Enhancing Girl's Agency and Gender Equality

MODULE 3

IMPLEMENTATION OF SERVICE DELIVERY COMPONENTS

TRAINING PARTICIPANTS WORKBOOK

NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

NORWEGIAN CHURCH AID
actalliance

ENGAGE PARTICIPANT'S WORKBOOK

Before implementing the activities in this toolkit, as facilitators and caseworkers, you will participate in an initial training to gain an in-depth overview of the activities and tools to support implementation, monitoring and evaluation.

The purpose of this series of workbooks is to provide a useful tool for you to use throughout the ENGAGE training modules. The 4 workbooks complement the training resources (PowerPoint slides) and capture key learning outcomes to help you to easily follow content throughout the training. The handouts and other key resources are also found in the workbook, so be sure to keep it close by and bring your book to every session!

There are 4 modules that can be completed, depending on your existing capacity and role within the GBV team (service delivery or community outreach). This includes:

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.			
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 (lfe 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.			

MODULE	TRAINING TOPIC	DAYS	TARGET AUDIENCE
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**

Remember to actively use the workbooks throughout the training. This will help you keep up with the different sessions, plus provide a useful resource to refer to after the training is complete.

Written by: Emily Seaman, NCA CEFM Specialist
Designed by: Hugo Balandra

NAME:

DATE:

MODULE 3: IMPLEMENTATION OF SERVICE DELIVERY COMPONENTS

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

SESSION	TOPIC	TIME REQUIRED
1. CHILD, EARLY AND FORCED MARRIAGE (CEFM) AND GBV CASE MANAGEMENT (5.5 HOURS)	**1.1** Case management for at risk girls and girls who are already married	3.5 hours
	1.2 Safety planning	30 mins
	1.3 Secure referrals to specialized services	60 mins
	1.4 Delivering remote support	30 mins
2. OVERVIEW OF SERVICE DELIVERY ACTIVITIES AND TEACH BACK PROCESS (1.5 HOURS)	**2.2** Overview of service delivery activities	15 mins
	2.2 Introduction to the teach back process	15 mins
	2.3 Giving and receiving feedback	60 mins
3. LIFE SKILLS AND FOCUSED CARE SESSIONS (17.5 HOURS)	**3.1** Overview of the tools	60 mins
	3.2 Teach back adolescent girls' and boys' life skills	5.5 hours
	3.3 Teach back again	5.5 hours
	3.4 Teach back – focused care session	5.5 hours

MODULE 3 PRE TEST – TOTAL 12 POINTS

NAME:

DATE:

OUT OF 12 POINTS

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

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

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

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

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

6. What are three things to consider when adapting activities? 3 points

Please tear this test out of your workbook when complete and give it to the facilitator of the training. You will confidentially receive your pre and post test score after the training.

SESSION 1

GBV CASE MANAGEMENT RESPONSE TO ADOLESCENT GIRLS AND CHILD/EARLY MARRIAGE[1]

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.

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

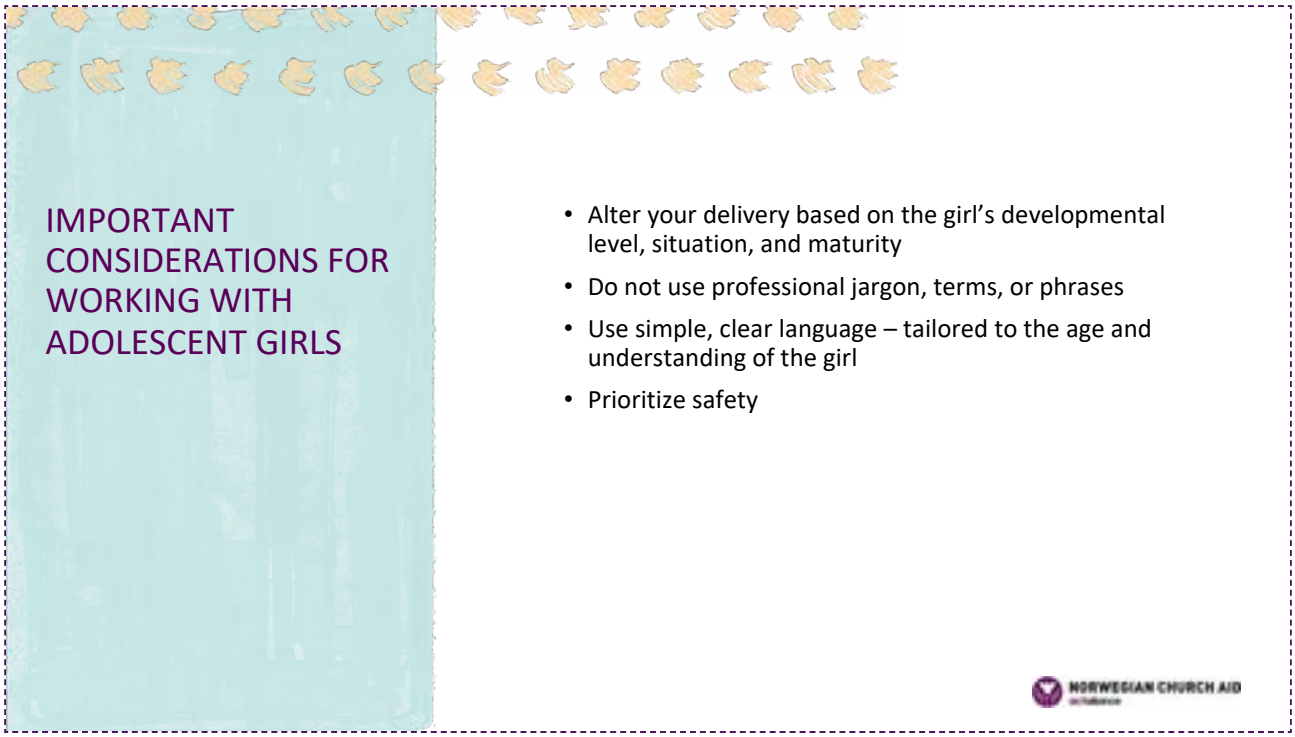
1.1 Case management for at risk girls and girls who are already married
1.2 Safety planning
1.3 Secure referrals to specialized services
1.4 Delivering remote support

RESOURCES

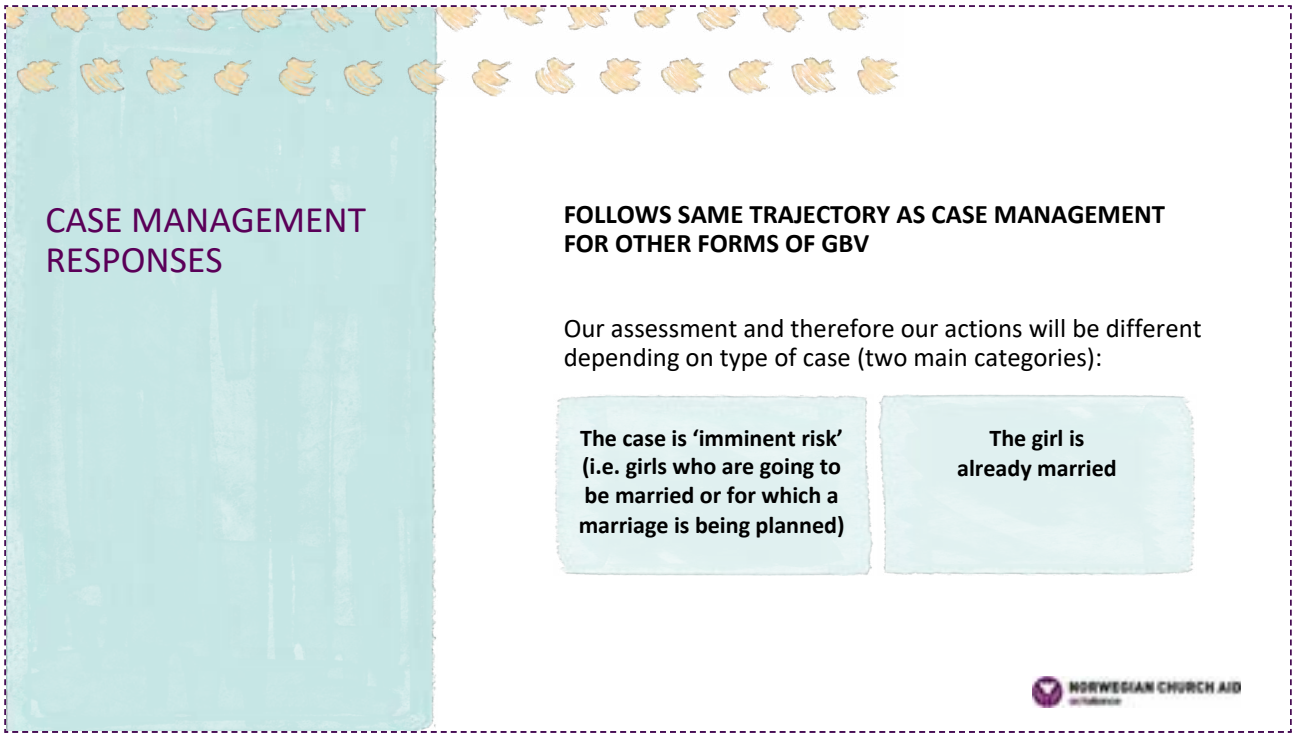
- Module 3 pre test
- Consent and assent for individual services
- Introduce and get consent
- Assessment case studies
- Case Management Response to Early Marriage
- Mapping needs
- Standard case management process and adaptation for emergencies
- Service provider map and interagency referral form form (if available in your area)

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

TOPIC 1.1: SERVICES FOR AT RISK GIRLS AND GIRLS WHO ARE ALREADY MARRIED



GROUP DISCUSSION: Think back to the core module of the toolkit. Discuss in your groups what child marriage looks like in the community in which you work, including the risk and protective factors for early marriage and how you see your role playing into all of this.



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 to work with the survivor to understand what she wants and how we can support that process.

The case management response always begins with Introduction and Engagement (including the informed consent process). 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 (due to COVID –19 for example). Remember to be clear about confidentiality and its limits and mandatory reporting.

Consent

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

AGES 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 or trusted adult.

AGES 12- 14: The same process applies however, depending on the maturity of the girl, her consent for services can take due weight.

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

CONSENT AND ASSENT FOR INDIVIDUAL SERVICES[2]

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

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.

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

IMMINENT RISK CASES

IMMINENT RISK:

Girls who are not yet married but their parents are in the process of negotiating her marriage or are actively planning for it.

NORWEGIAN CHURCH AID

IMMINENT RISK CASES: ASSESSMENT

Understand how girl feels about the marriage

Provide information to the girl about early marriage

Help her identify a supportive family member or other trusted adult in her life

- Determine if safe for her to speak to this person
- Plan with the girl for when and how she will approach the person
- Identify a time and place to follow-up with the girl about the conversation

NORWEGIAN CHURCH AID

BRAINSTORM what information it might be useful to share with the girl.

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.

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.

IMMINENT RISK CASES: ASSESSMENT

- **ENGAGE THE SUPPORTIVE ADULT**

If the adult responds to the girl in a supportive and caring manner, consider engaging them in a 1:1 or joint session

IF PARENT/FAMILY MEMBER

- Non-judgmental
- Understand the family and environment circumstances
- Support the caregiver in thinking through the pros and cons of the early marriage
- Provide information about consequences

IF SUPPORTIVE ADULT IS NOT PARENT OR FAMILY MEMBER:

Discuss the adult's relationship with the family and decision makers -- do they have influence? Could they speak to the family / decision makers?

- **ALWAYS KEEP THE GIRL'S SAFETY THE TOP PRIORITY**

NORWEGIAN CHURCH AID

Discuss how you would provide information to both girls and clients and caregivers. What topics do you expect to be difficult? How do you aim to properly address some of the more difficult topics?

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.

IMMINENT RISK CASES: RISK REDUCTION

GIRLS WHOSE MARRIAGES ARE IN PROCESS OF MOVING FORWARD :

- **Assess with her:**

What are her feelings about the marriage ?	**What are her questions/concerns?**	**What are the potential risks for her?**

- **Carry out safety planning**
- **Provide information**
- **Keep or get the girl involved in services**
- **Help the girl identify a supportive person in her life**
- **Advocate for the girl**
- **Engage a supportive caregiver**

NORWEGIAN CHURCH AID

Girls who are already married and not currently seeking your services as survivors of violence also require our support. Your program can create the opportunity and space for married girls to become engaged in your group services, which may eventually allow for individual case management engagement so you can provide direct support regarding their situation as a young wives and mothers.

GIRLS WHO ARE ALREADY MARRIED

FOR GIRLS WHO ARE ALREADY MARRIED, CARRY OUT CASE MANAGEMENT PROCESS:

Key assessment points:

- Sexual relationship – forced sex? Pain due to sexual intercourse?
- Girl's understanding of reproductive health and her own body
- Pregnancy
- Is there intimate partner violence?
- Is there violence from other family members?
- Access to money – who is earning? Who is controlling?
- Is she still attending school?
- Does she have a social support system?
- How does she feel about the marriage in general?

GIRLS WHO ARE ALREADY MARRIED

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
- Safety planning
- Identify & engage a supportive adult
- Identify positive coping strategies
- Referrals as necessary

ROLE PLAY: practice conducting an assessment. One person act as the case manager, and the other will play Sara. Caseworkers, remember the difference between assessment for girls at imminent risk (risk reduction) and girls who are already married.

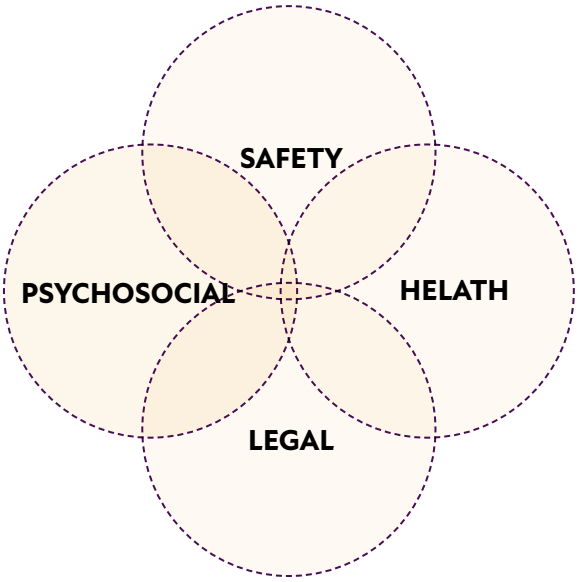
GROUP WORK: Mapping Survivors Needs. Review the case study and identify which area of the "needs map" the falls into (maybe more than one category).

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

NEEDS MAP:



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.

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.

WHAT IF THERE ARE NO SUPPORTIVE ADULTS?

Case worker may be the only person she trusts

Focus on preserving the girl's access to you and your program's services

DO NOT try to engage an unsupportive caregiver:

- If caregiver does not respond well to you discussing the early marriage they may prevent their daughter from receiving services

NORWEGIAN CHURCH AID

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.

CASE MANAGEMENT RESPONSES TO EARLY MARRIAGE

FOR IMMINENT RISK CASES

Get consent to work with the girl

Assess: How does she feel about the marriage?

Provide information to the girl about consequences

Identify with her a supportive family member or other trusted adult

With girl's consent, engage the supportive family member or other trusted adult

IF PERSON IDENTIFIED IS PARTNER/CAREGIVER

Discuss pros/cons of early marriage

Provide information on the consequences of early marriage

IF PERSON IDENTIFIED IS NOT PARTNER/CAREGIVER

If safe to do so, support person to have a conversation with a decision maker in the family (with the girl's consent)

IF MARRIAGE LIKELY TO GO FORWARD, FOCUS ON RISK REDUCTION

Assess the girl's concerns and questions, potential risks related to her safety and health

Carry out safety planning

Provide information about services and make referrals

FOR GIRLS WHO ARE ALREADY MARRIED

Get consent to work with the girl

Assess her needs

Provide information about the services available and make referrals

Carry out safety planning

Help her identify a supportive person in her life

Help her identify positive coping strategies

With her consent, engage (or continue to engane) a supportive adult

TOPIC 1.2: SAFETY PLANNING

SAFETY PLANNING

A process within case management which includes the identification and formation of goals and strategies that the survivor can use to bring positive change to her situation

Helps her to minimize the harm done by the perpetrator by identifying resources

Empowers the survivor to have some control over of the situation

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

(IRC, Case Action Planning: Safety Planning – GBV Responders, 2018)

NORWEGIAN CHURCH AID

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.

SAFETY NEEDS – HOW TO ASSESS

- Listen for situations, circumstances, and people that are harming the survivor
- If it will be understood in your context, use a scale (1-5) to gauge the survivor's sense of safety in different situations
- Identify who the survivor does not feel safe with and why
- Identify what places they do not feel in and why
- In cases of Intimate Partner Violence, assess perpetrator-specific safety and risks
- Safety assessment ⟷ Safety plan

NORWEGIAN CHURCH AID

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.
- In addition to safety, you should also assess the survivors medical, psychological and legal needs

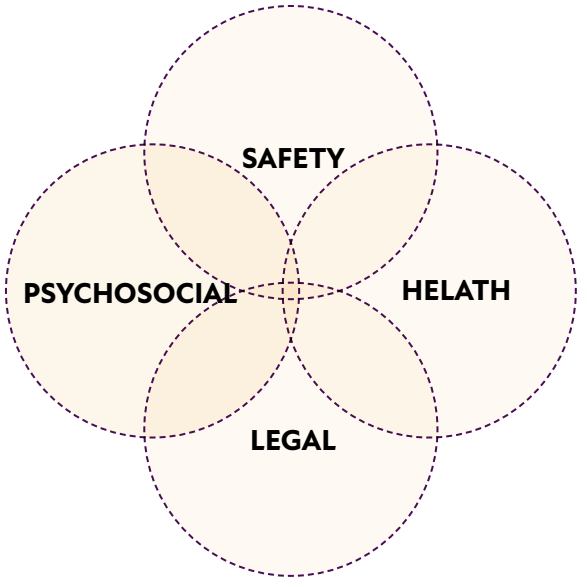
GROUP WORK: Mapping Survivors Needs. Review the case study and identify which area of the "needs map" the falls into (maybe more than one category).

CASE STUDY:

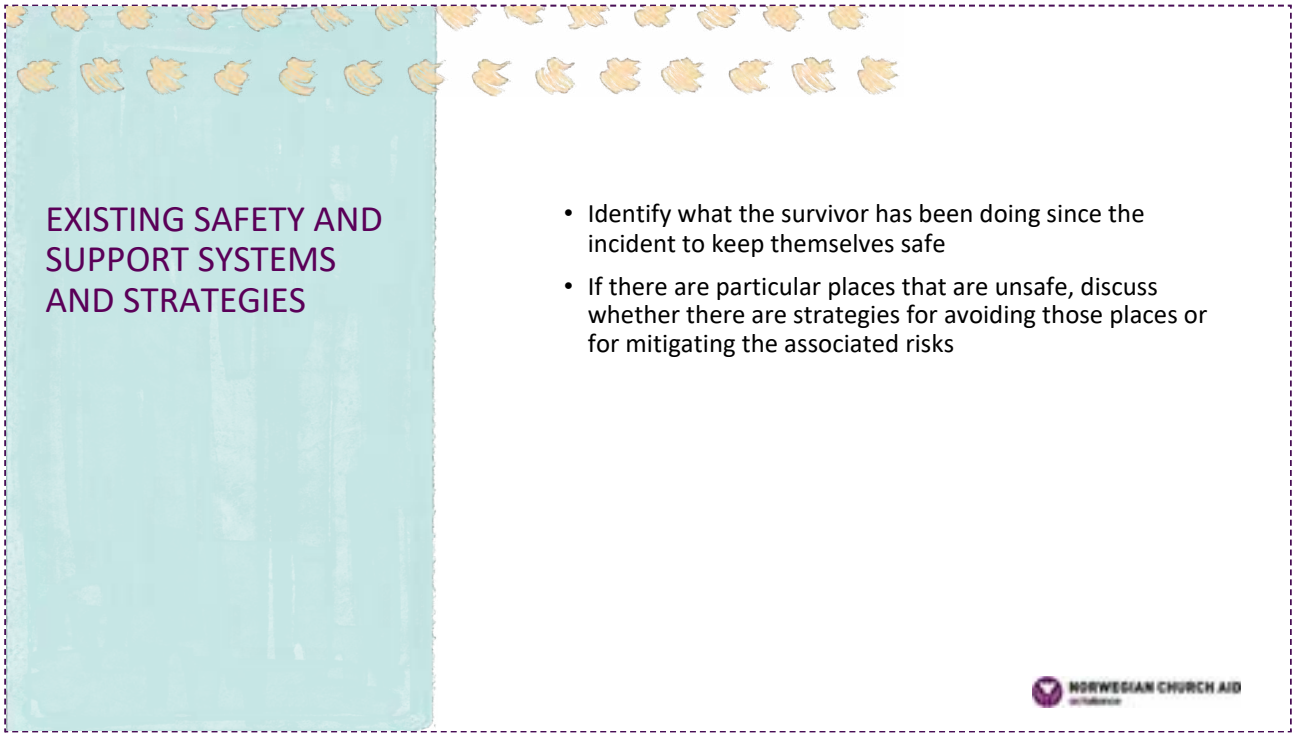
A survivor came to your office requesting services. She was visibly shaken, had some bruises on her arms, and said she was afraid to go home. After speaking with her more and calming her down, you were able to gather the following information:

- 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

NEEDS MAP:

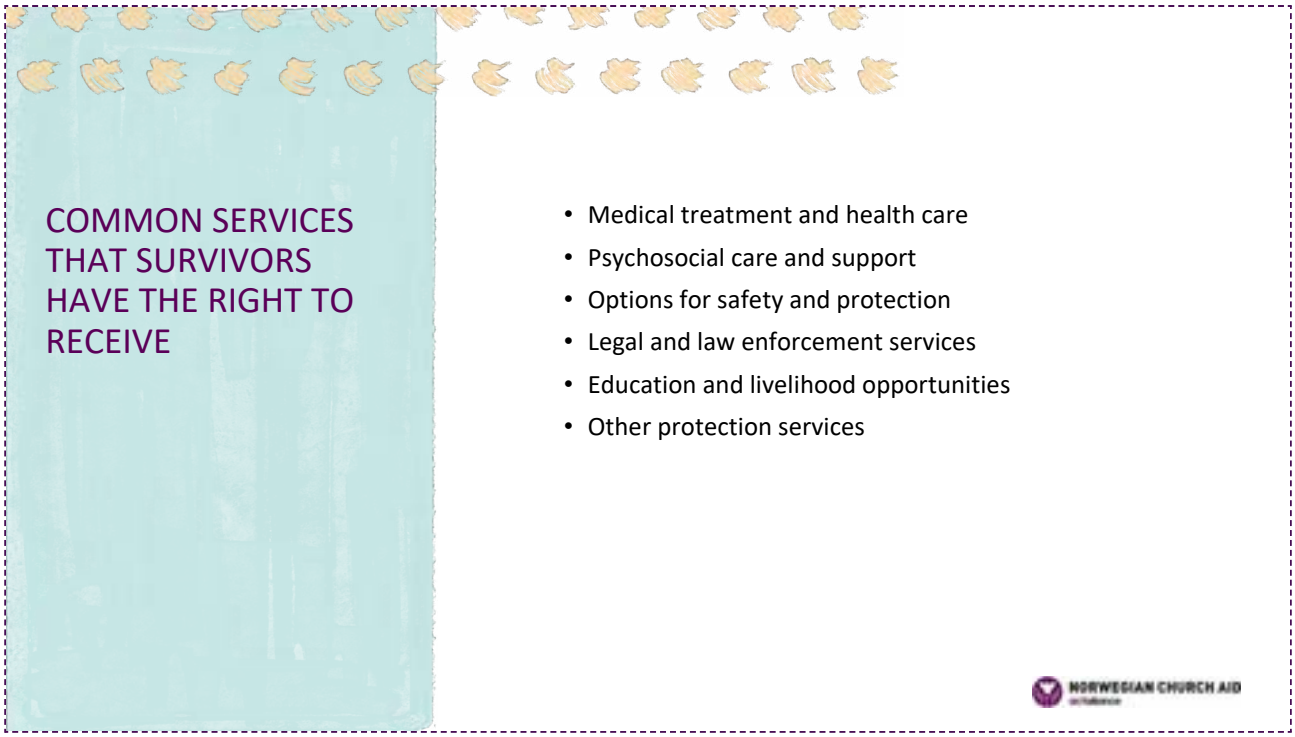


The safety plan is an intervention that helps survivors analyse the risks for harm in their lives and plan for how to reduces those risks. By creating a safety plan, we are in no way suggesting that the survivor has control over when and where they experience violence – reiterate with the person that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



TOPIC 1.3: SECURE REFERRALS TO SPECIALIZED SERVICES

Participants should be referred according to the refer pathways available in their area. Informed assent/ consent should always be obtained from the individual. 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.



REFERRAL TO SPECIALIZED SERVICES

- Child who is married and is below 15 (with and without children)
- Child who is married and exposed to an additional protection risk or concern (including disability, neglect and no outside support)
- Child at risk for committing suicide because of forced marriage
- Child who was raped and forced to marry perpetrator
- Unaccompanied or separated child spouse
- Child engaged to be married and marriage in imminent
- Child is married to another child
- When you have difficulty maintaining real contact with the person.
- When a person hints or talks openly of suicide.

NORWEGIAN CHURCH AID

While it is important to identify instances where participants should be referred to specialised services, there are also instances when a referral might not be so obvious and therefore it is important to learn characteristics of distress.

BRAINSTORM: How do 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.

BRAINSTORM: How you can tell if a child is distressed and not feeling well during a session?

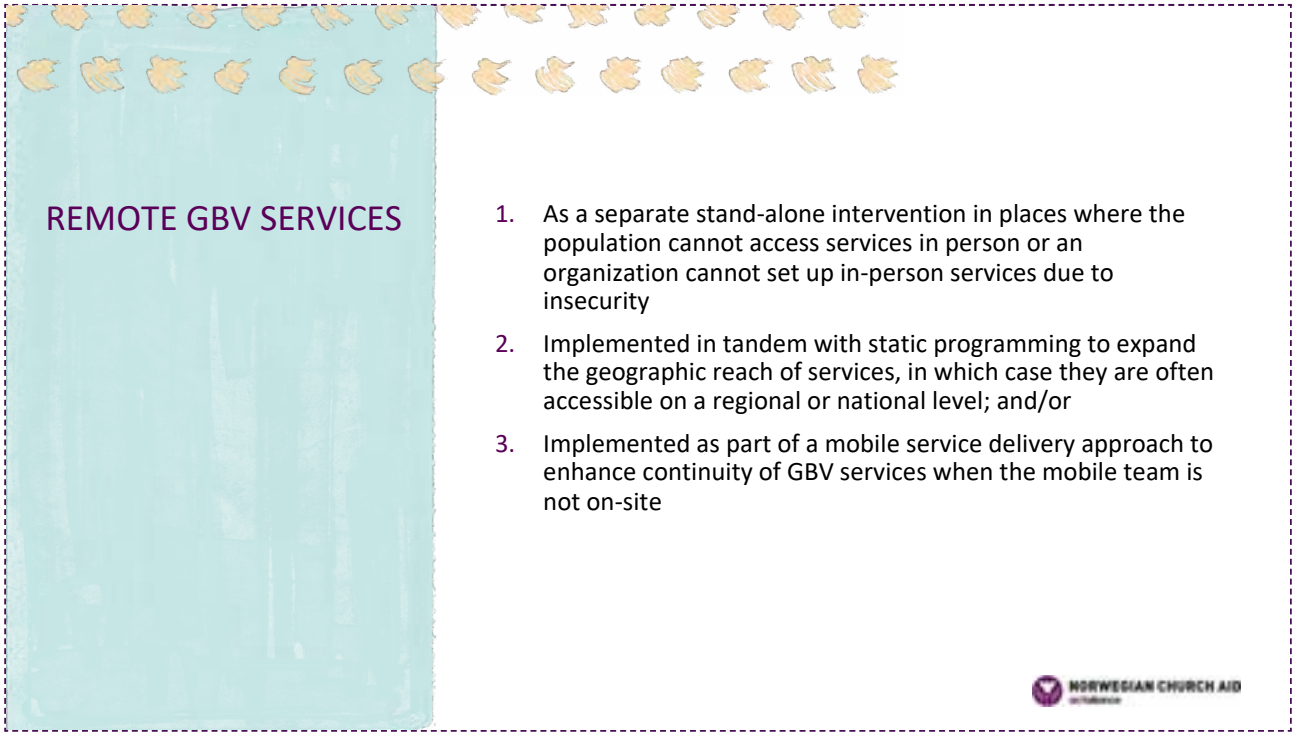
Say that there may be situations that occur during the sessions that are of a sensitive nature. These need to be handled with care, and facilitators must ensure that they do not cause further harm to participants. Facilitators may be faced with children displaying harmful coping mechanisms, rejecting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

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.

NORWEGIAN CHURCH AID

TOPIC 1.4: REMOTE SERVICE DELIVERY



BENEFITS OF REMOTE PROGRAMMING

- 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
- Offers greater confidentiality for all survivors
- Potentially increases service access for adolescent survivors, who are more likely to use such technologies
- Functions of a hotline when used as part of a mobile intervention include:

Allows GBV casemanagers to speak directly with survivors

Allows GBV casemanagers to speak with community volunteers who support mobile programming

NORWEGIAN CHURCH AID

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.

Case management adaptation should be followed when providing remote and mobile support to girls at imminent risk of and experiencing CEFM.

STANDARD CASE MANAGEMENT PROCESS AND AN ADAPTED ONE 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

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 suppor 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.

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 PROVISION ACTIVITIES AND INTRODUCTION TO TEACH BACK PROCESS

LEARNING OBJECTIVES:

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

TOPICS

2.1 Overview of service delivery activities

RESOURCES

- Animal pictures
- CEFM program overview table
- CEFM program timeline (in implementation guide)

TOPIC 2.1: OVERVIEW OF SERVICE PROVISION ACTIVITIES

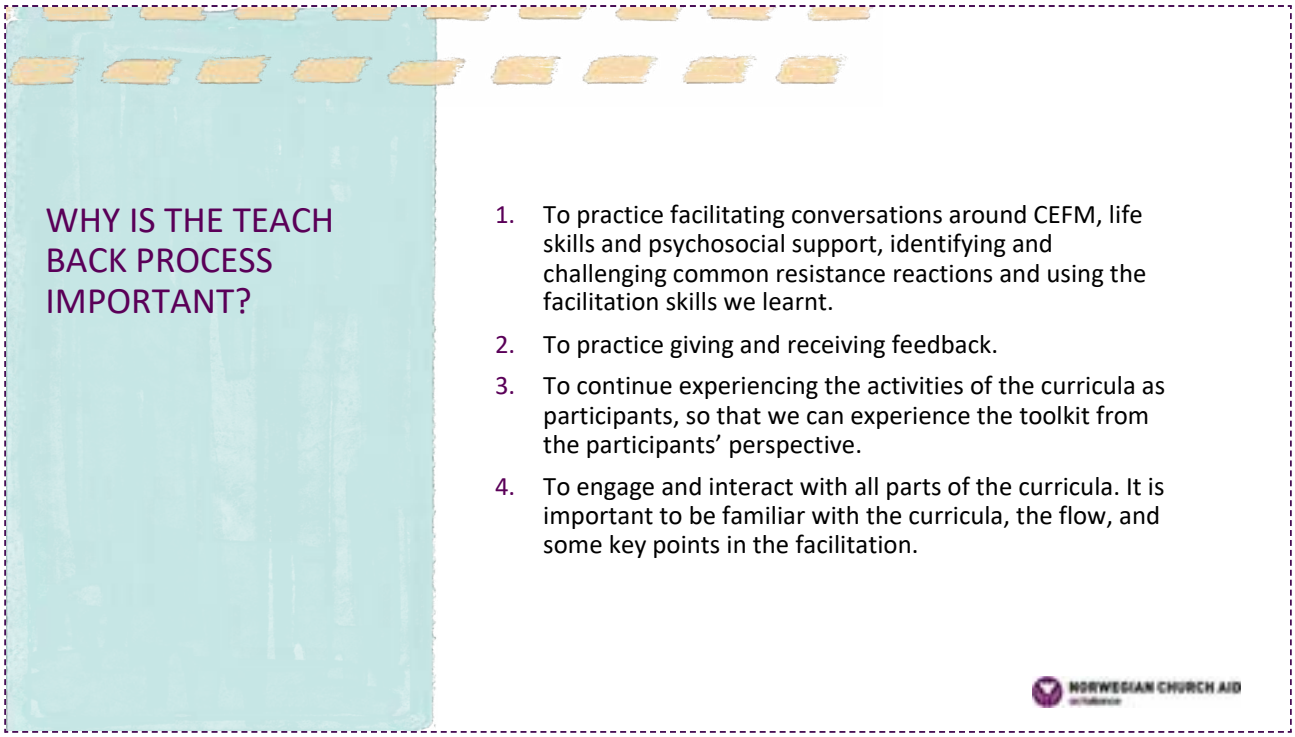
SERVICE DELIVERY ACTIVITIES

PHASE	ACTIVITY	TIME REQUIRED	WHO IS RESPONSIBLE
PREPARATION PHASE (WEEKS 1-5)	Train community outreach workers and caseworkers in how to implement the community outreach and service delivery activities	4 weeks	Programme managers, supervisors
	Conduct baseline rapid social norms assessment (community outreach activities) and opinion leader identification tool (caregivers' sessions only)	1 week	Programme managers, supervisors and/or M&E team
	Conduct pre assessment with adolescent girls (service delivery activities)	1 hour per individual	Facilitators and/or caseworkers
IMPLEMENTATION- PHASE 1 (WEEKS 6-27)	Life skills workshops for adolescent girls and adolescent boys	14-15 weeks	Facilitators
	Focused adolescent girl groups	7 weeks	Facilitators
	Male and female caregivers' sessions	17-22 weeks	Community outreach workers
	Religious leaders' workshops (optional)	7 weeks (spread over 14 weeks)	Community outreach workers
	Teacher's workshop	Anytime during phase 1	
	Weekly and monthly supervision meetings, monitoring activities	Every week	Supervisors and frontline workers
IMPLEMENTATION- PHASE 2 (WEEKS 28- 42 AND AFTER)	Community dialogues	16 weeks	Community outreach workers
	Implementation of community-led social norms change	TBC	Community dialogue members, supervised by community outreach workers
MONITORING AND EVALUATION	Conduct endline rapid social norms assessment (community outreach activities)	6-12 months after intervention ends	Programme managers, supervisors and/or M&E team
	Conduct post assessment with adolescent girls (service delivery activities)	1 hour per individual	Facilitators and/or caseworkers

NORWEGIAN CHURCH AID

TOPIC 2.2: INTRODUCTION TO THE TEACH BACK PROCESS

For each component of the community outreach toolkit we are going to practice amongst ourselves. 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



We are here to support each other, and we are expecting all of us to make mistakes and use these as learning opportunities! The goal is to improve, you do not be perfect the first time!

TOPIC 2.3: GIVING AND RECEIVING FEEDBACK[3]

Before we start the teach back, we are going to think about feedback, how we give it, how we receive it. 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.

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?

Good feedback **helps** us 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

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

HOW TO GIVE GOOD FEEDBACK

HOW YOU SAY IT	FOCUS ON BEHAVIOUR	FOCUS ON CHANGE
Always give feedback in a genuine, gentle, and caring way. What you say is one thing, but how you say it is just as important. Be direct but also supportive in the way you feedback so that it can be easily absorbed by the receiver.	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.	Effective feedback looks at behavior that is relatively easy to change. Giving feedback on behaviors that are difficult to change is not helpful, creates defensiveness, anxiety and self-consciousness about the behavior without changing it.

NORWEGIAN CHURCH AID

HOW TO GIVE GOOD FEEDBACK, CONTINUED

BE SPECIFIC	BE CONSTRUCTIVE	TAKE PERSONAL RESPONSIBILITY
Focusing feedback on specific behaviors or statements helps people understand what needs to be improved.	People often don't 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.	Feedback is one person's view of another's performance. When giving feedback, it is important that you "own" it by beginning your statements with "I think that…" or "I felt that…"

HOW TO GIVE GOOD FEEDBACK, CONTINUED

ALLOW FREEDOM TO CHANGE OR NOT TO CHANGE	KEY SENTENCES TO BEGIN WITH
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.	Share with participants some key approaches so that the tone set is positive and constructive. Some examples 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….

NORWEGIAN CHURCH AID

HOW TO RECEIVE FEEDBACK WELL

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

NORWEGIAN CHURCH AID

SESSION 3

LIFE SKILLS AND FOCUSED CARE SESSIONS

LEARNING OBJECTIVES:

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

TOPICS

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

RESOURCES

- Adolescent girls life skills curriculum
- Adolescent boys life skills curriculum
- Focused care life skills curriculum
- Animal Pictures
- List of topics
- Adapting activities
- Steps to Manage Sensitive Situations

TOPIC 3.1: OVERVIEW OF THE LIFE SKILLS AND FOCUSED CARE TOOLS

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 (married and unmarried) access health, education, economic and legal support.**

Girls at risk of CEFM participate in decisions that affect them, including regarding relationship.

SCHEDULING SESSIONS AND PARTICIPANT RECRUITMENT – **LIFE SKILLS**

- 9-12 participants participants per group per cycle
- Scheduled once weekly for a period of 7-14 weeks

- **PARTICIPANTS:**

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**

NORWEGIAN CHURCH AID

SCHEDULING SESSIONS AND PARTICIPANT RECRUITMENT – **FOCUSED CARE**

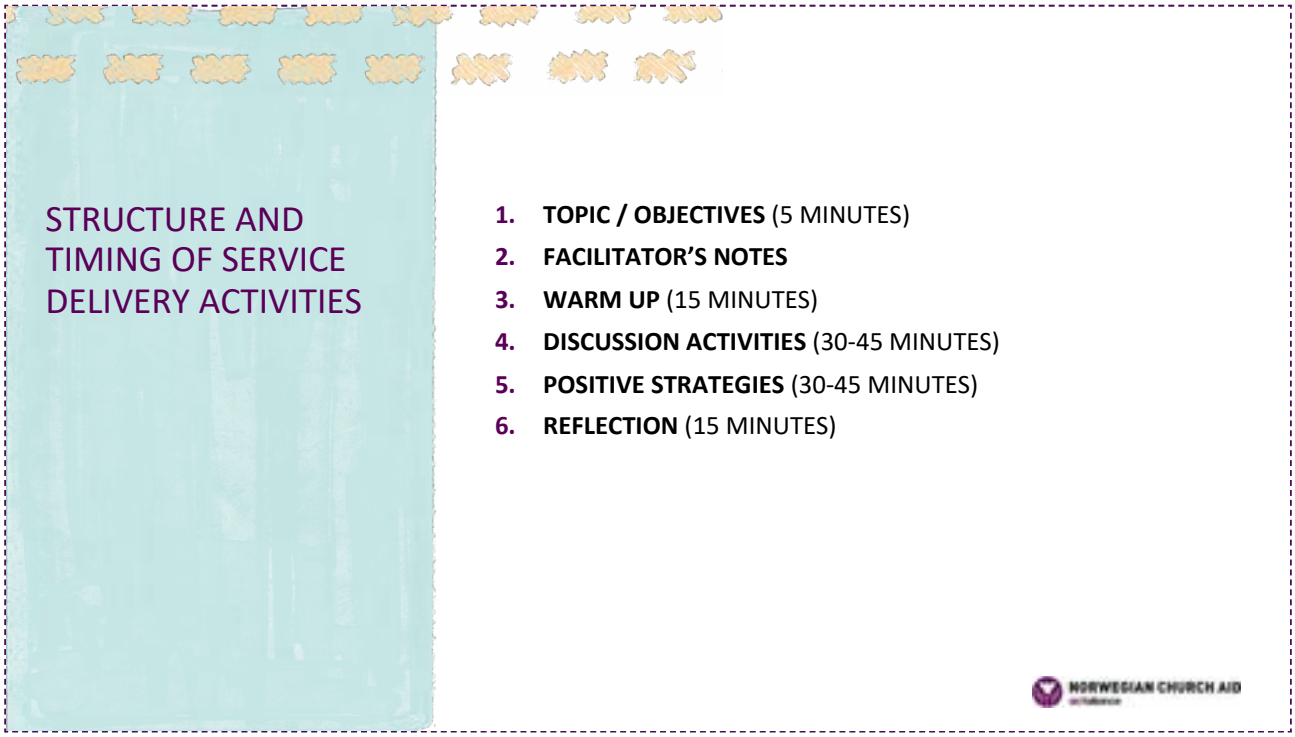
- 9-12 participants participants per group per cycle
- Scheduled once weekly for a period of 7 weeks
- Designed to build assets and build positive coping mechanisms for challenging situations

Participants 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**

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).



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
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.

ADOLESCENT GIRLS' LIFE SKILLS TOOL	
SESSION	**TOPIC**
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

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. The culture and context of each group must be considered 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. Guidance on adjusting the activities to suit the evolving capacities of children and youth are provided below.

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!

DISCUSSION: Why it is important to adapt the sessions based on the developmental age of the participants?

TOPIC 3.2: TEACH BACK – ADOLESCENT BOYS AND GIRLS LIFE SKILLS

Prepare your session, keeping in mind the session on facilitation skills and how to prepare for their session. Remember 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 you gather the materials that you 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.

Observations must cover both facilitations skills as well as dynamics between facilitators, accountability, and ability to challenge harmful comments. Remember the tips to giving and receiving good feedback.

TOPIC 3.3: TEACH BACK AGAIN

This session is modelled on the previous learning experience, except the first session will be completely facilitated by the trainer. It is important 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.

Thank you for all your work on preparing the sessions and for taking the risk of facilitating in front of your peers!

Enhancing Girl's Agency and Gender Equality

Engage

SAVE LIVES AND SEEK JUSTICE

Norwegian Church Aid works to save lives and seek justice. Our support is provided unconditionally with no intention of influencing anyone's religious affiliation.

Norwegian Church Aid is a member of the ACT Alliance, one of the world's largest humanitarian coalitions. Together, we work throughout the world to create positive and sustainable change.

To save lives and seek justice is, for us, faith in action.

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

NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

NORWEGIAN CHURCH AID
actalliance