide clear adolescent-friendly communication techniques and specific issues related to adolescent girls, including on CEFM and reproductive health rights and services. Ensure that there is close coordination with ASRH actors to incorporate basic ASRH information into training for staff.

Say that remote staff supervision might be required for mobile service delivery teams who are separated from their supervisors due to access, safety and global public health emergencies. **Staff supervision is a requisite for all case management and focused support activities; if this cannot be supported, it is not appropriate to provide these services:**

- Use technology such as Zoom or WhatsApp for remote capacity strengthening and routine and monitored check ins with frontline workers
- Use online platforms such as Primero and GBVIMS to facilitate remote supervisor review of cases
- Use apps such as ROSA and hotlines to connect with staff
- Use non-phone and low-tech options such as linking with 'alert systems' which can operate offline

SESSION 2

OVERVIEW OF SERVICE DELIVERY ACTIVITIES AND TEACH BACK PROCESS

90 MINUTES

LEARNING OBJECTIVES:

- Gain a broad understanding of the purpose and content of the service delivery activities
- Learn how to practice facilitation of service delivery activities
- Understand how to give and receive feedback

TOPIC

2.1 Overview of service delivery activities

MATERIALS AND PREPARATION

- Flipchart
- Markers
- Annex 7: Animal pictures
- CEFM program overview table
- CEFM program timeline (in implementation guide)

TOPIC 2.1

OVERVIEW OF SERVICE DELIVERY ACTIVITIES

15 MINUTES

MATERIALS AND PREPARATION
Review the CEFM program overview table and the CEFM program timeline (in implementation guide)

Show slide 29 to introduce the session. Read slide 30 to go over the session objectives.

Show slide 31 to introduce topic 1.

Show slide 32, the table giving an overview of the entire intervention and explain service delivery activities fit into the overall programme.

Show slide 33 and explain that this is the timeline of the overall program. Again explain how the service delivery activities fit into the overall program, highlighting that they occur simultaneously with the community outreach component.

TOPIC 2.2

INTRODUCTION TO THE TEACH BACK PROCESS[9]

15 MINUTES

MATERIALS AND PREPARATION
none

Show slide 34 to introduce topic 2.

Explain to participants that we are going to replace each with different activities in the service delivery component of ENGAGE. This is called teach back. The teach back is both an opportunity to practice facilitating activities in the curriculum, and the opportunity of practicing how to provide feedback, how to receive feedback, how to frame comments and observations in a way that are constructive and encouraging.

Explain that it can be unnerving to present back to peers - especially as this may be the first time for many of them. That's ok! Remind them that we are here to support each other, and we are expecting all of us to make mistakes and use these as learning opportunities.

Show slide 35. Tell participants that there are four main reasons we are dedicating this time to the teach back process:

1. As mentioned, the first is to practice facilitating conversations around CEFM, life skills and psychosocial support, identifying and challenging common resistance reactions and using the facilitation skills we learnt.
2. The second is to practice giving and receiving feedback.
3. The third is to continue experiencing the activities of the curricula as participants, so that we can learn more about what it is like to experience the toolkit from the participants' perspective.
4. The final one is to engage and interact with all parts of the curricula in ENGAGE. It is important to be familiar with the curricula, the flow, and some key points in the facilitation.

Explain that the goal is to improve, and that trainees need not be perfect the first time.

9 Adapted from International Rescue Committee (2014), Engaging Men through Accountable Practice, Part 2: Training Guide, page 82.

TOPIC 2.3

GIVING AND RECEIVING FEEDBACK[10]

60 MIN

MATERIALS AND PREPARATION
Annex 6: pictures of animals, placed on flip charts around the room., prepared flipcharts with "Points for giving good feedback" and "Points on how to receive feedback well"

Show slide 36 to introduce topic 2.3.

Explain to participants that before we start the teach back, we are going to think about feedback, how we give it, how we receive it.

Explain that we all react differently to different events, and feedback is no different. This can also be culturally specific. This is why we need to reflect on ourselves to make sure we are aware of how we communicate, and how we receive information.

Tell participants we are now going to play a game. Choose four of following six animals, depending on those which are most relevant in your context: *"elephant," "impala," "lion," "mouse", "dog" and or "eagle."* In bold letters, and using the pictures in annex , make a small poster on a different piece of paper for each animal and place the posters in each of the four corners of the room.

Explain to the participants that you are going to lead an exercise on giving and receiving feedback.

Ask participants to share their ideas on why feedback is important to give and to receive. Take a few volunteers.

Explain that this exercise will help in understanding personal styles of feedback.

Ask all the participants to stand in the middle of the room. Ask them to think about different times when they have provided feedback - either within the home, with friends, in the work place. Ask them to think of their style when providing feedback.

Tell them that they must choose an animal that best represents their style of providing feedback. For example, they could choose mouse because they feel shy giving feedback, or elephant because they are loyal and never forget. Explain that this can be for any reason, its up to them to decide. Allow the participants to think about this question. Then have them stand next to the animal that best represents their styles. Allow five minutes for the participants who have chosen the same animal to discuss with their group why they chose the animal they did. Have the members from each animal group share some of their reasons for choosing their particular animal to the larger group.

10 Adapted from International Rescue Committee (2014), Engaging Men through Accountable Practice, Part 2: Training Guide, page 82-84.

After all of the smaller groups have reported back to the large group, have everyone stand in the middle of the room again. This time tell the participants to stand next to the animal that best represents how they **receive** feedback. Have the participants next to each animal spend five minutes discussing this among themselves. Then, allow 10 minutes for them to report back to the larger group. A participant might respond to this situation by saying, "I am like a lion when receiving feedback because I can be very temperamental. If I hear too many negative comments at once, I become very aggressive and protective, a lot like the way a lion will protect its young."

After all of the groups have finished reporting back, **ask** the participants the following questions for discussion:

? Why is it important to know what our styles are for giving and receiving feedback?

? How is the most important thing to remember when giving feedback?

? What is the most important thing to remember when receiving feedback?

Explain to participants that good feedback **helps** facilitators to develop skills and confidence. Feedback from peers is also an important way for facilitators to build a team of support among each other. Add that it is important that both positive aspects of facilitation as well as areas of improvement are offered. In addition, facilitators should be given the opportunity to reflect on their own about what is working in their facilitation techniques, and what needs improvement.

Show slides 37-39 and prepared flipchart with "Points for Giving Good Feedback". Explain that everyone has a different style of giving and receiving feedback. Some people are very open about providing feedback. Others are shy about it. Likewise, people are different in how they receive feedback from others. But despite these differences in style, there are some common elements to good feedback. Go over common elements to good feedback highlighting points on the prepared flip charts. Inform participants that the flip charts will remain visible for the rest of the training, so we are familiar with these strategies during the teach back sessions:

HOW YOU SAY IT
Always give feedback in a genuine, gentle, and caring way. What people say is one thing but how they say it is just as important. Be direct but also supportive in the way you give feedback so that it can be easily absorbed by the receiver.

FOCUS ON BEHAVIOUR
Feedback is helpful (and best absorbed) when it is specific. By contrast, feedback consisting of general statements about a person's personality or beliefs is much less useful. This puts the recipient on the defensive. As a result, the feedback is less likely to be used, regardless of how valid it is.

FOCUS ON CHANGE
Effective feedback looks at behaviour that is relatively easy to change. Giving feedback on behaviours that are difficult to change is not helpful. This often creates anxiety and self-consciousness about the behaviour without changing it. It also creates defensiveness.

BE SPECIFIC
Focusing feedback on specific behaviours or statements helps people understand what needs to be improved. This makes action on the feedback more likely.

BE CONSTRUCTIVE
People often do not want feedback because they expect it to be negative criticism. Good feedback is often critical, but in a constructive way that helps people to improve. Constructive criticism identifies what needs to be improved in the context of what was done well.

TAKE PERSONAL RESPONSIBILITY
Feedback is one person's view of another's performance. It is not the definitive truth or the final word. When giving feedback, it is important that you "own" it by beginning your statements with "I think that..." or "I felt that..."

ALLOW FREEDOM TO CHANGE OR NOT TO CHANGE
Feedback is intended to help people improve their work. However, it remains their choice whether they wish to act on such feedback. Good feedback skills will help people to choose their future actions based on the information that is being given.

KEY SENTENCES TO BEGIN WITH
Some examples of keys ways to start providing feedback so that the tone is positive and constructive could be:

Thank you for all you have done...	**I heard you say X and would like to share my thoughts on that because ...**
I thought that was great, and thought that perhaps we could we rework this so that ...	**I learnt a lot and felt like sharing that...**

Show slide 40: How to receive feedback well. It is also useful to guide facilitators on how to receive feedback in a way that best helps them. Good practice for receiving feedback includes:

Listen only. Do not react - take the time to focus on what is being said and sitting with it.	**Do not justify your behaviour**
Ask only for clarification	**Acknowledge the feedback**

Close this session by asking participants to remember this exercise and the tips as they watch their peers facilitating sessions and use these during the time allocated to feedback.

SESSION 3

LIFE SKILLS AND FOCUSED CARE SESSIONS

17.5 HOURS

LEARNING OBJECTIVES:

- Understand how to plan the implementation of the tools
- Become familiar with the tools
- Practice facilitating and receiving feedback

TOPIC

3.1 Overview of the life skills and focused care tools
3.2 Teach back adolescent girls' and boys' life skills
3.3 Teach back again
3.4 Teach back – focused care session

MATERIALS AND PREPARATION

- Adolescent girls life skills curriculum
- Adolescent boys life skills curriculum
- Focused care life skills curriculum
- Annex 8: List of topics
- Annex 9: Adapting activities
- Annex 11 from Module 2: Steps to manage sensitive situations

TOPIC 3.1

OVERVIEW OF THE LIFE SKILLS AND FOCUSED CARE TOOLS

60 MINUTES

Show slide 41 to introduce the session. **Read slide 42** to go over the session objectives.

Show slide 43 to introduce topic 1.

Show slide 44-46 to the participants and explain how this tool contributes to the long-term outcomes in the Theory of Change (slide 46). Briefly explain that the life skills workshops and focused session activities contribute to the intermediate and long-term programme outcomes. The long-term outcomes are:

Girls (married and unmarried) experience improved wellbeing, resilience and happiness	**Girls at risk of CEFM participate in decisions that affect them, including regarding relationships**	**Girls (unmarried, married, divorced or widowed) have increased access to essential services including health, including mental health, sexual and reproductive health and rights, education, comprehensive sexuality education, child protection, gender based violence support, economic assistance and legal support**

Show slide 47. Explain that participants for life skills should be recruited based on a set of criteria:

- Young girls (aged 10-14) who are currently unmarried and at risk of CEFM
- Older girls (aged 15-19) who are currently unmarried and at risk of CEFM
- Young girls (aged 10-14) who are at imminent risk, already married, widowed or divorced
- Older girls (aged 15-19) who are at imminent risk, already married, widowed or divorced
- Young boys aged 10-14
- Older boys aged 15-19

Explain that eligible girls can participate in the focused care sessions as a stand-alone or complementary intervention to life skills workshops.

Say that adolescents should be recruited based on age and marital status. Explain that the service delivery activities (excluding case management) are delivered in cycles. The recommended group size and participation is 9-12 participants per group/cycle. For example, the first group of 9-12 participants begin the programme and complete all sessions together (Cycle 1). When enough eligible adolescents have been identified and recruited, a new group of 9-12 participants begin the programme and complete all sessions together (Cycle 2) and so on.

At no point should new participants be invited to join the group mid-way through the cycle. This is to maintain rapport and trust among the participants and minimise disruption to the group (e.g. having to re explain concepts previously discussed).

Explain that sessions should be planned once a week, according to the availability of the participants. **Explain** that invited life skills participants are grouped by age, needs, sex and marital status and are **recruited through the community** while focused care activities are designed to build the assets and develop positive coping mechanisms for challenging situations and participants should only be **referred to participate through case management services.** Adolescent girls who are at imminent risk, already married girls, widowed and divorced are eligible to attend.

Show slide 48. Explain that participants for the focused care sessions activity should be scheduled one weekly for 7 weeks, with 9 – 12 participants. Explain that the sessions should be grouped as follows:

Younger girls (aged 10-14) at imminent risk, already married girls, widowed and divorced	Older girls (aged 15-19) at imminent risk, already married girls, widowed and divorced

Show slide 49 and explain that the life skills and focused care sessions use a consistant structure and timing of each session. Read the 6 headings and timings for each.

Distribute the **Participants workbook Module 3 annex 8: List of topics.**

ANNEX 8: LIST OF TOPICS

ADOLESCENT BOYS LIFE SKILLS	
SESSION	**TOPIC**
1	Getting to Know Each Other: Establishing Trust and Creating a Safe Space
2	Our Emotions
3	Effective Communication
4	Understanding Stress
5	Decision-Making and Problem Solving

ADOLESCENT BOYS LIFE SKILLS	
SESSION	**TOPIC**
6	Gender and Social Norms
7	Sexual and Reproductive Health
8	Contraception, the Responsibilities and Rights of Boys and Girls
9	Boundaries and Healthy Relationships
10	Securing Healthy Relationships: Power, Violence and Consent
11	Committing to Healthy Lives

ADOLESCENT GIRLS' LIFE SKILLS TOOL	
SESSION	**TOPIC**
1	Getting to Know Each Other: Establishing Trust and Creating a Safe Space
2	Our Emotions
3	Effective Communication
4	Decision-Making and Problem Solving
5	My Support Structures
6	Boundaries and Healthy Relationships.
7	Securing Healthy Relationships: Power, Violence and Consent
8	Building Resilience

ADOLESCENT GIRLS' LIFE SKILLS TOOL	
SESSION	**TOPIC**
9	Our Health Part 1
10	Our Health Part 2
11	Sexual Decision Making/ The Changing Natures of our Sexual Lives
12	Committing to Healthy Lives
13	Creating Positive Change, Part 1
14	Creating Positive Change Part 2

FOCUSED CARE	
SESSION	**TOPIC**
1	Introduction Session
2	Our Wellbeing
3	Naming Emotions: Sadness
4	Naming Emotions: Happiness
5	Naming Emotions: Anxiety
6	Naming Emotions: Loneliness
7	Understanding Stress

Divide participants up into groups of four and **ask** the participants to spend 20 minutes looking through the three different curriculas.

Refer participants to their **Participants workbook Module 3** to find **annex 9: Adapting Activities.** Explain that the activity sessions will be tailored to the unique needs of different participants including those who are already married or widowed and divorced girls. This allows for each group to receive knowledge and skills relevant to their own experiences. **Say** that facilitators and their supervisors need to consider the culture and context of each group to ensure safety of the participants and acceptability of the session content, for example, sessions on healthy boundaries and ASRH might need to be tailored for different groups, depending on their age and marital status.

Ask participants to take note of the guidance on adjusting the activities to suit the evolving capacities of children and youth.[11]

In pairs, ask the participants to turn and talk to their neighbour and discuss why it is important to adapt the sessions based on the developmental age of the participants. **Write** their answers on a flip chart.

Ask the participants if they have any questions before moving into the next phase, which is when we will practice facilitating the sessions.

11 WHO (unpublished). Helping Young Adolescents Cope: Group psychological help for young adolescents impaired by distress in communities exposed to adversity.

TOPIC 3.2

TEACH BACK – ADOLESCENT BOYS AND GIRLS LIFE SKILLS

5.5 HOURS

Show slide 50 to introduce topic 2.

Explain to participants that for the first teach back, they will be working in pairs/small teams. They will have time to prepare their session plan based on the activities allocated to them. They will then facilitate the session with their peers as participants. Everyone should take constructive notes for the feedback session. The group will then debrief all together after each pair/small group has facilitated.

Divide the participants into teams of 2 or if it is a bigger group, teams of 3. Assign each team one session from the list below. These topics include activities from both adolescence boys and girls life skills sessions. This can be adapted if necessary, considering which staff will facilitate which sessions in the field. A number of ASRH sessions have been included, as it is crucial that facilitators start to become confident with this material. Even though facilitators may feel uncomfortable, the more they are able to practice these sessions, the more prepared they will be with the sensitive topics.

Ask the teams to prepare their session, keeping in mind the session on facilitation skills and how to prepare for their session. Ask participants to identify areas that will need to be adapted to the context, highlight and change these as appropriate as they go over the session. Make sure they gather the materials that they need. Give them one hour to prepare and practice and let them know that they will facilitate in front of the group after one hour. **Show slide 51** and ensure that teams understand which session they will be focusing on.

TEAM 1	**SESSION 3** Effective Communication Section: Discussion: Communication Skills	Girl's tool
TEAM 2	**SESSION 4** Decision-making and Problem Solving Section Positive Strategies (married girls)	Girl's tool
TEAM 3	**SESSION 5** Our Health – Part 1 Changes That We Feel and See (Unmarried girls)	Girl's tool
TEAM 4	**SESSION 6** Our Health – Part 1 Menstruation (Married Girls)	Girl's tool
TEAM 5	**SESSION 8** Sexual and Reproductive Health Activity 1: Puberty	Boy's tool
TEAM 6	**SESSION 10** Securing Health Relationships Section Positive Strategies; Empathy Clothesline	Boy's tool

Support teams with their preparation and after one hour, as them to come back together. Briefly ask volunteers to share impressions of the session preparation. Was it easy? Did they face challenges?

Ask each pair to facilitate their sessions over the next 3 hours, allowing 20 – 30 minutes each. Make sure to set a timer, remembering that time management is also a facilitation skill. Take detailed and constructive notes to provide your own feeback. Observations must cover both facilitations skills as well as dynamics between facilitators, accountability, and ability to challenge harmful comments.

Remind participants of the tips to giving and receiving good feedback. After each session, open the floor for participants to provide feedback, then provide your feedback to the pair/small group also. Ensure that the process is done in a positive and constructive manner. **Thank participants** for being open to giving and receiving feedback.

Continue to invite pairs to facilitate their prepared life skills session and receive feedback, until each group has completed the task.

Once finished, **Ask** the participants to debrief about the teach back and feedback process by answering the following questions:

- What they liked/found easy about the teach back.
- What they disliked/found difficult about the teach back.
- How was the preparation phase- did they feel heard by their peer facilitator? Did they feel free to express their opinions? How were tasks divided?
- While they were teaching back, were there times when they thought to themselves they should have prepared more?
- How difficult was it to adapt to the context?
- How did they feel facilitating/having the conversations around safety checks?
- Ask the group about addressing harmful comments or any sensitive topics.

Thank participants for all their work on preparing the sessions and for taking the risk of facilitating in front of their peers.

TOPIC 3.3

TEACH BACK AGAIN

5.5 HOURS

Show slide 52 to introduce topic 3.

Explain to participants that for the second teach back, they will be working in pairs/small teams again. They will follow the same process as the previous session and will have time to prepare their session plan based on the activities allocated to them. They will then facilitate the session with their peers as participants, receiving feedback after each session. Everyone should take notes for the feedback session, including any improvements.

Divide the participants into teams of 2 or if it is a bigger group, teams of 3. Assign each team one session from the list below. **Other sessions can be selected from the toolkit if required.**

Ask the teams to prepare their session, keeping in mind the session on facilitation skills and how to prepare for their session, plus the feedback they received from their peers in the previous session. Ask participants to identify areas that will need to be adapted to the context, highlight and change these as appropriate as they go over the session. Make sure they gather the materials that they need. Give them one hour to prepare and practice and let them know that they will facilitate in front of the group after one hour. **Show slide 53.**

TEAM 1	**SESSION 3** Effective Communication Section Discussion: Activity 1 & 2	Girl's tool
TEAM 2	**SESSION 10** Our Health Part 2 Delaying Pregnancy (unmarried girls)	Girl's tool
TEAM 3	**SESSION 10** Our Health Part 2 Myths and facts about contraception (married girls)	Girl's tool
TEAM 4	**SESSION 11** Committing to Healthy Lives Section Discussion: Adjustments to life	Girl's tool
TEAM 5	**SESSION 6** Gender and Social Norms Section Discussion: Gender boxes	Boy's tool
TEAM 6	**SESSION 8** Contraception, Responsibilities and Rights Section Discussion: Child rights	Boy's tool

Ask the participants to come back together after one hour. Briefly ask volunteers to share impressions of the session preparation. Was it easier to prepare the second time around? Did they face challenges?

Ask each pair to facilitate their sessions over the next 3 hours. Ask participants to consider and learn from the feedback received during the previous session. If it is evident during a session that the facilitators are confident and well prepared, you may ask a challenging question, or role play a community member expressing a harmful gender norm. During the debrief, support participants with responding to harmful comments in sessions, by referring to steps to manage sensitive situations. Remind participants that if a community member makes an intentional, or unintentional comment that encourages gender inequality you can respond by:

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Ask for clarification / Learn why they have that opinion	Seek an alternative opinion / Involve others	If nobody offers an alternative opinion, provide one	Connect back to the programme objectives	Offer facts that support a different point of view and emphasize a helpful perspective

By challenging the statement, you have provided an alternative point of view that the participant may consider and hopefully adopt later. You have also demonstrated accountability to women and girls and offered a different leadership model.

Make sure you take notes to provide your own feedback, building on areas for improvement from the previous session. Observations must cover both facilitations skills as well as dynamics between facilitators, accountability, and ability to challenge harmful comments.

Remind participants of the tips to giving and receiving good feedback. In plenary, open the floor for participants to provide feedback, asking each group member to say atleast one positive comment and area for improvement. Ensure that the process is done in a positive and constructive manner. **Thank participants** for being open to giving and receiving feedback.

Ask the participants to debrief about the teach back and feedback process by answering the following questions:

- What they liked/found easy about the teach back second time around?
- Did they feel more open to constructive feedback from colleagues?
- Did they feel they were able to incorporate lessons learnt from the previous sessions feedback?
- Ask the group how they felt addressing harmful comments or any sensitive topics.

Thank participants for all their work on preparing the sessions and for taking the risk of facilitating in front of their peers and using lessons learnt from the previous session.

TOPIC 3.4

TEACH BACK – FOCUSED CARE GROUPS

5.5 HOURS

Show slide 54 to introduce topic 4.

Explain to participants this session is modelled on the previous learning experience, except the first session will be completely facilitated by the trainer. It is important for facilitators to be comfortable facilitating psychoeducation and psychosocial support sessions as the information is more detailed than the life skills sessions and requires topic knowledge as well as a background in social work, psychology or a previous training in therapeutic techniques such as CBT and DBT.

NOTE: *as facilitator, you will begin by facilitating Session 2: Our Wellbeing, from start to finish to familiarize participants with focused care sessions.*

Say that you are now the beneficiaries: groups of adolescent girls at imminent risk, already married girls, widowed and divorced, aged 15-19. You were just referred to these workshops from your case worker but you are not so sure why.

After the Session 2 concludes, debrief with participants about their experiences. **Ask** how was this session different than the life skills sessions?

Divide the participants into teams of 2 or if it is a bigger group, teams of 3. Assign each team one session from the list below.

Ask the teams to prepare their session, keeping in mind the session on facilitation skills and how to prepare for their session. Ask participants to identify areas that will need to be adapted to the context, highlight and change these as appropriate as they go over the session. Make sure they gather the materials that they need. Give them one hour to prepare and practice and let them know that they will facilitate in front of the group after one hour. **Show slide 55.**

TEAM 1	**SESSION 3** Naming Emotions: Sadness, Section Discussion
TEAM 2	**SESSION 4** Naming Emotions: Happiness, Section Discussion
TEAM 3	**SESSION 5** Naming Emotions: Anxiety, Section Discussion

TEAM 4	**SESSION 6** Naming Emotions: Loneliness, Section Positive Strategies
TEAM 5	**SESSION 7** Understanding Stress, Section Reflection

Ask the participants to come back together after one hour. Briefly ask volunteers to share impressions of the session preparation. Was it easy? Did they face challenges?

Ask each pair to facilitate their sessions over the next 3 hours. Explain that you will be observing facilitations skills as well as dynamics between facilitators, accountability, and ability to challenge harmful comments, but also hoping to see an increase in ability to ensure the key outcomes of the session are understood as participants become more confident with the practical task.

Encourage participants to provide feedback related to their understanding of the session objective. Continue to be critical while not offending other participants.

Ask the participants to debrief about facilitating the focused care sessions and the feedback process by answering the following questions:

- Did they enjoy facilitating the focused care sessions?
- Can they observe the different approach compared to life skills? Explain.
- Do they feel confident in facilitating the focused care sessions?
- Was it difficult to adapt to the context?
- Ask the group about addressing harmful comments or any sensitive topics.

Thank participants for all their work on preparing the sessions and for having the courage to facilitate in front of their peers.

Explain to participants that this session concludes Module 3: Implementation of service delivery components. The next module is Community Outreach Components and is targeted at facilitators and supervisors who will be responsible for the delivery of community outreach activities.

Refer participants to the **Module 3 Post Test** found in their **Participants workbook**, and allow 20 minutes to complete.

ANNEXES

ANNEX 1: PRE TEST MODULE 3

MODULE 3 OUT OF 15 POINTS

1. Explain the difference between informed consent and informed assent? 1 point

2. List two safety points that you need to consider for already married adolescent girls when conducting the case management action plan. 2 points

3. List three instances where the facilitator must refer an individual to specialized services. 3 points

4. What are two steps in a case management process which are not considered when adapting to emergencies? 2 points

5. What is the goal of the teach back process? 1 point

6. The life skills considers eligible participants to be adolescent boys and girls aged 12-25. True/False 1 point

7. What are two things to consider when adapting activities? 2 points

8. Why should new participants never be invited to join the group mid-way through the cycle? I point

9. What is one long term outcome of the life skills and/or focused care sessions? 1 point

10. What is an ideal number of participants for life skills or focused care sessions? 1 point

Score out of 15 points _____

ANNEX 2A: CONSENT AND ASSENT FOR INDIVIDUAL SERVICES[12]

AGE GROUP	CHILD	CAREGIVER	IF NOT CAREGIVER OR NOT IN CHILD'S BEST INTEREST	MEANS
6-11	Informed assent	Informed consent	Other trusted adult's or caseworker's informed consent	Oral assent, written consent
12-14	Informed assent	Informed consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of the child) can take due weight	Written assent, written consent
15-17	Informed consent	Informed consent with child's permission	Child's informed consent and sufficient level of maturity takes due weight	Written consent

12 GBV AoR (2017). The Interagency Gender-Based Violence Case Management Training, Facilitator's Guide.

ANNEX 2B: INTRODUCE AND GET CONSENT

CASE STUDIES:

Salma's parents removed her from school at the age of 9 because they didn't think school was important for girls. Her situation at home is very difficult. Salma is unable to talk to her parents about anything. Now that Salma is 11 her parents are planning her marriage. Salma wants to go back to school and does not want to get married. She often speaks with her old school teacher about learning on her own and her future.

Mariam has been married to her husband for just under 6 months. He has forced her to have sex with him since their wedding, when she was 13. Mariam doesn't want to go home because she fears her husband. She often spends time with her mother, who understands that Mariam is unhappy. Mariam has a hard time understanding complex tasks and gets confused when multiple people are talking to her.

At the age of 16, Rokaiya continues to attend school while her parents prepare for her impending marriage, a plan that has been in place since Rokaiya was 3 years old. Rokaiya is apprehensive about the marriage, but she has arranged to continue her studies after she gets married and has made some money which she then saved for any emergencies should the marriage not go well.

ANNEX 3: ASSESSMENT

Background for "Survivor": Group 2

Your name is Sara and you are 9 years old. For as long as you can remember your parents have talked about your marriage. They haven't told you when it will be but you fear it is coming soon because they have been acting strange lately – your mother keeps asking you to help cook meals for the family and clean the home instead of going to school and your younger siblings are teasing you about kissing. You really want to go to school. You have one teacher who is a woman and she went to university. She's really cool and you want to be just like her – she even lives in an apartment on her own in the city! You heard that you could go to the women's centre to get help staying in school.

Background for "Survivor": Group 4

Your name is Farah and you are 15 years old. You came to the women's centre for medical care and were ultimately referred for GBV case management. You were hesitant to begin receiving services but you felt like you were going crazy at home. You've been married for 3 years and have two young children. Your husband is several decades older than you are and expects perfection from you as a mother, wife, and housekeeper. If the children act up or the house isn't perfectly clean, he yells at you and sometimes hits you. Before you were married, you were a virgin and didn't quite understand what was expected of you as a wife. Now your husband demands sex on a regular basis, something you do not want, but feel you must do as his wife. You can talk to your sister sometimes about what is going on as she's also married and is only a few years older than you are, but your family thinks the marriage is the best thing that has happened to you and them as your husband and his family are wealthy. You want to be able to work and make friends, but your life at home is unbearable.

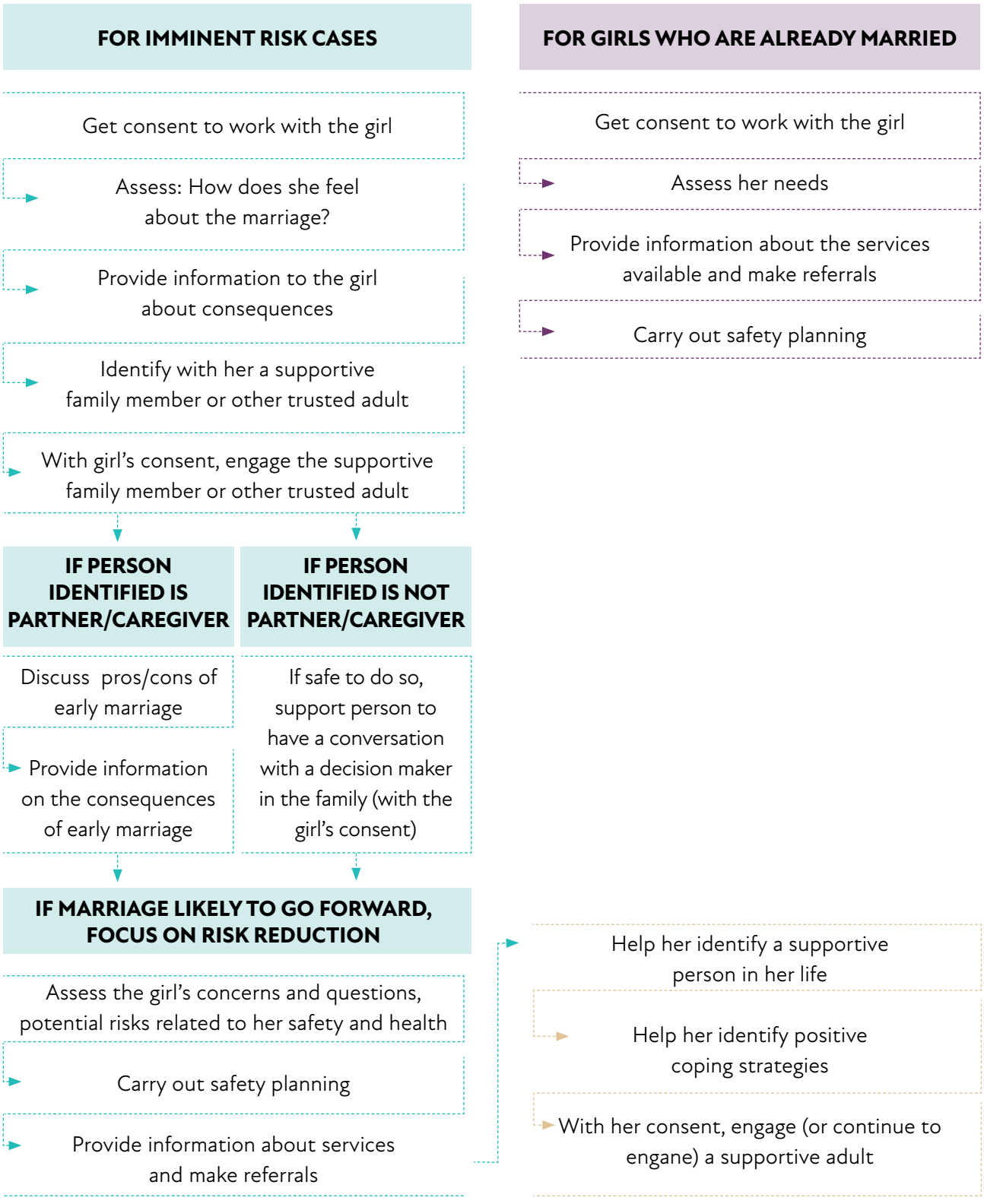
ANNEX 4 - MAPPING NEEDS

CASE STUDY

A survivor came to your office requesting services. She was visibly shaken, had some bruises on her arms, and said she was afraid to go home. After speaking with her more and calming her down, you were able to gather the following information:

- The survivor has been in an abusive relationship for one year – since her marriage to an elderly cousin. She is 15.
- Her husband has threatened to harm himself if she leaves.
- She is interested in services, including getting connected to other girls in the community.
- She is complaining of some abdomen and back pain.
- She feels helpless in her situation because she depends on her husband financially.
- She wants to try to get into a better situation for herself and her one toddler

ANNEX 5: CASE MANAGEMENT RESPONSES TO EARLY MARRIAGE



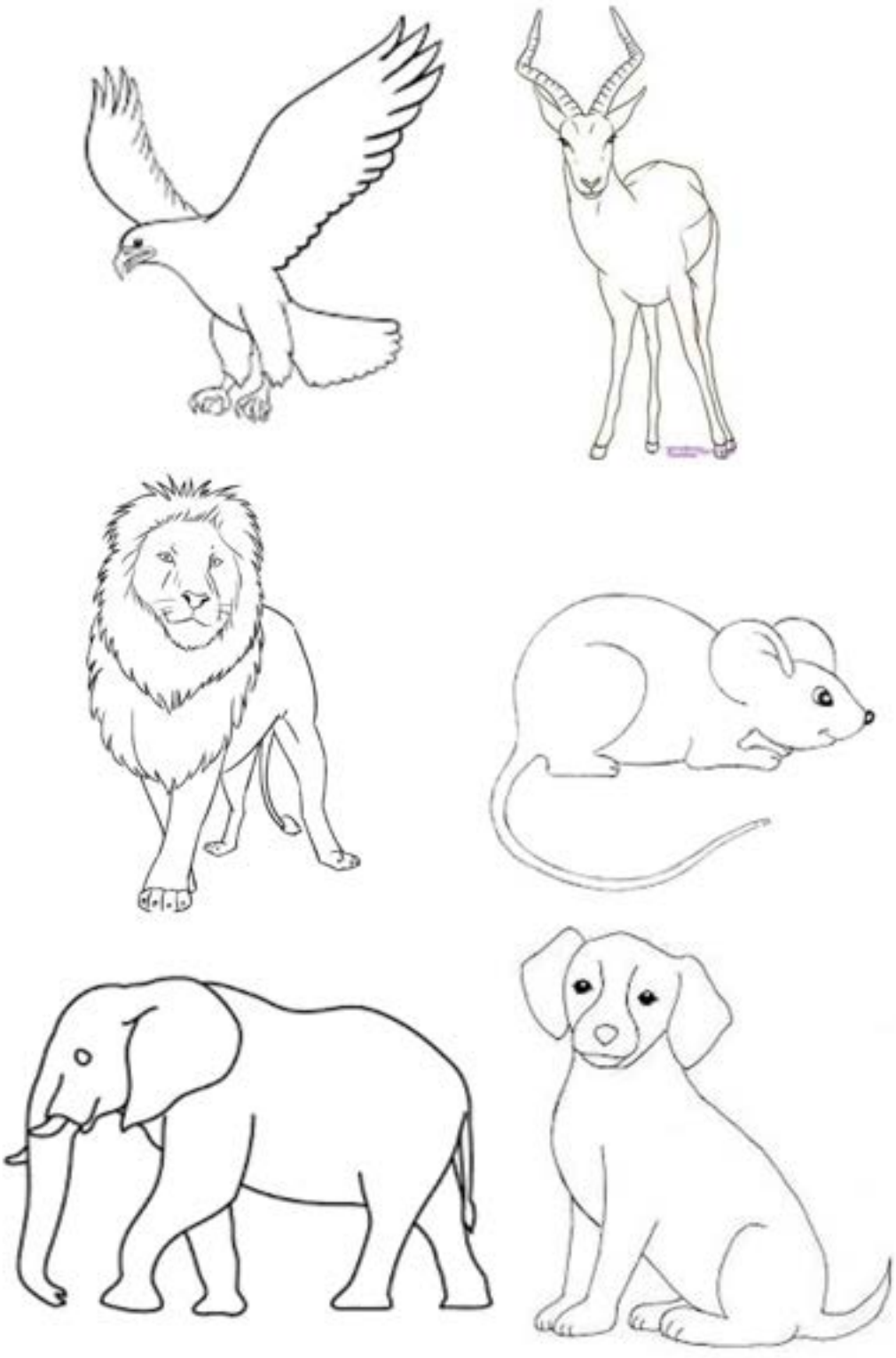
ANNEX 6: STANDARD CASE MANAGEMENT PROCESS AND ADAPTATION FOR EMERGENCIES

STANDARD GBV CASE MANAGEMENT: STEPS AND TASKS	CRISIS CASE MANAGEMENT ADAPTATION FOR CEFM (TIMES OUTLINED BELOW ARE APPROXIMATE.)
STEP1 **Introduction and engagement** • Greet and comfort. • Introduce yourself and your role. • Discuss all aspects of informed consent (confidentiality, mandatory reporting). • Answer questions. • Get permission to continue.	**STEP 1** **Abbreviated introduction and engagement (5 minutes)** • Greet and comfort. • Introduce yourself in one sentence: I am ____ and I work with ____ to support people who have experienced harm/violence. • We believe strongly in helping you keep your story private. You and I will decide together whether and who to tell about the violence you experienced, for your safety.15 • Can you tell me your most important concern today?
STEP 2 **Assessment** • Determine whether other responders are involved. • Understand who the survivor is. • Invite the survivor to tell you what happened. • Listen well. • Respond with validation, compassion & information • Identify the survivor's concerns and key needs. • Document relevant information on a form or in case notes with a safe case documentation and storage system.	**STEP 2** **Assessment (15-20 minutes)** • Listen (dedicate time to make ensure the survivor has been heard). • Assess safety concerns, accessible social networks (also if available outside the family/marriage), state of mind, and needs. Listen as much as possible and do not cut off the girl's story. • Respond with validation, compassion & information. • DO NOT document information on a form or in case notes if there is no possibility of follow-up, and for safety reasons.

STANDARD GBV CASE MANAGEMENT: STEPS AND TASKS	CRISIS CASE MANAGEMENT ADAPTATION FOR CEFM (TIMES OUTLINED BELOW ARE APPROXIMATE.)
STEP 3 **Case action planning** • Summarize your understanding of the survivors needs. • Give information about what services and supports are available and what they can expect from them. • Plan with the survivor how to meet needs, set personal goals and make decisions about what will happen next. • Develop and document a case action plan. • Discuss concerns with your supervisor. • Discuss options for follow-up.	**STEP 3** **Safety planning and overview of immediate health and security needs and the services available (15-20 minutes)** • Safety plan. • Give information about what services and supports are available.
STEP 4 **Implement case action plan** • Make referrals. • Advocate for and support survivors to access services. • Lead case coordination. • Provide direct services if relevant.	**STEP 4** **Implementation (15-20 minutes)** • Inform the girl about referral options for her immediate concerns. • Make referrals with consent/assent. • Provide resources (material support, resources, hotline number, contacts of providers in destination location as applicable, encourage her to stay in touch if at all possible). • Share key messages: she is not alone, not at fault, and affirm/validate survivor's feelings. For the last few minutes, stabilize the survivor so she is not leaving your session in a more traumatized state. (Plan for the rest of the day, encourage the survivor to be in the present.)

STANDARD GBV CASE MANAGEMENT: STEPS AND TASKS	CRISIS CASE MANAGEMENT ADAPTATION FOR CEFM (TIMES OUTLINED BELOW ARE APPROXIMATE.)
STEP 5 **Follow-up** • Meet with and contact the survivor as agreed. • Reassess safety. • Review and revise the case action plan. • Implement the revised plan.	X
CASE CLOSURE • Determine if/when the case should be closed. • Document the case closure. • If possible, administer the client feedback survey. • Safely store the closed case file (move the closed file to a new cabinet).	X

ANNEX 7: ANIMAL PICTURES



ANNEX 8: LIST OF TOPICS

ADOLESCENT BOYS LIFE SKILLS

SESSION	TOPIC
1	Getting to Know Each Other: Establishing Trust and Creating a Safe Space
2	Our Emotions Page Numbers
3	Effective Communication
4	Understanding Stress
5	Decision-Making and Problem Solving
6	Gender and Social Norms
7	Sexual and Reproductive Health
8	Contraception, the Responsibilities and Rights of Boys and Girls
9	Boundaries and Healthy Relationships
10	Securing Healthy Relationships: Power, Violence and Consent
11	Committing to Healthy Lives

ADOLESCENT GIRLS' LIFE SKILLS TOOL

SESSION	TOPIC
1	Getting to Know Each Other: Establishing Trust and Creating a Safe Space
2	Our Emotions
3	Effective Communication
4	Decision-Making and Problem Solving
5	My Support Structures

ADOLESCENT GIRLS' LIFE SKILLS TOOL

SESSION	TOPIC
6	Boundaries and Healthy Relationships.
7	Securing Healthy Relationships: Power, Violence and Consent
8	Building Resilience
9	Our Health Part 1
10	Our Health Part 2
11	Sexual Decision Making/ The Changing Natures of our Sexual Lives
12	Committing to Healthy Lives
13	Creating Positive Change, Part 1
14	Creating Positive Change Part 2

FOCUSED CARE

SESSION	TOPIC
1	Introduction Session
2	Our Wellbeing
3	Naming Emotions: Sadness
4	Naming Emotions: Happiness
5	Naming Emotions: Anxiety
6	Naming Emotions: Loneliness
7	Understanding Stress

ANNEX 9: ADAPTING ACTIVITIES

BEFORE THE SESSION:

- Read the instructions for each session beforehand. This will reduce the need to read from the manual and (which may lose the attention of participants) and complete the activity in a timely and engaging manner.

- Consider in advance whether each session will be suitable for your groups' age. For example, might it be too childish or too complex to understand? If necessary, consult with young people of a similar age who are not participating in the activity (e.g. your children or a friend's children). Alternative activities are suggested throughout the tool. You can also make your own adjustments, but it is recommended to seek the advice of your coach and/or supervisor to ensure that the session still conveys the key messages as intended.

- Ideas for adaptation include introducing group discussions, role plays, debates and drawing of concepts. Younger participants will enjoy being active more than talking, while older participants may prefer group discussions over games.

DURING THE SESSION:

- Adolescents might be reluctant to discuss certain topics, especially those related to healthy relationships and sexual and reproductive health. These topics are important for both boys and girls to make healthy decisions and should not be avoided simply because they are uncomfortable to discuss.

- Use concise language which is both culturally and contextually appropriate. Speak in a way that matches your groups' capacity to grasp the information. For younger participants:

Use simple words	Avoid difficult examples (i.e. some of the examples and stories might need to be adapted to be more understandable for younger participants)	Where possible, use pictures or objects to help explain a concept

- Be aware of the attention of your participants. If they are starting to look around the room, fidget or talk to each other, this means you are losing their attention and you need to do something to get them involved. Younger and less mature participants will usually have a shorter attention span than older participants. You may need to adjust your length of teaching time accordingly. Sessions are divided into sections to allow for flexibility in the teaching time. It is very important that all concepts are understood before moving to the next activity. In consultation with your supervisor, you might need to allocate additional time. Wherever possible look for opportunities to repeat the key messages

AFTER THE SESSION:

- Ask participants which parts of the session they enjoyed the most.

- Don't forget to share effective adaptation strategies with your colleagues!

Enhancing Girl's Agency and Gender Equality

Engage

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www.nca.no
E-mail: nca-oslo@nca.no
Telephone: +47 22 09 27 00 Fax: +47 22 09 27 20
Street address: Bernhard Getz' gate 3, 0165 Oslo, Norway
Postal address: P.O. Box 7100, St. Olavs plass, 0130 Oslo, Norway
Account no.: 1594 22 87248

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