Orientation Programme on Adolescent Health for Health-care Providers

Part I

Planning and preparing

Background and objectives of the orientation programme

Many individuals and institutions have important contributions to make to promoting healthy development in adolescents and in preventing and responding to health problems in them, if and when they arise. Health-care providers (HCP) have important contributions to make in both these areas. However, situation analyses and needs assessment exercises carried out in different parts of the world point to shortcomings in their professional capabilities and in their "human qualities" as a result of which they are unable and sometimes unwilling to deal with adolescents in an effective and sensitive manner.

To address this need, the Department of Child and Adolescent Health and Development (CAH) of the World Health Organization (WHO) has worked with the Commonwealth Medical Association, UNICEF and UNFPA to develop the Orientation Programme (OP) on adolescent health for health-care providers.

Overall aim

The overall aim is to orient health-care providers to the special characteristics of adolescents and to appropriate approaches to addressing some of their health needs and problems. This will strengthen the abilities of health-care providers to respond to adolescents more effectively and with greater sensitivity. It is expected that the OP will significantly contribute to building national and regional capacity on adolescent health and development.

Intended beneficiaries

The OP is intended for health-care providers (e.g. nurses, clinical officers and doctors) who provide preventive and curative health services to adolescents and to other segments of the population. Other professionals (such as psychologists, social workers, teachers, youth workers and others) should be invited as well so that they may share their experiences and insights on specific areas. It is also expected that adolescents themselves will participate in the OP to provide an "adolescent perspective" to the discussions.

It is worth noting that the OP was conceived and developed with the active participation of its intended beneficiaries. This has been done through the organization of participatory development workshops in several countries around the world.

Expected outcomes

It is expected that health-care providers who participate in the OP will:

- Become more knowledgeable about the characteristics of adolescence and of different aspects of adolescent health and development;
- Become more sensitive to the needs of adolescents;
- Be better equipped with facts and figures to argue for increased investment in adolescent health and development;
- Be better able to provide health services to adolescents that respond to their needs and are sensitive to their preferences;
- Have prepared a personal plan indicating the changes they will make in their work.

However, the OP is not intended to equip participants with specific clinical or counselling skills in adolescent health care.

In practical terms, the OP will provide participants with ideas and practical tips to two key questions:

- What do I, as a health-care provider, need to know and do differently if the person who walks into my clinic is aged 16 years, rather than six or 36?
- How could I help other influential people in my community to understand and respond better to the needs and problems of adolescents?

Aim and components of the Facilitator Guide

The OP is designed to be implemented mainly in a workshop context. It is intended to be a dynamic and interactive programme in which facilitators actively engage the participants in the teaching/learning process. A range of teaching and learning methods has been carefully selected to enable this to happen in an effective manner. This *Facilitator Guide* provides essential information to the organizers and facilitators to plan and implement the OP.

The aims of the Facilitator Guide

- To provide information on planning and preparing for the Programme
- To provide an overview of the teaching and learning methods used in the Programme
- To give detailed instructions for conducting individual modules.

The guide consists of two parts:

- Part I. Planning and preparing
- Part II. Guidelines for conducting individual modules.

Part I is organized in seven sections as follows:

Section I. Introduction to the Orientation Programme

Provides an overview on the content of the Programme.

Section II. Designing the structure and content of the Orientation Programme workshop

Contains suggestions for:

- Establishing the structure and content of a three-day OP workshop
- Selecting appropriate health issues/topics to include in an OP workshop.

Section III. Gathering information about adolescent health and development

Provides suggestions on facts and figures on adolescent health which would be useful to have in advance of the workshop, and on how to structure this information.

Section IV. Key teaching/learning methods

Discusses the facilitation of the OP, and the teaching/learning methods used in it:

- Criteria for selecting facilitators
- Role of the facilitators
- Ground rules for participatory training
- Planning and running the modules on health issues.

Section V. Inviting participants and other contributors

Provides suggestions on inviting the participants and other contributors to the OP, with specific suggestions on:

- Drawing on the expertise of specialists
- Planning a formal opening ceremony
- Involving adolescents.

Section VI. Planning for the Orientation Programme workshop

Contains a checklist for workshop planning and preparing for the OP.

Section VII. Evaluation methods for an Orientation Programme workshop

Providing an overview of workshop evaluation methods:

- To measure the participants' reactions
- To measure changes in the participants' knowledge
- To measure changes in the participants' practice
- Follow-up questionnaire.

Part II has two sections and provides all the information and materials needed to run a given module[1]. It includes the module schedule and the "step-by-step instructions" to run each of the sessions. It also includes all the support materials needed to run the module, such as slides with accompanying talking points, flipcharts and their contents, and case-study materials with notes on issues that they raise. Finally, it includes *Tips for you* to help you respond to questions that may be raised by participants, identifies matters that may be sensitive and about how to deal with them.

Section I. Core modules

Module A	Introduction
Module B	Meaning of adolescence and its implications for public health
Module C	Adolescent sexual and reproductive health
Module D	Adolescent-friendly health services
Module E	Adolescent development[2]
Module F	Concluding

[1] Slides on global data and issues are also part of each module. You may want to prepare background materials on local data for each of the modules.

[2] Under development.

Section II. Optional modules

Module G	Sexually transmitted infections in adolescents
Module H	Care of adolescent pregnancy and childbirth
Module I	Unsafe abortion in adolescents
Module J	Pregnancy prevention in adolescents
Module K	Substance use in adolescents
Module L	Mental health of adolescents
Module M	Nutrition in adolescents
Module N	HIV/AIDS in adolescents[1]
Module O	Chronic diseases in adolescents[1]
Module P	Endemic diseases in adolescents[1]
Module Q	Injuries and violence in adolescents[1]

[1] Under development.

Section I
Introduction to the Orientation Programme

Content of the Orientation Programme

The OP consists of core and optional modules. Figure 1 shows the core and optional modules which have been developed or are currently under development. It is necessary for all participants in the OP to go through the core modules: *Introduction, Meaning of adolescence and its implications for public health, Adolescent sexual and reproductive health, Adolescent-friendly health services, Adolescent development*[1], and the *Concluding* module. This is because they cover the essential topics that will equip the participants with the knowledge and understanding they need to achieve the overall aims of the Programme.

Considering your local needs and resources, and the time available, you and your colleagues will need to decide which of the optional modules will be appropriate for inclusion in your workshop. It is important to note that time constraints should not limit the inclusion of as many modules as you need. This will be further clarified when we discuss the options of running the workshop.

Running each module takes about 3 hours (or half a day), except for the *Introduction* module which requires about 1 ½ hours, and the *Meaning of adolescence and its implications for public health* module which requires 4 hours. Running all the currently available core modules would take about 2 ½ days. This can be conducted on consecutive days, or with interruptions over several days, depending on participants' availability. Local workshop organizers and facilitators will need to decide which optional modules to include, based on local priorities in adolescent health.

FIGURE 1

Modules of the Orientation Programme

Core modules

A. Introduction
B. Meaning of adolescence and its implications for public health
C. Adolescent sexual and reproductive health
D. Adolescent-friendly health services
E. Adolescent development[1]
F. Concluding

Optional modules

G. Sexually transmitted infections in adolescents
H. Care of adolescent pregnancy and childbirth
I. Unsafe abortion in adolescents
J. Pregnancy prevention in adolescents
K. Substance use in adolescents
L. Mental health of adolescents
M. Nutrition in adolescents
N. HIV/AIDS in adolescents[1]
O. Chronic diseases in adolescents[1]
P. Endemic diseases in adolescents[1]
Q. Injuries and violence in adolescents[1]

This *Facilitator Guide* has been prepared to assist you with planning, implementing and evaluating the OP.

[1] Under development.

Support materials used to run the Orientation Programme modules

Each module consists of support materials. You will need to read carefully and understand them, to help you run the module effectively. Figure 2 provides a list of the different support materials with a brief description of each.

FIGURE 2

Support materials for the Orientation Programme modules

Support materials	Brief description and purpose
Handout for modules[1]	This document provides you and the participants with technical information on the specific areas covered in each module.
Spot checks	These are a set of 5-6 questions on each module (except for the *Introduction* and the *Concluding* modules). The purpose of the spot checks is to help participants to assess their gain in knowledge as a result of participating in the module.
Orientation Programme Personal Diary (OPPD)	This is a notebook in which each participant will record the key messages that they are taking with them at the end of each module (with the exception of the *Introduction* and *Concluding* modules). Participants will be asked to put down three key lessons that they learned from their participation in the module and three actions that they plan to take in their work for and with adolescents. The purpose of this exercise is to provide information for participants to develop their personal plans during the *Concluding* module.
Session support materials: Letters Scenarios Case studies Activity sheet	Letters to Agony Aunts, scenarios and case studies are materials developed for use in the different modules. The activity sheet for the *Concluding* module provides a framework for each participant to develop the personal plan to improve his/her work for and with adolescents.

[1] Handouts containing global data are part of each module. Organizers/facilitators may want to prepare supplementary materials based on local data, social and cultural practices.

Section II
Designing the structure and content of the Orientation Programme workshop

This section contains the information you will need for developing the content and structure of the workshop. There is flexibility in the structure and duration of the programme, together with a choice of health issues/topics (optional modules) to include. Given this modular structure, it is possible to adapt the programme to any context. For example, it could be offered in the following contexts:

- Stand-alone as a complete three, four, five or six-day workshop
- As an "add on" to another programme
- Staggered over time, such as one or two modules per week.

In addition to the modules shown in Figure 1, there is need for an additional session to open formally the workshop and introduce participants to the overall goals of the workshop.

Developing the structure and content of a three-day workshop

As indicated above, one of the attractive features of the OP is that there are multiple options for designing a workshop to suit local needs and circumstances. If the "stand alone" workshop option is chosen, the duration will need to be decided upon. If for example, a five-day course is decided upon, it will be possible to include four optional health issues (Figure 3).

FIGURE 3

Example of a five-day "stand alone" workshop

Day	Morning session	Afternoon session
Day 1	Formal opening Core module A: *Introduction* Core module B (part 1): *Meaning of adolescence and its implications for public health*	Core module B (part 2): *Meaning of adolescence and its implications for public health*
Day 2	Core module C: *Adolescent sexual and reproductive health*	Optional module: Topic 1
Day 3	Optional module: Topic 2	Optional module: Topic 3
Day 4	Core module D: *Adolescent-friendly health services*	Optional module: Topic 4
Day 5	Core module D: *Adolescent-friendly health services*	Core module F: *Concluding*

Selecting appropriate optional health topics to be included in the Orientation Programme workshop

Depending on the time you have available for the workshop, you should be able to select the most relevant health issues and problems for your region or country. The findings from local studies on adolescent health issues and problems should help you in this process. If local or country data are not available, we suggest that you consider regional data as an alternative to help you make a decision on suitable optional modules.

Section III
Gathering information about adolescent health and development

In order for the OP to be locally relevant, it is essential to collect data on the status of adolescent health, both nationally and at the provincial or regional level, before the workshop begins. This information should be made available to the participants either beforehand (if possible) or alternatively, it should be provided during registration or during the opening ceremony. Such information would:

- Establish a profile on adolescents which includes demographic data, socioeconomic information, as well as the scale and nature of health problems and problem behaviours;
- Provide background information on existing laws and policies that affect adolescent health and development;
- Provide information on health facilities and the types of services that are provided to and can be used by adolescents locally;
- Indicate the government departments and nongovernmental organizations which are involved in the area of adolescent health and development.

It would be useful for the Ministry of Health to put together a keynote address, or background paper, in advance of the workshop on the key issues facing adolescents.

Given on the following page is Checklist 1 on the situation of adolescents and of ongoing actions to promote their health and development.

CHECKLIST 1

Information-gathering checklist on adolescent health and development

- ☐ What information do we have about adolescents in the country/region?
  - ❍ Demographic data, broken down by age group and sex?
  - ❍ Social and economic status (including opportunities for – and levels of – education, and opportunities for – and levels of – employment, family and social support and access to "basic necessities" such as clean water, food and shelter)?
  - ❍ Health status (including the leading causes of disease and death)?
  - ❍ Groups and sub-groups of adolescents who are especially vulnerable to health and social problems (for example those who live and work on the street)?
- ☐ What information do we have about the health services that are available to – and used by – adolescents?
- ☐ What information do we have about:
  - ❍ Existing laws and policies relating to the health and development of adolescents (e.g. the age of consent to sexual intercourse, access to contraception)?
  - ❍ Principles and practices of national institutions, such as national medical associations, which affect the availability and accessibility of health information and services for adolescents (such as confidentiality in the context of sexual and reproductive health)?
- ☐ What information do we have about ongoing actions to promote and safeguard the health of adolescents, and to help them develop into well-adjusted adults?
  - ❍ Which government departments carry out – or support – programmes in this field at the national level?
  - ❍ What are the responsibilities of provincial or district-level government departments in this field, and what mechanisms are in place?
  - ❍ Which nongovernmental organizations carry out or support activities in the field, at national and/or provincial and district levels?
- ☐ What training opportunities are there to help health-care and other professionals serving adolescents to respond more effectively and sensitively to the needs of adolescents?

Section IV
Key teaching/learning methods

The role of facilitators

Facilitation is a helping or an enabling process, which is appropriate to working with adults who can bring a wealth of personal experience to any learning event. Indeed, facilitation is particularly relevant to this programme because many of the participants are likely to have extensive clinical or other experience of working with adolescents and on adolescent health issues.

A facilitative approach enables participants to draw on that experience and learn in an active way. It also enables a more equal relationship between participants and those who run the workshop than is possible in the more conventional trainer-learner or teacher-student styles. A facilitative approach draws on people's experiences and promotes active learning. Workshop organizers/ facilitators need to remember that many participants may have experience and expertise that equals, or even exceeds theirs.

When working with other facilitators, it is important that everyone is in agreement before the workshop starts about the facilitators' roles and responsibilities and who is responsible for which sessions. It is a good idea for facilitators to change their roles so that the participants can experience a change of style and voice.

It is sometimes the case that the participants demand a more authoritative or didactic approach, expecting the specialist or trainer to tell them what to know, think or do. At the start of the Programme it may be wise to acknowledge this expectation so that you do not lose credibility in the eyes of the participants. However, it is possible to counter this by referring to an old Chinese proverb:

"I hear and I forget! I see and I remember! I do and I understand!" *Confucius (551-479 B.C.)*

Right from the very outset, it would be useful to stress to the participants that they must decide what is useful and important to them and their work. This applies to decisions and actions they need to make as they return to their places of work after the workshop. In this process, it is important to remember that you, as facilitators, are simply the people who provide the context in which the learning and decision-making process takes place. You are not supposed to tell anyone what to do; you can only advise them and give each the support and the space to make up his or her own mind.

Workshop participants – even if they are all health-care providers from the same country – may have different backgrounds in age, religion, level of responsibility, etc. Such diversity is desirable given the interactive and participatory nature of the OP. However, diverse backgrounds can also mean differences in accustomed and preferred ways of working and communication, and also in approaches to things in general, which are bound to come up during the workshop. The challenge facing facilitators is to put their own attitudes and preferences aside, and encourage all participants to appreciate these differences and learn from one another.

The Programme requires you to use a range of methods and approaches, from direct input in the form of short mini lectures to conducting role plays, and stimulating problem-solving exercises in small groups. In the next few pages, we introduce the teaching/learning methods used throughout

the OP. First, here are some general points based on experiences gained during the field tests of the OP.

Ground rules for participatory learning

To help ensure tension- and friction- free interactions among the facilitators and the participants, it is very helpful to establish some ground rules at the outset of the Programme. These would include:

- Treating everyone with respect at all times, irrespective of cultural, age or sex differences.
- Ensuring and respecting confidentiality so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health, mental health and substance use) without fear of repercussions.
- Drawing on the expertise of others, both co-facilitators and participants, in difficult situations.
- Asking for critical feedback on what you do and treating that feedback with respect, so that others see the fairness of your behaviour.
- Establishing from the start when and how the facilitators and specialist contributors will work together, how to give feedback – both positive and negative – and how to keep each other on track.
- Agreeing that every time a facilitator or resource person makes a presentation or leads a session, another facilitator will be responsible for keeping an eye on the time and informing the speaker of this. Equally, some facilitators have set stopwatches or alarms at the start of sessions – an approach which causes some amusement, as long as the alarm call is not too strident!

These, together with all the basic skills of facilitation, will help to ensure an effective learning environment. Some facilitators like to draw up a "learning contract" at the outset of the Programme to ensure that facilitators and participants are agreed on the basic principles underlying adult learning.

Criteria for selecting the Orientation Programme facilitators

Based on the experience gained in different settings across all six WHO regions, we recommend the following two criteria for selecting the facilitators to run the OP effectively:

- **A medical/nursing background:** We have found that because the content of much of the OP modules is clinical in nature, and because the intended beneficiaries are health-care providers, it helps if the facilitator is a health-care provider. Interest and experience in working with adolescents would obviously be an added advantage.
- **Experience in facilitation:** We recommend that the individuals selected to facilitate the OP workshop should have had experience in facilitating workshops, especially those using participatory methods, notably the Visualization in Participatory Programmes (VIPP)[1] method.

We recommend having two or three facilitators for a workshop, which exposes the participants to different styles. The facilitators can also change roles between being the main facilitator and co-facilitation.

[1] VIPP is a people-centred approach to planning, training and other group events. It combines techniques of visualization with methods for interactive learning. Central to VIPP is the use of a large number of multi-coloured paper cards of different shapes and sizes, on which the participants express their main ideas in large letters or diagrams, to be seen by the whole group. Using this method, everyone takes part in the process of arriving at a consensus. Participants who are shy or hesitant to speak find a means of expression and those who might normally dominate are required to let others have a say. For further information, see *VIPP Visualization in Participatory Programmes: A manual for facilitators and trainers involved in participatory group events*. UNICEF, Bangladesh, 1993.

Content areas of the modules on health issues

Below you will find information on the teaching methods used in the modules. Each module (independently of a number of formal sessions) has four main components:

- Introductory
- Input
- Participatory
- Concluding.

Introductory component: Module introduction

This opening session sets the stage for the module. It allows you to share with the participants the overall aim and objectives of the module and any special remarks about it. Participants will also have an opportunity to complete the spot checks for that module.

Input component: Mini lecture(s) and module handout

A mini lecture provides an opportunity for efficiently providing participants with the basic information that they need. For each mini lecture, some of the following resources are available:

- Slides on global aspects of the health issue – you will need to make your own slides on regional- and country- specific information;
- Handouts (reading material containing information to complement what is provided during the module);
- Additional references are usually listed at the end of the handout of each module.

In every module, there are a few mini lectures distributed across the sessions, to provide inputs on different aspects of the health issue covered. The effectiveness of the mini lectures can be increased by ensuring the following:

- Clear presentation and structure
- Good visual aids
- Clear and comprehensible language
- Relevant and interesting content
- Relevant examples
- Room for comments from the participants.

It remains true that these sessions will be more effective if the participants have something to contribute other than to listen. Ideally, even direct input can include questions for participants to discuss and answer. For example, if the participants have brought information from their own regions about the health issue for adolescents, it would be useful to invite them to comment at an appropriate moment.

In the modules' input component, the following choices are available to the facilitators:

- Invite a subject specialist to talk to the group

  This can be very useful, particularly if the specialist has relevant local information on the health issue for adolescents. However, it is essential that the presentation made is brief and addresses the key issues about the health issue, with particular reference to the local situation.

- Present the mini lecture(s) on the health issue

  This may seem to be the easiest option for a facilitator, in that you have control over the information being transmitted. However, bear in mind that some of the participants themselves may have important knowledge and experience, so be willing to involve them and allow time for presentation of local data on the health issue.

  Remember that the presentation must cover the key aspects of the health issue. You can make use of the slides on global aspects contained in the module and supplement this with your own slides on local data. As already noted, it would be a good idea to allow adequate time for questions and discussion in plenary.

- Ask the participants to work through the handout before the session

  This is particularly useful if a previous module has run over time, because you can limit the input session of a module. It is also a good way to present the information for the whole of the module as it enables you to use the full time designated for the mini lecture for discussion – asking participants to review the handout and questions in small groups, and then discuss their findings in plenary.

- Distribute the handout at the start of the session

  The handouts have been designed to provide information on the main aspects of the health issue at a global level. Instead of talking through the issue, you could ask the participants to go through the handout. Allow adequate time for this and for plenary discussion of the questions in the handout – or for specific issues raised by the participants.

Given these four options, it becomes possible to present each module's input session differently. The first two options rely on specialist input of some sort, while options 3 and 4 give the participants more responsibility for developing their understanding of the issues.

Participatory component: Various participatory methods to explore the topic in more depth

A number of different teaching/learning methods have been proposed for use throughout the OP. Each of the methods discussed below has advantages and disadvantages. Therefore, the OP has been designed to include a balanced mix of methods in order to maximize the participants' interaction and benefit. An experienced facilitator will be familiar with these methods. However, it may still be helpful to go over the following points.

- Generally, it takes longer to set up small group discussions and feedback than to run a plenary session. Also, in plenary sessions the facilitator can keep control of the discussion, for example by "filtering" the points participants make as you write them up on a flipchart.
- Small group work ensures that every participant has an opportunity to contribute to the discussion and to work through the thought processes for him/herself. Some facilitators are concerned about their loss of control of these small group discussions but, given good case study material, it is possible to steer the discussion appropriately. Also, by spending time with each group (largely as an observer), each facilitator is able to trouble-shoot problems, re-focus the discussion, and respond to questions.
- It is our experience that varying the approach from one session to another provides stimulation and variety in learning.

Visualization in Participatory Programmes (VIPP)

VIPP is a participatory process which is organized through the use of cards of different sizes, colours and shapes to show linkages between ideas and areas of consensus and disagreement. For VIPP to be successful there are some rules for card-writing.

Rules for VIPP card-writing

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case
- Write legibly
- Use different sizes, shapes and coloured cards to creatively structure the results of discussions
- Follow the colour code established by the facilitator for different categories of ideas.

VIPP cards can be used in plenary or small groups to get the participants to put down their responses to a question. It is important that the question asked be clear and unambiguous. The use of cards enables the responses to be organized in a logical way and to show areas of consensus and disagreement.

An advantage of this methodology is that it allows all participants the opportunity to express themselves, so that the quieter members in the group are able to make inputs.

The facilitator needs to analyse the cards and make an assessment of what they represent. It is helpful to guide the discussion on any areas of disagreement to determine the underlying causes. VIPP methods are also used to evaluate how participants feel the programme is progressing and more information is provided in the section on evaluation methods.

The availability and cost of training materials and tools vary a great deal in countries. Here are some suggestions to deal with problems that you might experience:

- Card paper may not be readily available in some countries. In this case, long sheets of plain wrapping paper can be obtained and prepared in advance. This would include cutting them in different sizes and shapes needed for VIPP exercises.
- Participants may be reluctant to apply some of the VIPP writing rules, such as limiting only three lines per card written in large letters. You can gently remind them of the importance of adhering to these rules because the aim is for their colleagues to be able to read the cards from a distance.
- If you do not have different coloured paper or cards, you could use different coloured crayons or marker pens.

Brainstorming/buzz groups

Brainstorming, or working in buzz groups, helps quickly generate ideas which can be used as a basis for later discussion. It also helps the group to cooperate on a task and to focus on an issue or problem.

This technique is often used at the beginning of a session. It involves posing a question and inviting participants to share any ideas that come up in their minds. During the brainstorming stage, neither the facilitator nor the other participants should comment on any of the ideas that have been raised. The responses are usually written on a flipchart or on VIPP cards, which – at a

later stage – can then be organized to show the themes that emerged from the exercise. Once this has been done, the ideas can be examined and discussed.

It is important to decide in advance why you want the participants to brainstorm and what you will go on to do. Make sure that your initial brainstorming question is clear and unambiguous. It is best to have the question written on a flipchart for participants to see as you introduce it. Do not let the session go on for too long – 10 to 15 minutes is about right – and make sure that everyone has the opportunity to contribute.

Role play

Role play can be an exceptionally valuable device for teaching/learning. It provides an opportunity for the expression of emotions which cannot be achieved through discussion alone. Given the limited time available for each role play – only 3-5 minutes, it can illustrate both the problems and the ways of dealing with them. For example:

- The facilitators and/or participants can use role play to demonstrate "bad practice" or "model good practice".
- For the participants, it can be:

    - A problem-identification tool, in which everyone in the role play is familiar with the scenario and role plays the difficulties it illustrates. Again, this would normally occur in plenary, although small groups could also use it as a means to develop their problem-identification skills.
    - A means to practise clinical or counselling skills, or problem-solving. In this latter form, only the "patient" should know the complete scenario or history – the health-care provider should have little detail. After an initial practice run in plenary, role play for skills practice is best undertaken in groups of three, comprising the health-care provider, the "patient" and an observer. Working in groups of three enables each person, in turn, to practise health-worker skills.

When used as a good practice tool, role play also provides an opportunity to show what a health-care provider can do very quickly to establish a good rapport and even to effect change for a troubled adolescent. It is important, however, to follow the rules of role play given below.

NOTE

Modules dealing with health issues include scenarios that can be used for role plays. Please feel free to alter or adapt them in order to make them appropriate to your cultural situation. This will probably include changing persons' names, the names of the location/site, or the circumstances of the event.

Better still, ask the participants to volunteer "real" situations relevant to them – but be sure that their issues are central to the adolescent health issue discussed in the module. Identify possible scenarios by discussion, or by asking participants to write a "difficult moment" on the card; the cards are then displayed on the wall or read aloud by the facilitator, maintaining anonymity.

Begin by asking the group to think about what they, as health-care providers (not the adolescent), would find most difficult when dealing with adolescents on the particular health issue. Ask them to focus on the interaction with an adolescent, or the adolescent and the family, rather than on abstract issues.

Typical examples might be an adolescent who is:

- Too anxious to speak
- Angry or ashamed, and so unwilling to be there
- Afraid of a clinical examination
- With parents who will not let him/her speak freely to the health-care provider.

Let the group select one or two such difficulties to illustrate typical problems faced in dealing with adolescents, and ways to overcome such difficulties.

To ensure maximum spontaneity, reduce initial discussion of the role play to a minimum. If in plenary, place two or more chairs in the front of the room – one for the health-care provider, one for the adolescent, and additional chairs for any others who are meant to be present, such as family members.

Ask for volunteers to play the roles in the chosen situation, explaining exactly what the health-care provider's task is: to illustrate bad practice as part of a problem-solving exercise or work on good practice. In any case, explain that they will be expected to demonstrate a "typical" reaction, not an ideal one. Ask the volunteers to choose a name, age and sex. Start the first role play with the arrival of the adolescent to see how he or she is greeted by the health-care provider.

Let the role play run for 3-5 minutes. The facilitator should observe, especially, what the health-care provider does or says that makes a difference in the way the adolescent reacts, what kind of "body language" is used by both health-care provider and adolescent, what attitude the health-care provider displays towards the adolescent and any family members, and any difficulties the health-care provider experiences.

Afterwards, ask the role players to stay where they are until the discussion is over. Be sure to thank and praise the role players, and then ask them to come out of their roles, i.e. say who they really are. Explain to the group that this is important to diminish the surprisingly powerful effect role plays can have on the players afterwards.

Next, ask that comments be focused on what happened in the role play, not on general issues that can be taken up later. Begin by asking each of the role players how they felt in the role (in addition to what they thought). When they have finished, ask the group for their reactions. If necessary, refer to any behaviour that was significant and ask people to comment on it. Demonstrate that you expect people to give helpful positive and negative feedback. When the group has finished commenting, go back to the role players to give them the "last word".

Running the first role play session

Although the participants should have the maximum opportunity for role playing, they may feel less inhibited if the facilitator begins by very briefly demonstrating bad practices in a role play which the group will find easy to criticize. Below are two possible examples of this, both illustrating a mental health issue; in each one, the second paragraph lists points that could be covered in the ensuing discussion.

EXAMPLE 1

Bad practices

The facilitator could play a health-care provider who sees a 13-year old boy brought by his mother to the doctor because he is "disobedient" at home and is not doing as well as expected at school. The boy is pushed into the room by his mother and comes in with his head down. The mother begins by complaining about him. The doctor doesn't look up or stand up when the two come in. He speaks only to the mother and ignores the boy. He takes sides with the mother at once. He then scolds the boy for behaving badly. He prescribes a tranquillizer for the boy and asks the mother to come back and see him in two weeks to see if there is any improvement in the boy's behaviour.

The group is asked what they think of the doctor's behaviour. The obvious faults are likely to be noticed, such as the doctor's failure to greet them properly, not giving the boy a chance to speak, and prescribing a tranquillizer without sufficient knowledge of the boy's difficulties. But it may also be useful to stimulate the group to think about what he might have missed by such behaviour. What was behind the difficulties? Was the boy overly anxious or becoming phobic? Were unreasonable demands being made of him at home? Were worries about his sexuality making concentration difficult? Has something in his life changed? How does he get on with his father? The boy may decide that no one can help someone like him, that no one cares, and he may become suicidal.

EXAMPLE 2

Bad practices

A 15-year old adolescent girl comes to see the doctor. She is very embarrassed, but manages to blurt out that something is happening at home that frightens her. The doctor asks her how old she is, what class she is in at school, what subjects she likes best, and how many sisters and brothers she has. The girl answers her and then says that she is afraid to be at home when her mother is not there. The doctor tells her not to worry and to find things to do to take her mind off her worries. She then asks her if the girl has any other complaints. The girl says no. The doctor says she doesn't think there is anything wrong with her and that she should stop worrying.

The group is asked to consider what is wrong with this scenario. The doctor is sympathetic and friendly, but she makes no reference to the girl's obvious anxiety in the room, and appears not to respond to the more important issue the girl is raising. She changes the subject twice and obtains information that may be irrelevant, yet she fails to ask what the girl fears – which might, for example, be sexual abuse or incest. The doctor may be a poor listener generally, or too frightened herself to deal with the subject.

Intervening if a role play becomes difficult

Occasionally, it may happen that someone involved in a role play becomes deeply emotional. Please do all you can to reassure the participants that they must go no further than they feel comfortable, and that they are free to stop and come out of the role at any time.

It is sometimes possible to reduce the risk of this happening by intervening. Through careful observation of the role play, the facilitator will notice if a participant playing the role of a "patient" or even a health-care provider is suddenly becoming unduly upset. The facilitator can then gently intervene to review what has caused the person to feel so strongly. If the cause is something that the health-care provider has done, it might help if the role players "replay" that part of the intervention, attempting to alter what happened. To be able to do this, the facilitator requires tact, empathy and acute observation.

Case studies

For some health issues, the module contains case studies, each with a set of questions. The purpose of these case studies is to illustrate good and/or bad practice in dealing with an adolescent who has a particular health problem. Within the time available, it is possible to lead the case studies in a number of ways, which we discuss below.

Always remember to allow the participants sufficient time for reading. Because some can read faster than others, it helps to keep the fast readers occupied while waiting for the others to finish. At the same time it is important to avoid putting pressure on those who are slow readers.
It is possible for facilitators to vary the method by:

- Using the case studies sometimes in plenary and at other times in small group sessions
- Modifying the task, for example, by getting the participants to:

    - answer questions, which are put directly to the participants, or provided to them in a "task sheet";
    - devise a list of "good" and "bad" health-care practices based on the case studies.

- Varying the method of feedback after the small group work. For example, facilitators could:

    - ask each group to write up their agreed points on a flipchart and report their findings in plenary;
    - ask each group in turn for one point of feedback and write this up on a flipchart; and to repeat the process until no one has anything more to add.

Guided discussion

The purpose of including this activity in a health issue module is to elicit changes that the participants would want and be able to make in order to modify applicable aspects of their clinical practice to provide more adolescent-friendly health services relating to the specific health issue. This will also be reinforced when the participants use the Orientation Programme Personal Diary (OPPD).

Following the group work, it is likely that most participants will have in mind a range of ideas for change when they return to their work situation.

Depending on the amount of small group work that the participants have already done, you might initially ask them to work alone, or in pairs or small groups, or even (if there is little time remaining) in plenary.

After working alone or in pairs, the participants might move on to a bigger group to pull together ideas before finally sharing them in plenary.

It is also possible to suggest separate tasks for each pair or small group. Doing so means that participants avoid listening to many different versions of the same lists; it also provides an opportunity for each group to challenge, alter or affirm the solutions of others.

Your role is to facilitate proper discussion by the whole group. This requires a careful balance between intervening and "taking a back seat". If the group works well, your main role is likely to be to guide the discussion if it wanders off course or dries up. You may sometimes need to intervene by picking up and noting on a flipchart or cards the main points as they occur, asking open-ended questions and directing the discussion.

Remember to draw out contributions from the shy or more silent participants and to restrain other members from dominating the group.

It is important, when discussing controversial issues, to create an environment in which everyone can state their views, experiences and worries honestly and without fear of disapproval.

At the end of the discussion, ask the group to summarize the main points that have arisen, or do this yourself.

Concluding component: Module review

It is important, at the end of each module, to summarize the key points brought out in the plenary discussion and group work. It is also necessary to go back to the module's objectives and ask the participants to say whether or not they feel that these have been fully met. This will provide you with feedback on areas you may need to strengthen in future programmes, or areas that you need to revisit, if time allows during this Programme. The section on evaluation methods gives some good examples of how you can obtain feedback.

Section V
Inviting participants and other contributors

Selection of participants

The OP is intended for health-care providers, such as doctors, clinical officers and nurses, who provide clinical services, both preventive and curative. It is expected that very few participants will offer services only to adolescents, but that adolescents would be among those they treat. Medical doctors who often care for adolescents include paediatricians, gynaecologists and obstetricians, internal medicine specialists and general practitioners.

It would be useful to invite health-care providers from different specialities. This would enhance the opportunity for information-sharing and networking during the workshop, and for post-workshop collaboration.

EXAMPLE 3

Invitation letter for health-care providers to participate in the Orientation Programme workshop on adolescent health

Dear (Name),

In the past, considerations of mortality rates alone have meant that adolescent populations have been viewed as healthy – and so accorded a low priority for health-related interventions. (The World Health Organization defines adolescents as persons in the 10-19-year age group.) However, there is growing recognition that, because of a combination of biological, psychological and social factors, today's adolescents face many different health problems. These problems include those resulting from unprotected sexual activity, substance use/abuse, and intentional or accidental violence.

The Ministry of Health is glad to invite you to participate in an Orientation Programme workshop on adolescent health and development. Drawing on the experience of participants such as yourself, the Orientation Programme workshop will examine the extent to which:

- Commonly occurring health problems affect adolescents differently from adults, including how and why;
- Health-care providers can tailor their clinical practice in order to meet the needs of adolescents more effectively and sensitively;
- The delivery of health services can be modified in affordable ways to make them more friendly to adolescents.

As part of your preparation for the OP workshop, we would like you to spend some time thinking through the questions given below. Please jot down some notes and bring them with you to the workshop.

- For what kinds of health problem do adolescents come to you (or are brought to you)?
- What challenges have you faced, if any, when dealing with adolescents and their families?
- What difficulties do you think adolescents might face in using health services?
- What else would you like to know about adolescent health?

We look forward to working with you at the Orientation Programme workshop.

Thank you.
Yours sincerely,

Signature

In addition, participants should represent different levels of responsibilities such as junior and senior doctors, senior nurses and hospital directors. This would help to highlight the different types of actions the range of participants can take to make services more responsive to adolescents.

See above (Example 3), a sample invitation letter to the OP candidates, which contains a sample questionnaire. Its purpose is to prepare participants for the OP, by asking them to reflect on their current work with adolescents. Potential candidates should be invited one to two weeks in advance of the workshop.

It is important that adolescents are actively involved in each of the Orientation Programme sessions and you will need to think carefully about how you select them and prepare them for the workshop.

Involving adolescents

Most adults retain clear memories of times in their own adolescence. However, the speed of change in many countries (including growing urbanization and globalization) means that adolescents today face challenges, some of which were not present even ten years ago. Therefore, our own experiences as adults may not be fully relevant to today's adolescents.

For these and other reasons many adults, including health-care providers, find it difficult to understand and empathize with adolescents of today. It is essential for those working with and serving adolescents not to have a biased or judgemental attitude towards them, irrespective of differences in perspective.

A useful way to deal with this in the context of the OP is to invite a small group of adolescents to participate throughout the workshop. We strongly suggest inviting an appropriate group of local adolescents, perhaps from a middle/secondary school or a community group of young people, to participate in the programme. It is important to have both male and female adolescents represented. Once they are selected, you need to meet with them before the workshop and to introduce them to their roles during the workshop. Some suggestions are given below.

Before the workshop

- Explain the themes and purpose of the OP and how they could contribute (examples include a brief drama and reading of letters published in a magazine aimed at young people);
- Reinforce their important contribution as equal participants in the workshop, regardless of their age, sex or background.

During the workshop

You and your colleagues should encourage them to participate in small group discussions and activities to provide an adolescent perspective on key issues.

Drawing on the expertise of specialists

Once the workshop structure has been decided and the health issues and problems selected, the facilitation team (2-3 individuals maximum) should decide which resource individuals, if any, they would like to invite.

We advise that you spend some time reading the rest of these preparation notes and the selected health issue modules so that you can be clear about the role that these specialists could play. For example, when discussing issues of mental health you may want a psychologist or a psychiatrist to be present, or in the module on nutrition you may require the services of a nutritionist.

Section VI
Planning for the Orientation Programme workshop

OP workshop organizers and facilitators will need to address the proposed items in the *Workshop preparation and planning checklist* (Checklist 2) in advance of the workshop. We recommend that a small group of 2-3 individuals form a planning group, review the proposed list below, and distribute responsibilities 6-8 weeks before the OP workshop.

CHECKLIST 2

Workshop preparation and planning checklist

8-10 weeks before the workshop

☐ Orientation Programme structure and agenda

- ❍ Develop the programme structure and content with the key organizations involved
- ❍ Make contact with other facilitators to agree on the programme and who will be responsible for each module/session

☐ Selection of participants

- ❍ Initiate this process in collaboration with the relevant organizations
- ❍ Decide on a deadline to complete the selection process and to notify the participants

☐ Accommodation, meals and coffee breaks

- ❍ Book accommodation
- ❍ Make arrangements for meals and coffee breaks
- ❍ If participants have travelled from other places for the workshop and are staying at a hotel, we recommend that you consider holding the workshop in the same hotel (to save time and expense on commuting)
- ❍ If the workshop is for local participants, then we recommend that you hold it in a place some way off from their places of work, to minimize interruptions

☐ Workshop facility

- ❍ Select the workshop facility/training room
- ❍ The room for the plenary should be large enough for the participants to spread out and work in small groups comfortably without disturbing each other
- ❍ At least one end of one plenary room should be able to be darkened for overhead projection or for showing PowerPoint slides
- ❍ If possible, in a hot climate it is helpful to have air-conditioning, electric fans, or at least lots of windows
- ❍ Ensure the availability of 2-3 small tables for the facilitators to use
- ❍ Ensure having the flexibility to rearrange the tables for breaks/small group sessions

☐ Photocopying and computers

- ❍ Ensure the availability of photocopying facilities on the premises or nearby
- ❍ Ensure the availability of a computer and printer

1 of 3

CHECKLIST 2

Workshop preparation and planning checklist

☐ Workshop equipment and tools

- ❍ Three or four flipchart stands
- ❍ Six to eight flipchart paper pads
- ❍ Coloured markers for flipcharts
- ❍ An overhead projector or a computer with PowerPoint projection equipment
- ❍ Blank transparencies and pens for the overhead projector
- ❍ A screen or free wall for slide projection
- ❍ VIPP cards or equivalent
- ❍ Masking tape or pins to put up charts on walls and boards
- ❍ A pair of scissors

☐ Participants' tools

- ❍ Note pads, one for each participant
- ❍ Pens, one for each participant
- ❍ Name tags for participants and facilitators

☐ Notify participants of the course objectives, dates and venue

☐ Start gathering local data on adolescent health and development that are relevant to the selected sessions

Two weeks before the course

☐ Make photocopies of the following documents

- ❍ Workshop agenda
- ❍ Local data on adolescent health and development
- ❍ Module schedules and support materials (handouts, case studies, scenarios, etc.)

If possible, it may be handy to make additional copies of the whole package in case you have unexpected visitors or extra participants. This will save you time and having to do it during the workshop.

☐ Make transparencies out of the slide files or just have them ready for PowerPoint projection

☐ Prepare the VIPP cards or alternatives (as discussed in Section IV)

☐ Check that the needed pieces of equipment are available

- ❍ Flipchart stands, sheets and pens
- ❍ Overhead projector, blank transparencies and pens, or a laptop and PowerPoint projection equipment
- ❍ Sufficient seating

One week in advance of the course

☐ Confirm that those invited to the formal opening ceremony can attend

☐ Confirm that the participants can all attend

☐ Confirm venue and accommodation arrangements

☐ Confirm catering arrangements

One day before the workshop

CHECKLIST 2

Workshop preparation and planning checklist

- ☐ Check the workshop meeting room / facility
  - ❍ Arrange the seating in a circular or U-shape – to ensure that the participants face each other and can also comfortably see the speaker and the projection screen
  - ❍ Confirm that all required pieces of equipment are in place and in working order
- ☐ Greet the participants who have arrived early

3 of 3

The workshop planning team should work with the organizations to be invited to the workshop to help them select appropriate candidates (Section V). It would be good to invite a cross-section of health-care providers representing different organizations and settings such as the Ministry of Health, universities or the private sector. This would enhance the opportunity of networking during the workshop, as well as post-workshop communication, collaboration and exchange of experiences in serving adolescents. If a follow-up workshop is to be held, the area of inter-organizational collaboration might be further discussed.

Planning a formal opening ceremony

Many stand-alone workshops and courses are preceded by a formal opening ceremony in which representatives from key government departments and organizations are invited to speak. The formal opening is an opportunity to reflect on the importance accorded to adolescent health issues at national or regional level and to reiterate the need/continuing need for this.

When planning a formal opening, invite the speakers some time ahead and provide them with a copy of your provisional programme and the time available for speeches. The speakers should provide factual information on adolescent health issues, resources available and ways of strengthening health-service delivery. You have to confirm with the speakers that they have this information. You may need to share your profile on adolescent health and development (described in Section III) to assist them in this task.

You should have a list of available back-up speakers for the opening ceremony in the event that key representatives are not available to attend at that time.

It is important to minimize the risk that speeches in the opening ceremony run into the time of the modules. One way to ensure this is to arrange for the opening to take place on the evening before the workshop. If this is not possible, stress the importance of keeping each speech to time and arrange for a coffee break immediately after the opening: this provides a target in terms of time, as well as an opportunity for guests and dignitaries to leave before the working sessions begin.

Section VII
Evaluation methods for an Orientation Programme workshop

People usually enjoy coming to workshops, particularly when they are active participants as in this OP. However, measuring what they have learned from the workshop can be difficult. In this programme we have included some evaluation methods that are very quick and easy to use and to obtain immediate feedback. Using them will give you the following:

- Evidence of how the workshop has affected the participants;
- Facilitators can see where the workshop has been less effective, which means you can try to address the reasons for that in the future;
- Future support for the OP will be easier because you can show that you can evaluate the results or, even better, because you can show the positive effect of a previous workshop.

People often use questionnaires for evaluations. However, it takes time to analyse them, and as facilitators are always busy during the workshop, the results are usually not available until some time later.

The methods we have included here are immediate! This means that you do not have to do time-consuming analysis. It also means that they act as a kind of needs assessment, because they can reveal which topics and issues require special attention during the modules.

Evaluation can be carried out at different levels to measure different things. In this OP we have included methods for measuring change at three levels:

- Participants' reactions to the workshop
- Changes in participants' attitude and knowledge
- Changes in participants' practice.

We shall now outline the methods for each of these levels, and how to use them. You will find the methods built into the modules when you come to use them.

Evaluation methods to measure participants' reactions to the workshop

We have included three ways of keeping in touch with how the participants experience the programme on a daily basis as it goes on. By getting their early reactions you will be able to make changes immediately, rather than receiving complaints at the end of the workshop when it is too late to respond to them.

The Mood Meter

As its name suggests, the *Mood Meter* allows you to get a sense of the group's mood as it changes during the workshop.

Put the *Mood Meter* in an accessible location but one that is not in a busy place like a corridor.

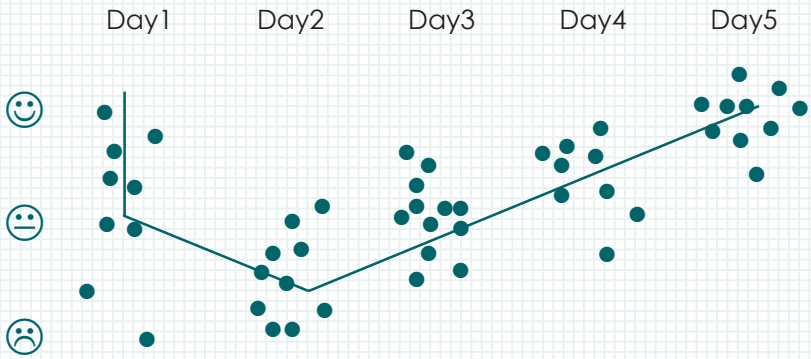
Explain that the three faces indicate the following in a descending order: satisfied, neutral or not satisfied.

At the end of each day or each session, ask each participant to mark a spot, according to how they feel, on the *Mood Meter*.

Draw a line through the middle of the spots to create a simple graph that charts the "ups" and "downs" of the group.

EXAMPLE 4

Mood Meter for a 5-day workshop



Use the *Mood Meter* as a means of tracking the group's feelings about how the workshop is proceeding, and as a starting point for discussion.

Discussion groups

If you are interested in getting more in-depth feedback from the participants after a particular module, you could hold a discussion group with a small group of interested persons. Ask about five participants if they are willing to talk about the session, and let them discuss a small number of questions. You can use the questions given below to guide your discussion, or you could develop your own questions.

- How do you feel about this module?
- Which sessions worked best?
- Which sessions did not work well?
- What could we have done differently?
- What did you get out of the module?

Please remember that the point of such a discussion is for you to hear the participants' opinions. Try not to talk much yourself, and listen to criticism without becoming defensive. There is no need to respond directly to any criticism.

Evaluation method to measure changes in participants' knowledge

Spot checks

You will find a series of spot checks for each of the modules (except the *Introductory* and *Concluding* core modules). The spot checks will enable you to see how the participants feel about certain issues, and what they know about the topic before you begin the module. Reviewing the same spot checks at the end of each module will reveal if there has been any change in their attitudes and knowledge. Each spot check poses a question, and asks participants to mark their answer with either a single spot along a line, or with a certain number of spots which they spread between different options. Some questions have blank spaces for participants to write down their answers. There are two possible options for using the spot checks.

OPTION 1

Individual work

- Make sure that every participant has a module handout with the relevant spot checks.
- Ask the participants to work individually on their spot checks (this is explained in detail in the *Facilitator Guidelines* of each module), and inform them that you will be reviewing the spot checks together during the module review session.
- Ask the participants to bring the spot checks out again during the module review and go over each one to see if they would change any of the preliminary answers they gave at the beginning of the module.
- Ask volunteers to share examples of different answers. This will give everyone an opportunity to share the immediate impact of participating in the module.

Advantages of Option 1

- It obliges each individual to put down what he/she believes is(are) the right response(s) to the questions posed.
- It minimizes the concern that some participants might have, of responding with an incorrect answer in plenary, and feeling humiliated in the process.
- It allows participants to reflect on the changes in their own attitudes, knowledge and understanding, as a result of their participation in the module.
- It is less time-consuming.

Disadvantages of Option 1

- It does not allow facilitators to observe the overall change.

OPTION 2

Group work

- Make two photocopies of each spot check, onto larger paper if possible. Divide them into two sets and mark them, so that one set is for “before” running the module, and one set is for “after”.
- Using the “before” set, put one copy of each spot check in the room, with a thick marker by each one.
- Before the module begins, ask the participants to tour the room and to do each spot check. Encourage them to do this quickly and without discussion. If they do not have an opinion, or do not agree with any of the statements, they could mark their spots in a corner of the page. Tell them that they could put more than one spot on the same answer.
- You should watch out for results that suggest negative attitudes towards working with adolescents, and for gaps in knowledge and understanding. Do not talk about these at this stage, but consider paying special attention to them during the module.
- Repeat the process with the “after” set of spot checks at the end of the workshop. Present the findings to the participants by comparing the “before” and “after” sets. (You could do this by pinning the pairs of spot checks on the wall.) There is no need to count the spots as the patterns should be visible. If the workshop has had the desired effect, you will see more spots on the “correct” answer for factual questions, and a shift towards the kinds of attitudes needed for effective work with adolescents.

Advantages of Option 2

- It allows facilitators to get a good sense of the knowledge and understanding, and the attitudes of a good participant and to see any changes that occur during the workshop.
- The responses of the other participants may help contribute to the learning and attitude development process.

Disadvantages of Option 2

- It is more time-consuming.
- It will give participants a chance to look at the responses of others, which may influence their own responses.

Please note the following:

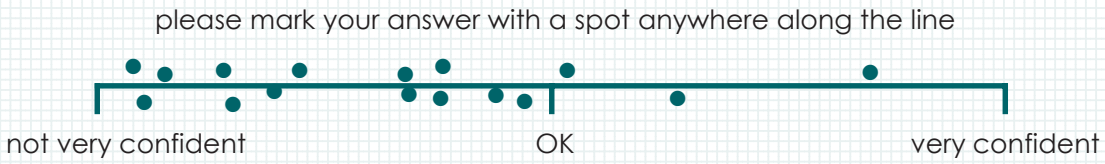
- The participants may want to discuss the meaning of the questions on the spot checks, or of the various options. Unless there is a misunderstanding about the meaning of a question, encourage them to do the spot checks without discussion; otherwise this will eat into the time set aside for running the module. Also, all the issues on the spot checks will come up during the session.
- If the wording of the spot checks is not appropriate for the circumstances where you live, please change it.
- You can also make up your own spot checks!

On the next two pages you can find some examples of how to apply spot checks using Option 2.

EXAMPLE 5

Spot check answers before running the module

How confident do you feel about working with adolescents on the issue of abortion?

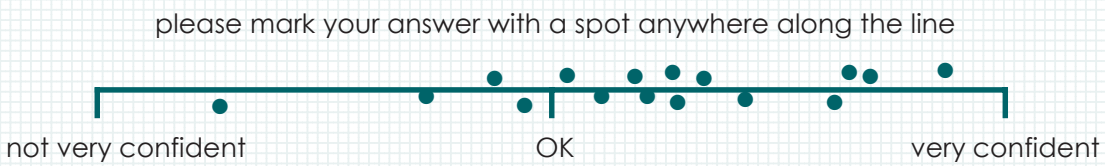


In this "before" example, 16 participants have marked their spots. The distribution of spots shows a general lack of confidence among them about dealing with the issue of abortion with adolescents.

EXAMPLE 6

Spot check answers after running the module

How confident do you feel about working with adolescents on the issue of abortion?



It is clear from this "after" example of the same spot check that the participants' level of confidence has gone up. This would suggest that the Orientation Programme has had a positive impact on the participants' perceived ability to tackle the issue of abortion with adolescents.

Sometimes the spot checks ask a factual question – such as the percentage of adolescents contracting sexually transmitted infections – in which case you can find the answer in the *Facilitator Guidelines*.

EXAMPLE 7

Spot check answers before running the module

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with 3 spots

Encourage the authorities to stop untrained people carrying out abortions	7
Improve provision of contraception to all adolescents	8
Improve access to safe abortion for adolescents	8
Improve confidentiality for adolescents seeking abortion	7
Support efforts to change the law to expand access to safe abortion	1
Train modern and traditional health-care providers in abortion care	2
Encourage adolescents to go through with their pregnancies	12
Emphasise abstinence from sex before marriage	15

In this "before" spot check, 20 participants have marked three spots each. Many of the spots are on less effective options for working to prevent unsafe abortion.

EXAMPLE 8

Spot check answers after running the module

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with 3 spots

Encourage the authorities to stop untrained people carrying out abortions	1
Improve provision of contraception to all adolescents	14
Improve access to safe abortion for adolescents	15
Improve confidentiality for adolescents seeking abortion	13
Support efforts to change the law to expand access to safe abortion	8
Train modern and traditional health-care providers in abortion care	5
Encourage adolescents to go through with their pregnancies	2
Emphasise abstinence from sex before marriage	2

In the "after" spot check, the participants' spots have shifted over to more desirable options concerned with improving the service which health-care providers give to adolescents. This suggests that the programme has had a positive impact on the participants' ideas of what they can do.

Note the kinds of options which are clustered together – in this case on the left- and right- hand sides of the page, so it is easy to see if the general distribution of spots has shifted.

Evaluation methods to measure changes in the participants' practice

After having undertaken this OP workshop we hope that some of what participants learn will influence how they work in the future with adolescents. One way to support this is to help the participants distil what they have learned into changes that they intend to make. This should improve the chances that they will put what they have learned into practice. Three methods can be used to track these changes:

- **Orientation Programme Personal Diary (OPPD):** diary questions for personal reflection at the end of each module;
- **Personal plan** to improve working with/for adolescents: developing a personal plan in the *Concluding* module;
- **Follow-up questionnaire** for use where a follow-up workshop is not possible.

Orientation Programme Personal Diary (OPPD)

This is a notebook to be designated for daily input during the last session of each module, the "module review" session. You will post on a flipchart the following two questions for participants' input at the end of each module:

- List three important lessons that you learned through participation in this module.
- List three things that you plan to do in your work for/with adolescents.

Encourage the participants to take a few moments to jot down their answers at the end of each module. Answering these two questions will help them tap into – and remember – what they found in each module that was most relevant to their own attitudes and practices. It will also help them when they come to develop their personal plan in the *Concluding* module of the whole workshop.

During the *Concluding* core module, the participants will get a chance to share examples of their reflections and answers to the above questions.

Please remember you will not be collecting the OPPDs. This is for the participants to keep, use and apply, and to implement changes in their work with/for adolescents. The things that they might write down will obviously vary from person to person.

For the module on *Adolescent-friendly health services* we might expect answers such as the following in response to:

- Name three lessons/things you learned as a result of participation in this module *(Adolescent-friendly health services)*:

  - It is up to us to make the health centre attractive to adolescents!
  - I had forgotten how much I used to hate going to the clinic when I was young!
  - It is possible for the clinic to be made adolescent-friendly without spending too much money!
  - Our procedures are too long, no wonder adolescents get fed up waiting!

- List three things that you want to apply when you go back to your regular workplace (actions or changes you want to make):

  - I'm going to talk to my colleagues about this. We could go through this module together and then come up with ideas on how to improve things!
  - I think I can cut out some of the bureaucracy and speed things up!
  - I'm going to lobby for another counsellor, we just don't have the capacity at the moment!
  - I'm going to rearrange the furniture and put up some partitions – to provide more privacy!

Personal plan

The *Concluding* module focuses on change and leads the participants through the process of making their personal plans to change the way they work with and for adolescents. The process is important for two reasons. First, it helps the participants apply what they have learned in practical ways, by enabling them to think of realistic changes that they can make, or new things that they can do, in order to improve the way in which they work with adolescents. It is definitely best for them to do this as part of the OP, with the support of the facilitators and other participants, rather than leaving them to do it when they will be busy back at work. Second, by making personal plans the participants provide you and themselves with goals, against which you can all measure the success, or otherwise, of the changes that they make.

Follow-up questionnaire

The use of the follow-up questionnaire will depend on whether you can run a follow-up workshop:

- If your participants are local, then it may be easier to re-convene in six months for follow-up. In this case, you can adapt the proposed list of the follow-up questionnaire, send it to the participants about four weeks in advance either electronically or by post and ask them to send it back to you at least two weeks before the follow-up meeting. This will help you tailor the meeting agenda to respond specifically to some of their needs and problems, and share the successes achieved by the participants.
- If you are not able to run a follow-up workshop with the same participants, but want to evaluate changes to the participants' work practice, then you will need to get in contact with them separately. This could be at least six months after the OP workshop, so that they have had time to try and change the way in which they work.

It would be ideal if you were able to meet with them in person. The next alternative is to talk to them on the telephone. If that is not possible, you could send it to them by electronic mail or by regular mail. Clearly, the best option is a relaxed face-to-face meeting, but given the location of the participants and the time/resource constraints, that may not be the most practical option for you.

You can use the following ideas as a questionnaire or as guidelines to your conversation. You should remind the participants of the changes they intended to make when they wrote their personal plans by sending them a copy of their own plans.

EXAMPLE 9

Follow-up questionnaire

In your personal plan, you identified a number of areas in which you planned to make changes.

1. Please describe the areas in which you have been successful in making the changes you had planned to.
2. What helped you to be successful in these areas?
3. Please list the areas in which you have been least successful.
4. What prevented you from making the changes you had planned?
5. Please describe any other areas in which you have made changes or improvements (which are not listed in your personal plan)
6. Overall, what are your thoughts and feelings about you work with/for adolescents since the OP?

Orientation Programme on Adolescent Health for Health-care Providers

Part II

Guidelines for conducting individual modules