Providing Comprehensive Sexual & Reproductive Health Services for Most-at-Risk Adolescents & Young People

Training of Trainers Course Curriculum

EECARO

INTERNATIONAL CHILDREN'S CENTER

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Training-of-Trainers Course

Providing Comprehensive Sexual and Reproductive Health Services for Most-at-Risk Adolescents and Young People

International Children's Center, Ankara, Turkey

UNFPA Eastern Europe and Central Asia Regional Office (EECARO)

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TRAINING-OF-TRAINERS ON PROVIDING COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR MOST-AT-RISK ADOLESCENTS AND YOUNG PEOPLE

The UNFPA EECA Regional Office and the International Children's Centre in Ankara have been collaborating on a long-term training strategy in the adolescent/youth field. The long-term training strategy on Sexual and Reproductive Health (SRH) services for most-at-risk adolescents (MARA) and young people (MARA) will focus on the following:

- Building capacity of national counterparts in comprehensive SRH and addressing SRH needs of most-at-risk adolescents and youth;
- Establishing a systematic approach in training on comprehensive SRH services for most-at-risk adolescents and youth;
- Setting up quality standards for the EECA region on SRH services for most-at-risk adolescents and youth;
- Establishing competency standards for trainers;
- Assessment and certification of trainers; and
- Monitoring and evaluation of training results and impact.

The purpose of the training-of-trainers (ToT) on comprehensive SRH of most-at-risk adolescents and youth is for trainers to be able to build professional skills of national counterparts to provide quality services to the targeted populations according to recognized standards and to disseminate knowledge in the region.

Audience: national health institutions (general practitioners, midwives, health providers and social workers working with at Primary Health Care Youth-Friendly Health Services), NGOs and state institutions working with most-at-risk youth). Participants will be selected by UNFPA country offices based on the following criteria:

- Ensuring a diverse group of participants – selected from a range of agencies working with MARA including clinicians, NGO workers;
- At least two people from each selected country;
- Considerable experience working with MARA;
- High-level English (written and spoken); and
- Strong likelihood of being involved in training upon return to home country.

Objectives of the training:

- Develop trainers' skills to work with most-at-risk adolescents/youth;
- Introduce issues to be addressed for developing quality standards of SRH services for most-at-risk adolescents/youth;
- Understand specific needs of the most-at-risk youth; and
- Share knowledge and experience; and
- Increase capacity on ToT to increase access to SRHS for MARA.

Learning objectives:

Develop trainers' knowledge and skills on how to train others to provide quality SRH services to most-at-risk adolescents and youth;

- Build understanding of the specific needs of MARA;
- Adapt quality standards for service provision: and

- Improve trainers' skills to build national and local capacity of appropriate organizations and staff.

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AGENDA AT A GLANCE

	Day 1	Day 2	Day 3	Day 4	Day 5
9.00-9.15	**Opening Activities**	**Warm up**	**Warm up**	**Warm up**	**Warm up**
9.15-10.30	1A Introduction of participants Expectations Objectives of the course and learning objectives	2A Sexual and Reproductive Health	3A Issues in Managing HIV among MARA	4A Approaches for Reaching MARA	5A Adolescents' Rights
10.30-10.45	**Coffee Break**				
10.45-12.15	1B MARA SRH Services in the EECA Region	2B Issues in Managing STIs among MARA	3B Research Methods and Data Specific to Youth Health – Qualitative and Quantitative Research	4B Peer Education	5B Communication and Counselling Skills
12.15-13.15	**Lunch**				
13.15-13.30	**Warm up**	**Warm up – condom demonstration**	**Warm up**	**Warm up**	**Warm up**
13.30-14:45	1C Principles and Methodology of Training-of-Trainers	2C Sexual and Reproductive Health Services for Young People who Use Drugs	3C Ethical and Legal Issues in Research and Services for MARA	4C Assessment of Access and Quality of Services for MARA	5C Adult Training Methods
14.45-15.00	**Coffee Break**				
15.00-16.45	1D Definitions of MARA MARYP – Understanding Who MARA and MARYP Are	2D STI and HIV Epidemiology Update	3D Exploring Gender Issues including Gender-based Violence	4D Developing Standards for SRH Services	5D Creating a Positive Training Climate

	Day 6	Day 7
9.00-9.15	**Warm up**	
9:15-9:30 **9:30-10:15**	6A Use of Interactive Training Techniques by Participants 6B Preparation of Practice Sessions Presented by Participants	7A Site visit HATAM Hacettepe University of Infection Department
10.15-10.30	**Coffee Break**	
10.30-12:00	6C Practice Sessions 1 and 2	7B Site visit Ankara Skin & STI Hospital
12.00-13.00	**Lunch**	
13.00-13:15	**Warm up**	
13.15-14.45	6D Practice Sessions 3 and 4	
14.45-15.00	**Coffee Break**	
15:00-16:30	6E Practice Session 5 and Group Feedback on All Sessions by Participants	
16:30-17:00	6F Evaluation of the Course	
17:00-17:30	6G Closing Ceremony	

Training-of-Trainers Schedule Overview

	No.	Session	Summary of course content, Key Resource Materials	Time
DAY 1	Day 1. Introduction, Training-of-Trainers Methodology, Definitions			
	1	**1A Opening & Introductions & Expectations**	Welcomes participants to the training and provides an overview of the goals, objectives, timetable and learning methodology for the course. Participants share their expectations of the training and develop ground rules together. Provides an interactive analysis of interests and capacities of participants in the course. Explores how we variously work with or for youth (locations, roles and positions). Explores the key needs and challenges. Identifies the objectives of the course and specific learning objectives.	**1 hour 15 minutes**
	Morning Tea			
	2	**1B Overview of SRH Services for MARA in EECA Region**	Overview of SRH Services for MARA in EECA Region – pre-prepared presentations by participants	**1 hour 30 minutes**
	Lunch			
	3	**Warm up** **1C Principles and Methodology of Training-of-Trainers**	Energising activity PowerPoint presentation introducing the principles and range of techniques used in ToT – supporting resources: VIPP Manual (UNICEF), Effective Teaching of Health Workers (WHO).	**1 hour 30 minutes**
	Afternoon Tea			

	4	**1D Definitions of MARA and MARYP – Understanding Who MARA and MARYP Are**	Examines the social aspects of the life of MARYP and MARA (their special needs as distinct from general youth, the major influences, and factors that contribute to their situation). Examines attitudes and beliefs in regard to roles, needs and capacities of young people. Provides terms, categories and definitions. Identifies how the way in which we conceptualise young people informs the services we develop. Explores how we define youth and adolescents in different contexts.	**1 hour 45 minutes**
Day 2. SRH, STI Management, SRH Services for Young People who Use Drugs, STI and HIV Epidemiology				
DAY 2	**5**	**Rapporteur Sessions and Debrief of Day 1**	Reflects on Day 1 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.	**30 minutes**
	6	**2A Sexual and Reproductive Health**	Examines sexual, reproductive, HIV and PMTCT needs of MARA and explores appropriate strategies for this group.	**1 hour 30 minutes**
	Morning Tea			
	7	**2B Issues in Managing STIs among MARA**	Identifies key STI issues for MARA and resources and guidelines (e.g., WHO, IUSTI, BASHH)	**1 hour 30 minutes**
	Lunch			
	8	**Warm up** **2C Sexual and Reproductive Health Services for Young People who Use Drugs**	Condom Demonstration Overview of the SRH needs of young female and male people who use drugs and how services can respond to their needs. PowerPoint presentation and interactive session	**1 hour 30 minutes**
	Afternoon Tea			
	9	**2D STI and HIV Epidemiology Update**	Examines global and regional HIV epidemiology latest trends and recent developments with specific focus on relevant countries in the region and situation of adolescents and young people (and of MARA). Uses participatory exercises to explore statistics of the region. Brief summary PowerPoint presentation.	**1 hour 45 minutes**
Day 3. HIV Management , Research Methods, Ethics and the Law , Gender				
DAY 3	**10**	**Rapporteur Sessions and Debrief of Day 2**	Reflects on Day 2 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.	**30 minutes**
	11	**3A Issues in Managing HIV among MARA**	Identifies key HIV-specific issues for MARA and resources and guidelines (e.g., WHO, IUSTI, BASHH)	**1 hour 30 minutes**

	Morning Tea			
	12	**3B Research Methods and Data Specific to Youth Health (Qualitative and Quantitative Research)**	Uses PowerPoint presentation by Busza J et al. (London School for Hygiene and Tropical Medicine; hard copy only with permission – and paper on Street-based youth in Ukraine (hard copy and soft copy can be shared – in public domain).	**1 hour 30 minutes**
	Lunch			
	13	**Warm up** **3C Ethical and Legal Issues in Research and Services for MARA**	Energising activity Discussion based on presentation on ethical and legal issues in a study with MARA in Serbia (based on PowerPoint by Jelena Zajeganović Jakovljević, UNICEF, Serbia).	
	Afternoon Tea			
	14	**3D Exploring gender Issues & Gender-based Violence**	Examines how gender interplays with HIV vulnerability for young people and adolescents. Facilitates discussion on power relationships and risky behaviours. Introduces UNAIDS new Women and gender strategy. Provides case studies & group work and reflects on implications for practice. Presentation and exercises on gender-based violence.	**1 hour 45 minutes**
Day 4. Approach for MARA, Peer Education, Monitoring &Evaluation, Developing Standards				
DAY 4	**16**	**Rapporteur Sessions and Debrief of Day 3**	Reflects on Day 3 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.	**30 minutes**
	17	**4A Approaches for Reaching MARA**	PowerPoint highlighting different approaches to ensuring that MARA are reached in th efield and linked with the services that they need. Topics covered will include MARA-friendly Health Centers, outreach, sexuality education and life skills-based education.	**1 hour 30 minutes**
	Morning Tea			
	18	**4B Peer Education**	PowerPoint and participatory exercise on peer education. Outlines essential elements for effective peer education programmes – followed by a debate and a “reality check” on country situations. Brief presentation focusing on Y-PEER.	**1 hour 30 minutes**
	Lunch			
	19	**Warm up** **4C Assessment of Access and Quality of Services for MARA**	Energising activity PowerPoint and participatory exercise on M&E.	**1 hour 30 minutes**
	Afternoon Tea			

	20	**4D Developing Standards for SRH Services**	Explores issues involved in developing standards and indicators for SRH services. Clinical Guidelines for MSM and Transgenders (IUSTI), WHO Quality Assessment Guidebook – A guide to assessing health services for adolescent clients; QA/QI Field Guide (FHI 360)	**1 hour 45 minutes**
Day 5. Adolescents' Rights, Communications and Counselling, Adult Training Methods				
DAY 5	21	**Rapporteur Sessions and Debrief of Day 4**	Reflects on Day 4 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.	**30 minutes**
	22	**5A Adolescents' Rights**	**PowerPoint and discussion about the importance of a rights-based approach in SRH services for MARA.**	**1 hour 30 minutes**
	Morning Tea			
	23	**5B Communication and counselling skills**	PowerPoint and discussion about the spectrum of key communication and counselling skills used in working with MARA.	**1 hour 30 minutes**
	Lunch			
	24	**Warm up** **5C Adult Training Methods**	Energising activity PowerPoint and participatory exercise on adult training methods. VIPP Manual (UNICEF), Effective Teaching of Health Workers (WHO)	**1 hour 15 minutes**
	Afternoon Tea			
	25	**5D Creating a Positive Training Climate**	PowerPoint and participatory exercise highlighting possible conflict areas in training on SRH and MARA. VIPP Manual (UNICEF), Effective Teaching of Health Workers (WHO)	**1 hour 45 minutes**
Day 6. Communications, Prepare Practise Presentations, Evaluation, Closing				
DAY 6	26	**Rapporteur Sessions and Debrief of Day 5**	Reflects on Day 5 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.	**30 minutes**
	27	**6A Using Interactive Training Techniques** **6B Preparation of Practice Sessions to be Presented by Participants**	Introduces participants to the preparation of their practice training sessions. Participants will work in groups of three to prepare their own practice training sessions	**60 minutes**
	Morning Tea			
	28	**6C Presentation of Practice Sessions 1 and 2**	Participants present their own practice training sessions (30 minutes each – followed by brief feedback from the group – 15 minutes).	**1 hour 30 minutes**

	Lunch			
	29	**Warm up** **6D Practice Sessions 3 and 4**	Energising activity Participants present their own practice training sessions (30 minutes each – followed by brief feedback from the group – 15 minutes).	**1 hour 30 minutes**
	Afternoon Tea			
	30	**6E Practice Session 5**	Participants present their own practice training session (30 minutes – followed by brief feedback from the group – 15 minutes).	**45 minutes**
	31	**6F Evaluation of the Course**	A brief questionnaire will be issued exploring the responses of participants to the training course.	**45 minutes**
	32	**6G Closing Ceremony**	Presentation of certificates of participation. Closing speeches.	**30 minutes**
	Day 7. Site Visits			
	7A Site Visit		Hacettepe University of Infection Department & HATAM (Hacettepe University AIDS Research Center)	**90 minutes**
	7B Site		Ankara Skin & STI Hospital	**60 minutes**

Facilitator note.

A key focus of this course is the use of adult learning techniques. It is likely that the group will be diverse both in terms of professional disciplines and experience as well as life experience. Training experience and skills can also be expected to vary considerably. Accordingly, facilitators should, wherever possible and within time constraints, seek inputs from participants at the start of each session regarding their experience on the topic area using brainstorming and other techniques. Additionally, after the morning warm-up exercise, participants will be asked to identify the range of training approaches that were used on the previous day – and comment on their effectiveness.

Day 1

1A Introduction of Participants

Each facilitator will introduce one of their colleagues to the group. Then, each participant will pair off with another participant and ask them to introduce themselves by name and share their country, workplace and position as well as favourite musician. Then each participant will introduce their partner to the rest of the group one-by-one. (20 minutes).

Expectations

Participants at each table will share their expectations and record these on the cards provided. The facilitators will then group the cards by topic and post them of the wall or flipcharts. (30 minutes).

Ground rules

Participants will be asked to brainstorm some agreed ground rules for the conduct of the course. These will be recorded on a flipchart and remain on display throughout the course.

Objectives of the Course and Learning Objectives

The objectives of the course will briefly be displayed on a PowerPoint presentation. The facilitator will also map out the content of the course and the rationale for its structure – day-by-day. (15 minutes).

1B MARA SRH Services in the EECA Region

1. Learning Objectives

a. To share experiences of participants working with MARA services in the EECA region.

b. **Session Preparation**

- Cue PowerPoint presentations

Brief Session Description

This session will be presented by participants who have been asked prior to the course to prepare brief presentations to describe their experiences working with MARA in the EECA region. Participants are likely to prefer hearing more about each other's experiences in their own agencies working with young people including MARA. They could also share their impressions of how well their respective countries are responding to the needs of MARA. Some basic information about their country would also be helpful but should be kept to a minimum (e.g., a map, population, age breakdown, and HIV situation). (1 hour 30 minutes).

Step 1

Participants show their PowerPoint presentations. Answer questions from participants.

1C Principles and Methodology of Training-of-Trainers

1. Learning Objectives

- To describe fundamental principles of Training-of-Trainers
- To identify important skills in preparing and facilitating a lecture discussion
- To explain the steps and benefits of facilitating a group discussion
- To describe how to facilitate a small group activity
- To become familiar with VIPP
- To describe the purpose of an energiser

2. Session Preparation

a. Materials specifically required for session:

- PowerPoint presentation (38 slides)
- Paper and pens

Preparation required prior to session:

- Cue PowerPoint presentation,

3. Brief Session Description

This session introduces participants to the basic principles and techniques for ToT.

Step 1

Show PowerPoint presentation 1C (38 slides) with key principles and techniques used in ToT. Answer questions. (1 hour).

4. Resources

a. Essential Readings

1. Effective teaching - A guide for educating healthcare providers. WHO 2005. Facilitator and other versions. http://whqlibdoc.who.int/hq/2005/9241593806_facilitator.pdf
2. Visualization in Participatory Programmes. UNICEF Bangladesh 1993. http://www.unicef.org/tdad/AddMaterialsVisualisationInPartProgsUNICEFBang93.pdf
3. PowerPoint on Effective Facilitation. I-TECH. http://www.searchitech.org/ppt/p06-db/db-51179/S1_Effective_Facilitation.ppt

Good Websites

1. Training-of-Trainers Workshop on Teaching Methods and Training Coordination. I-TECH and Tanzania Ministry of Health and Social Welfare, 2010. http://www.searchitech.org/itech?page=ff-17-02
2. HIV/AIDS Clinical Training Materials Database. I-TECH. http://www.searchitech.org/

1D Definitions of MARA and MARYP – Understanding Who MARA and MARYP Are

Learning Outcomes

a. Raise awareness of the influence of personal attitudes and values on our work with young people
b. Consider and examine the implications of WHO definitions of ‘youth’, ‘young people’ and ‘adolescence’
c. Critique traditional approaches to thinking about and defining youth
d. Appreciate limitations to social construction of ‘youth’
e. Understanding what are MARA/ MARYP SRH needs
f. What difficulties do MARA/MARYP have in accessing SRH services?

Session preparation

Materials

PowerPoint presentation, prepared set of statements, flipcharts.

Session Description
This session seeks to challenge the assumptions and preconceptions that participants bring to their work with MARA, and offers a critique of the accepted definitions of youth, paying particular attention to way these definitions position young people relative to adults. An exploration of these issues it essential in order for participants to develop an awareness of how assumptions about MARA influences expectations and practice.

Step 1.
Show PowerPoint presentation 1D (33 slides)

A. The UN definitions of Youth, Adolescent and Young People are displayed (see PowerPoint presentation) (1 hour).

- Children: under the age of 18 years
- Adolescents: aged from 10 to 19 years
- Young people: aged from 10 to 24 years
- Youth: aged from 15 to 24 years

Participants are asked to paired share and exchange their own local understandings of what and who is referred to by the term Youth or Adolescent, and:

- How is an adolescent or "young person" distinguished from a "child" and from an "adult" in your country/area of work?
- What age markers, social markers or legal markers are used to define reaching adulthood?
- Are they the same for males and females?

Ask for some sharing on this. Acknowledge that there are differences from country to country and even from service to service in defining and understanding the phase of life between child and adult.

B. The UN definitions of MARYP, MARA, EVA, and EVYP are displayed (see PowerPoint presentation)
•EVA = especially vulnerable adolescents
•EVYP = especially vulnerable young people
•MARA = most-at-risk adolescents
•MARYP = most-at-risk young people

MARA (10-19 years) or MARYP (10-24 years): people who are engaging in high-risk behaviours, such as:
–multiple unprotected sexual partnerships
–unprotected anal sex (including anal sex to preserve virginity before marriage and/or for contraception)
–unsafe injecting drug use
–alcohol use
–other drug use
–sexual partner/s who are 10 years or more older

Behaviour is more risky in particular situations such as in the context of trafficking and when MARA are subjected to violence.

The groups of MARA and MARYP include:
–male and female injecting people who use drugs and who use non-sterile injecting equipment
–males who have unprotected anal sex with other males
–females and males who are involved in sex work and have unprotected transactional sex
–males who have unprotected sex with sex workers

–transgenders

EVA (10-19 years) or EVYP (10-24 years): people who are in a situation where they are at heightened risk to start engaging in the above mentioned behaviours
–living on the streets
–living in prisons/correctional facilities/Internats/orphanages
–living where there is easy access to drugs (in their family or community)
–living in families where there is physical and/or sexual abuse
–living in extreme poverty
–trafficked
–living with disabilities
–Roma (especially young roma women, those deserted by their husbands, and young roma men who are having sex with men)
–Adolescent migrants, internally displaced persons

Step 2.
Participatory Task: Exploring Community Attitudes to MARA

Purpose:
To highlight the way in which community attitudes to MARA orient services and community responses

Method:
Stage 1: Identifying Community Attitudes (45 minutes for all four stages below).

Divide into six groups. Assign each group one of the following groups as the basis for their brainstorm. The brainstormed responses should each be placed on a separate slip of paper. Give each group a different colour so as responses for each category can be identified easily later.

Brainstorm Task: Community members tend to assume:

1. Community views – Adolescent Injecting Drug Users ARE:
2. Community views – Adolescent Sex Workers ARE:
3. Community views – Adolescent Clients of Sex Workers ARE:
4. Community views – Adolescent Males who have Sex with Men ARE:
5. Community views – Adolescent who are Transgender ARE:
6. Community views – Adolescent Girls who are Married Early ARE:

Once they have grouped their statements ask them to identify and report back on what they have noticed. They should point to the stereotype or labels that are commonly given to young people who engage in risky sex or drug-related behaviours.

Stage 2: Comparing Community Attitudes to Different Groups

Compare the responses for the five groups by voting to see which are considered

- as a threat to public health or safety
- as criminals
- as victims
- as morally bad or deviant
- as in need of rescue
- as sick or mentally unwell
- as capable of civic contribution

Stage 3: A critique of conceptions of youth is provided in the following framework (see PowerPoint presentation):

- Youth as developing: Ensure they grow up 'well', teach them, wait for them to become useful
- Youth as victim: Help them, excuse them, blame others
- Youth as deviant: Fix them, remove them, put them under surveillance
- Youth as citizen: Work alongside them, acknowledge their contribution and rights
- Youth as worker: pay them less
- Youth as consumer: exploit them, create desire for possession of goods
- Youth as saviour: expect them to rectify the mistakes of previous generations
- Youth as innocent: assume they can do no wrong, keep them ignorant

Stage 4: Considering the influence of community attitudes on service responses

Ask participants to return to their groups.

For their group they should focus on:
- How do community attitudes towards this group inform what is (or isn't) done to meet the needs of this group?
- What do they think needs to be known about this group in order to ensure that service responses are not based on labels or prejudice?

Ask groups to report back to the plenary.

Return to the definitions slides to emphasise the need both to have definitions, but to also avoid only understanding young people through these categories as this can lead to a form of stigmatization and de-humanisation.

Use the PowerPoint presentation on assumptions about Young People to reinforce this.

Stage 5: Reconsidering Risk Game

a. Ask every participant to take randomly take a card. Ask the participants to assume the identity of the category written on the card. Ask them to assess their level of risk to HIV infection given their new identity. Ask them to line up from 'high risk' to 'low or no risk'. For example, if they believe that they are at a moderate degree of risk then they will go to the middle.

b. Encourage participants to discuss respective identities and perceived risks to HIV with each other, and to negotiate relative position along the line. If more than one person believes they should be in the same place they should bunch up together.

c. Ask each participant in turn why they believe this to be their level of risk of HIV infection. Participants are free to interpret their identity any way they want to as long as they are able to give a rationale for their answers in light of this given identity. Note what they say and the feedback from the group.

d. Point out that they have different coloured cards as well as different descriptors. Inform them that

    - Those with Yellow cards NEVER have unprotected sex – they always use condoms. They also NEVER inject a drug without using a clean syringe.

    - Those with Green cards SOMETIMES have sex without condoms. They are not monogamous and their partners are not monogamous.

    - Those with Pink cards OCCASIONALLY make recreational use of injecting drugs. They share equipment with close friends.

e. Ask them to move if they think they should move.

f. Ask some of the participants to identify who they are, why they originally chose a particular place on the spectrum, and why they moved.

g. Use the following points to facilitate discussion in the large group.
   - How did you initially decide on your level of risk?
   - Had you made assumptions about the behaviour of certain groups?
   - Is it possible for groups traditionally considered at high risk to HIV to actually be at low risk? How?
   - Is it possible for groups traditionally considered at low risk to HIV to actually be at high risk? How?
   - Have you confused the behaviour with the person or their "label"?
   - How does this assumption add to the stigma to which these groups are subjected?
   - Why are people uncomfortable attributing the true risk in their life to particular behaviours?

h. Use the PowerPoint to emphasise the point that it is not the *groups* that put young people at risk, it is the *risky behaviours* that they engage in.

***** Tip for Trainers**

It is anticipated that participants will rate their level of risk of HIV infection in reference to their profession/role rather than their behaviour. It is crucial for participants to understand the importance of recognising risk behaviour in contrast to identifying "risk groups". This helps participants understand that risk behaviour is able to be changed and their risk of HIV infection minimised, even if individuals are still considered to be members of so called "risk groups". This is particularly pertinent when thinking about KAP and EVA/YP and how they are perceived by the community. They are often thought of as being 'high risk groups' or blamed for the spread of HIV.

If time permits, the discussion around perceptions of young people can be expanded to highlight added stigma created by class, HIV status, sexuality and gender etc. For example, societal attitudes towards young people can be further complicated by existing class structures. Young people from low socio economic groups may face added discrimination that can lead to disempowerment and impact on their relationships with law enforcement, authorities and society as a whole. Ask participants to speculate how these added factors impact on young people's lives.

Summary Points

- The language and definitions around young people are evolving.
- Community attitudes towards young people, especially those most-at-risk influence access to services, resource allocation and stigma and discrimination against MARA.

Medical student	Trainee nurse, female, aged 19
Street sweeper	Mother and wife, aged 18
Female sex worker aged 17	Homeless & living on the street, male, aged 17
Monk aged 18	Male sex worker, 19
Bar worker, female, aged 17	Farmer, male, 20
Domestic labourer, female, aged 16	Taxi driver, male, aged 21
Police trainee, male aged 19	University student, male, 21
Businessman, 24	Waitress, 18
School student, male, aged 17	Factory worker, male, aged 18
Sales assistant, female, aged 19	Factory worker, female, aged 18

Note to Facilitators.

Please distribute the paper on street-based children in Ukraine for participants to read overnight in preparation for the session on Epidemiological Methods (2B).

Day 2

2A Sexual and Reproductive Health Services

1. **Learning Objectives**
   a. Understand strategies for implementing SRH, FP, MCH and HIV services and identify the benefits of this approach for adolescents and young people.
   b. Demonstrate an understanding of the four-pronged strategy for preventing parent-to-child transmission of HIV and the limitations of the current focus on prong 3, particularly for young people.
   c. Demonstrate an understanding of the impact of 'early marriage' and unplanned pregnancy among young people on HIV and family outcomes.
   d. Learn strategies for providing support to young parents living with HIV.

2. **Session Preparation**

a. **Materials specifically required for session:** PowerPoint, whiteboard and whiteboard markers, butcher paper and pens for small group work, copies of handouts (scenarios and pages 40-43 of Part 2 of the Adolescent Job Aid).

b. **Preparation required prior to session**: Become familiar with the media/interactive elements of the PowerPoint presentation and how to conduct the activity.

3. **Brief Session Description**

Key content

The content of this session is designed to get participants to think of the broader service needs that need to be integrated with HIV services. In particular, the focus will be on sexual and reproductive health needs and a challenge to the traditional thinking about the prevention of parent-to-child transmission of HIV, particularly for young people, to identify alternative approaches including the integration of SRH (STI, FP, MCH and HIV) services, and to explore the implications of these new approaches for Prevention of Mother-To-Child Transmission (PMTCT) policy and services.

Key topics to be covered include:

- Needs of MARA in terms of sexual and reproductive health, family planning, emergency contraception, other contraceptives, safe abortion, MCH services, services for young people living with HIV etc.
- The biological mechanisms and socio-cultural determinants of transmission of HIV to children
- The UN Interagency Task Team's four-pronged strategy for preventing the transmission of HIV to children
- The limitations of the current policy and service focus on prong 3, especially in low prevalence settings
- The pros and cons of expanding Prevention of Mother-To-Child Transmission (PMTCT) and the importance of male involvement at all stages.
- An analysis of prongs 1, 2 and 4 and their implications for the design and implementation of PMTCT policy and services
- Practical approaches to integrating SRH, MCH and HIV services
- The specific challenges of providing PMTCT services to young people in the context of early marriage
- Strategies for providing support to young parents living with HIV

Teaching methods

This session includes significant technical content, which will be presented using PowerPoint 2A (26 slides). These slides have been designed so as to facilitate interactive discussion during the presentation (30 minutes).

Role-play (30 minutes)
In the section on family planning, the presentation will be interrupted for a role-play requiring two volunteers. The scenario is as follows: You are a general physician in a primary health clinic. A young sex worker attends the clinic alleging that she might have been raped two days ago. She cannot remember the event clearly because she was drunk. How will you manage this situation? Participants will make two observations on their cards to be shared with the group.

After the role-play, the facilitator will return to the PowerPoint presentation. At the end of the presentation, there is an activity that gets participants to practice and demonstrate their knowledge on broadening responses beyond HIV services to include addressing of broader needs.

- Participants are split into either up to ten groups (depending on the class size)
- Each group is allocated one of the following case studies:
    - 1) Maria is a 17-year old sex worker who has just been raped by a group of men and condoms were not used.
    - 2) Vladimir is a 20-year old man who injects amphetamines and now has a girlfriend. Her family wants him to have a pre-marriage HIV check up before they get married.
    - 3) Ivana is a 17-year old girl and married to a man who sex with other men. She is five months pregnant
    - 4) Eva is an 18-year old migrant woman in sex work who wants to obtain contraception. She lives in a poor area of a large town.
    - 5) Leon is a 19-year old man who has sex with men and is worried about a penile ulcer that he has had for several weeks. He has not told his wife he has sex with men or has the ulcer.
    - 6) Phyllis is a 19-year sex worker who has just been for a VCT has been informed she has HIV. She is married and she wants to have children one day soon.
    - 7) Omar is a 22-year old injecting drug user who has just been told he has HIV. His young wife is 2 months pregnant. She has not been tested for HIV.
    - 8) Alisha is a 17-year sex worker; she has pain in her abdomen and it hurts when she urinates. She has a 12-month old baby and is breastfeeding.
    - 9) Olga is a 17-year old and sex worker who has just realised she is 6-weeks pregnant. She did not plan on having a baby. She has never had an HIV test.
    - 10) Tatiana is an 18-year old married injecting drug user. Her husband injects drugs too. She has two children and is breastfeeding the youngest one. She is worried about getting pregnant again because the family has no money to raise a larger family. She does not know about HIV.

- Each group is then asked to develop strategies that would provide this young person with the services they require at this point in their life.
- They are asked to think about:
- What services would they be offered in their own services?
- Where would this person be likely to seek information and services they require?
- - How would they know where to go?
- - Are these services available at the facility they are likely to attend? If not, are they likely to be referred?
- How can we make it more likely that they will be able to access the care they need?
- What is the role of the young person's partner in this case (if they have a partner)? How would the strategies incorporate their partners?

The strategies identified by the groups then form the basis of the following discussion around the integration of SRH, FP, MCH and HIV services.

Summary Points

- SRH services for MARA will cover a broad range of technical areas including family planning, emergency contraception, other contraceptives, safe abortion, MCH services, and services for young people living with HIV.
- Special concerns arise when considering MARA in PMTCT, considering MARA as parents or potential parents.
- Knowledge of and access to services by MARA raise unique issues with regard to education, communications, affordability, location, visibility, consent and other ethical and legal issues.

4. Resources

Essential Readings

1. EngenderHealth and International Community of Women Living with HIV/AIDS (ICW). 2006. Sexual and reproductive health for HIV positive women and adolescent girls: manual for trainers and program managers. New York and London. http://www.engenderhealth.org/files/pubs/hiv-aids-stis/SRH_for_HIV_Positive_Women_English.pdf
2. IPPF, UNFPA and Young Positives. Change, Choice and Power: Young women, livelihoods and HIV prevention. 2007. UNFPA http://www.unfpa.org/upload/lib_pub_file/674_filename_change.pdf
1. WHO, UNFPA, IPPF, UNAIDS, UCSF. SRH and HIV Linkages – Evidence review and recommendations. 2009. http://data.unaids.org/pub/Agenda/2009/2009_linkages_evidence_review_en.pdf
2. WHO. Revised WHO principles and recommendations on infant feeding in the context of HIV. November 2009. http://whqlibdoc.who.int/publications/2009/9789241598873_eng.pdf
3. Foss AM et al. A systematic review of published evidence on intervention impact on condom use in sub-Saharan Africa and Asia. Sex Transm Infect 2007;83:510-6. doi:10.1136/sti.2007.027144. http://sti.bmj.com/content/83/7/510.abstract
4. Morineau G et al. Falling through the cracks: contraceptive needs of female sex workers in Cambodia and Laos. Contraception 2011;84:194-8. doi: 10.1016/j.contraception.2010.11.003. www.contraceptionjournal.org/article/S0010-7824%2810%2900641-4/abstract
5. Holmes W. Seeking rational policy settings for PMTCT. Lancet 2005;366:1835-6.

5. Additional Elements for Session Delivery:

a. Can you suggest a potential government, NGO or academic partner within the region that would be a good candidate for joint capacity building in the content and delivery of the course over time? Over time, it would be good to see country offices present case studies of the ways in which they have been able to integrate SRH and HIV services for a comprehensive approach to PMTCT when courses are run in their countries.

b. **Acknowledgements**: Dr Wendy Holmes, Burnet Institute, for the development of many of the PowerPoint slides.

2B Issues for Managing STIs among MARA

1. Learning Objectives

a. Identify the key issues in STI management for MARA
b. To familiarise participants with key resources on STI management

Learning skills

a. Provide counselling on STIs

2. Session Preparation

a. Materials specifically required for session: paper and pens, whiteboard, laptop computer, projector and screen

b. Preparation required prior to session:

- Cue PowerPoint presentation
- Have samples of resource materials available.

3. Brief Session Description

This session examines issues and topics that should be explored in conducting training on STI management with health workers. Some issues are named in a PowerPoint presentation. Then group work will explore essential topics that must be discussed in training courses with health workers on STI management including typical counselling situations and common questions from young people.

Step 1

Show PowerPoint presentation 2B (12 slides) and ask for participants to describe attitudes in their countries to some of the issues shown on the slides. (30 minutes).

Step 2

Split the group into four. Each group will be asked the following and to record their answers on the cards provided:

1. Identify the essential topics that must be discussed in a basic training course on STI management.
2. Why are these topics important in your country?
3. How should these issues be dealt with more effectively in your country?

(30 minutes).

Step 3

In plenary, participants will identify topics missing from the lists from the other groups. (15 minutes).

Summary Points

- Managing STIs among MARA requires general knowledge and skills as for most young people as well as insights into the special needs of MARA.
- A wide range of useful resources is available to inform training on STI management for MARA.

4. Resources

Essential Readings

1. Orientation programme on adolescent health Facilitator Guide. WHO 2006 – English and Russian. www.who.int/child_adolescent_health/documents/9241591269/en/index.html
2. Adolescent Job Aid Parts 1-3. WHO 2010. http://whqlibdoc.who.int/publications/2010/9789241599962_eng.pdf
3. Quality Assessment Guidebook: A guide to assessing health services for adolescent clients. WHO 2009. http://whqlibdoc.who.int/publications/2009/9789241598859_eng.pdf
4. Counselling skills training in adolescent sexuality and reproductive health. WHO 2001 English and Russian. www.who.int/child_adolescent_health/documents/adh_93_3/en/index.html
5. Sexually Transmitted Infections among adolescents. WHO 2005. http://whqlibdoc.who.int/publications/2005/9241562889.pdf
6. WHO MSM STI Guidelines 2011. www.who.int/hiv/pub/populations/msm_guidance_2010/en/
7. IUSTI European STI Guidelines. www.iusti.org/regions/europe/euroguidelines.htm
8. Clinical Guidelines for MSM and Transgenders. www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf

9. National Guideline on the Management of Suspected STIs in Children & Adolescents. BASSH 2002. www.bashh.org/documents/2674

Good Websites
1. World Health Organization www.who.int
2. International Union Against Sexually Transmitted Infections www.iusti.org
3. US Centers for Disease Control and Prevention www.cdc.gov

2C Sexual and Reproductive Health Services for Young People who Use Drugs

1. Learning Objectives
a. Considers the SRH needs of male and female people who use drugs (PUD) including overlapping risks.
b. Examines how drug and alcohol use is linked with HIV risk and vulnerability and evidence for interventions and policies that address these risks.
c. Describes how to address these needs and link young injectors to other services (e.g., harm reduction services)

2. Session Preparation
a. Materials specifically required for session: PowerPoint, whiteboard and whiteboard markers, butcher paper and pens for small group work, copies of handout.
b. Preparation required prior to session: Become familiar with the media/interactive elements of the PowerPoint presentation.

3. Brief Session Description

Key content
The WHO definition of sexual health is presented and this is applied to the situation of young PUD. Specific SRH issues are described. The issues of overlapping risks and the influence of drug and alcohol use on risk behaviour are described.

Step 1: PowerPoint presentation 2C (28 slides – 35 minutes).
The facilitator uses the PowerPoint presentation to describe the spectrum of SRH issues for young PUD and how these needs can be addressed with particular emphasis on moving beyond STIs and expanding to cover issues such as family planning and sexual assault.

Step 2. Group work
The group is asked to identify barriers to access for SRH services by young injectors and how these barriers might be overcome in the local context of participants. (25 minutes).

4. Resources

Essential Readings
1. WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009.
2. Moore D, Saunders B. Youth drug use and the prevention of problems*:* why we've got it wrong. The International Journal of Drug Policy, 1991;2(5):3.
3. Mathers B et al, Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. Lancet 2008; 372: 1733–45.
4. Treatment and Care for HIV-Positive Injecting Drug Users. Jakarta: ASEAN Secretariat, December 2007. www.aseansec.org, www.fhi.org and www.searo.who.int/hiv-aids

Website
http://www.ippf.org/en/What-we-do/AIDS+and+HIV/Sexual+and+reproductive+health+and+rights+of+people+living+with+HIV.htm

2D STI and HIV Epidemiology Update

1. Learning Objectives

a. Demonstrate an understanding of the latest trends of the global HIV and STI epidemiology with specific focus on relevant countries in the region and the situation of adolescents and young people.
b. Understanding needs of MARA/MARYP with regard to HIV and STIs

2. Session Preparation

a. Materials specifically required for session: copies of handout of PowerPoint slides, SWAPSTAT (Swapping Statistics) cards and "next 1,000 infections activity sheets"
b. Preparation required prior to session: Collate handouts. Cue PowerPoint.

3. Brief Session Description

Key content

The content of this session is designed to update the participants on the latest trends in the regional HIV and STI epidemiology with particular focus on countries/regions of interest to the participants. Key data on the situation as pertains to young people and adolescents will be covered where age (and sex) disaggregated information is available. Information will focus briefly on the global scenario and narrow into detailed focus on region of interest to the particular course.

Key topics to be covered include:

- The epidemiology of HIV and STIs in the region, brief outline of figures and distribution of epidemic, discussion of the downward revision of figures and why this occurred.
- Differing major modes of transmission of HIV in different countries in the region, the importance of knowing your epidemic and what is driving infections among young people and adolescents.
- Focus on HIV and STI epidemiology in countries of interest and how epidemics differ across regions and within countries themselves.
- Data on the situation as disaggregated by age and sex where available in these countries. Discussion on why age disaggregated data on HIV and STIs are often not available or accurate for adolescents.
- Data specific to MARA and EVA in the region with focus on the situation among young sex workers, men who have sex with men and injecting drug users.

Materials:

Print out the SWAPSTAT cards. Cut the questions up so you have only one question per coloured card.

Teaching methods

This session uses participatory tasks in the form of the SWAPSTAT exercise to share data in an engaging way. Then a PowerPoint presentation is used to present an overview of the data and to facilitate interactive discussion during the presentation.

Step 1: SWAPSTAT Exercise (Swapping Statistics):

Distribute the cards. Players should mingle, find a partner and then ask their partner the question on their card. After the respondent has guessed they are told the right answer and they being the "talk about" task. Then they reverse, and the second party becomes the questioner, using their card as a prompt. When the bell rings, swap cards, and move on. Each person then carries away new card and they re-partner and repeat the process. Play a few rotations of the game. When the game is complete, ask players what they noticed in doing the exercise. (20 minutes).

SWAPSTAT Cards

Question: What is the proportion of men who have sex with men (MSM), and transgenders (TGs) infected with HIV in Istanbul?

Answer: In Istanbul, an estimated 5% of MSM and TGs are infected with HIV.

Talk about: *Why might young MSM and TGs be so vulnerable to HIV in Istanbul?*

Source: HIV Bio-Behavioral Survey among Vulnerable Populations, Istanbul 2010

Question: What proportion of FSWs in Ukraine is under the age of 20 years?

Answer: Approximately 18% of Ukrainian FSWs are aged less than 20 years.

Talk about: *Why is the proportion so high?*

Source: Balakireva OM, Bondar T, Sereda Y. Behavioral monitoring of commercial sex workers as a component of second generation surveillance: analytical report on research results. Kiev: International HIV/AIDS Alliance Ukraine, 2008.

Question: What is the percentage of 15-24-year old sex workers and men who have sex with men in Azerbaijan who have comprehensive knowledge of HIV?

Answer: In Azerbaijan, an estimated 34% of sex workers and 59% of MSM aged 15-24 years have comprehensive knowledge on HIV.

Talk about: *Why might young MSM be more knowledgeable about HIV in* Azerbaijan*?*

Source: Opportunity in Crisis, UNICEF 2011

Question: In Kazakhstan, what was the percentage of adults living with HIV who were 15-24 years old in 2009?

Answer: It was estimated that 29% of all adults living with HIV are aged 15-24 years.

Talk about: *Why do you think such a high proportion of adults with HIV are young people in Kazakhstan?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is HIV prevalence among young injecting drug users in Moscow?

Answer: It is estimated to be 12%.

Talk about: *What question or comment does this statistic raise for you?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is the percentage of Bosnia and Herzegovina's population is aged 10-24 years?

Answer: Of Bosnia and Herzegovina's 3,767,000 people, approximately 20% are aged 10-24 years.

Talk about: *What are the challenges for countries with an aging population?*

Source: Opportunity in Crisis, UNICEF 2011

Question: In the Republic of Moldova, what is the percentage of young women and men aged 15-24 years report having had sexual intercourse before the age of 15?

Answer: Nine percent of young men and 1% of young women report having had sexual intercourse before the age of 15.

Talk about: *Why do you think this is the case?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is the percentage of young women in Georgia aged 15-19 years received an HIV test in the last 12 months and who knew their results?

Answer: Only 7% were tested for HIV in the last 12 months and knew their results.

Talk about: *What proportion do you think undergo HIV testing in your country?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is the HIV prevalence amongst young sex workers in Kiev?

Answer: The prevalence of HIV was reported to be 8.7% among sex workers in Kiev below the age of 25 years.

Talk about: *What factors may have contributed to this rate of HIV infection in Kiev?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is the HIV prevalence amongst injecting drug users (IDUs) in Uzbekistan?

Answer: In Tashkent, Uzbekistan, the prevalence of HIV among IDUs was estimated to be 7.2%.

Talk about: *What are challenges in providing services for IDUs in* Uzbekistan*?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What percentage of young injecting drug users in Turkey reported using sterile injecting equipment the last time they injected?

Answer: Only 17% stated that they had done so.

Talk about: *Why might this put them at risk of HIV and other infections?*

Source: Opportunity in Crisis, UNICEF 2011

Question: What is the percentage of all new HIV infections are in young people aged 15-24 years?

Answer: Young people aged 15-24 years represent 40% of all new HIV infections.

Talk about: *Why do you think that youth make up such a high proportion of new HIV infections?*

Source: UNAIDS Report 2010, MDG6 -- Six things You Need to Know about the AIDS Response Toda

Question: The majority of adolescents worldwide acknowledge the need for sex and sexuality education. What proportion of adolescents receives sex and sexuality education in schools?

Answer: Less than half receive any school-based education of this kind.

Talk about: *If there is no sex education in schools, where do young people get information to help keep them safe from HIV? How does this trend compare with your own context?*

Source: UNAIDS Inter-agency task team on Education: A strategic approach – HIV and education. 2009

Question: In the Central Asia region, what percentage (%) of primary school-age girls are out of school?

Answer: It was estimated to be 58% in 2007 – one of the highest rates in the world.

Talk about: *What might explain this statistic for the Central Asia region?*

Source: UNGEI. Gender Equality in Education – Education for All Mid-Decade Assessment, 2009

Question: In which five countries in the Central Asia region do HIV infections among people who inject drugs represent 20% or more of the total number of people living with HIV?

Answer: Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

Talk about: *Are prevention efforts for people who inject drugs at scale in your country?*

Source: Mathers BM et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. Lancet 2010;375:1014-28.

Question: What proportion of countries in Eastern Europe and Central Asia report having multi-sectoral HIV strategies that a) include women and b) include a budget for women?

Answer: More than 70% of countries include HIV in their multi-sectoral HIV strategy, but only just over than 50% include a budget for them.

Talk about: *Why do you think that budgeting for women is unbalanced in these countries?*

Source: UNAIDS Report on the Global AIDS Epidemic 2010

Question: What proportion of funding is NOT directed at MARPs in the EECA Region? It's 89%!

Answer: It is 89%.

Talk about: *Why is there such imbalance in HIV funding for MARPs?*

Source: UNAIDS Report on the Global AIDS Epidemic 2010

Question: What proportion (%) of expenditure on HIV programming in Eastern Europe and Central Asia is from domestic financing?

Answer: It varies widely – from just 15.8% in Georgia to over 90% in Russia.

Talk about: *Do you think public investments in HIV financing generate greater accountability?*

Source: UNAIDS Report on the Global AIDS Epidemic 2010

Question: Since the year 2000, what has been the increased proportion of people living with HIV in Eastern Europe and Central Asia?

Answer: About 200% – meaning that the number has tripled.

Talk about: *What are the main modes of transmission in your country? Are there variations within your country?*

Source: UNAIDS Report on the Global AIDS Epidemic 2010

Step 2
Use the PowerPoint presentation 2D1 (4 slides) to provide an overview of information and to prompt discussion.

Step 3
Get participants to revisit the next 1,000 infections activity and fill in the second column, seeing if the updated data from the day have helped them understand and "know their epidemic" better.

Step 4
Show PowerPoint presentation 2D2 (39 slides) summary of regional STI and HIV epidemiology. (20 minutes).

Summary Points

- Epidemiological data are essential to inform programming and resource allocation for MARA.
- Data also show trends in the impact of services and changes in risk behaviour and patterns of infection.
- In many countries, data that are disaggregated by gender and age are lacking – producing major challenges for services working with MARA.

4. Resources

Essential Readings

1. AIDS Epidemic Update UNAIDS 2010. http://www.unaids.org
2. AIDS Prevention Society and the Human Resource Development Foundation. HIV Bio□Behavioral Survey among Vulnerable Populations, Istanbul 2010; Survey Report. Istanbul, 2010.
3. Opportunity in Crisis Preventing HIV from early adolescence to early adulthood. UNICEF 2011. http://www.unicef.pt/18/opportunity_in_crisis_lores_en_05182011.pdf

Good Websites

1. UNAIDS: www.unaids.org
2. WHO Europe Centralized Information System for Infectious Diseases (CISID) Database: http://data.euro.who.int/cisid

Note to Facilitators.

At the end of Day 2, please introduce participants to the sessions that they will present on Day 6. Use the PowerPoint 6A to explain what is expected. This will give them time to prepare their sessions with minimal stress.

Day 3

3A Issues for Managing HIV among MARA

1. Learning Objectives

a. Identify the key issues in HIV management for MARA
b. To familiarise participants with key resources on HIV management

2. Session Preparation

a. Materials specifically required for session: paper and pens, whiteboard, laptop computer, handouts on drug interactions, PEP, PrEP, CAPRISA, iPrEx, projector and screen

b. Preparation required prior to session:

- PowerPoint presentation as a handout
- Have samples of resource materials available.

3. Brief Session Description

This session examines issues and topics that should be explored in conducting training on HIV management with health workers. Some issues are named in a PowerPoint presentation. Then group work will explore essential topics that must be discussed in training courses with health workers on HIV management for MARA.

The session handouts include materials on a number of prevention trials showing that HIV treatment can also serve as a major HIV prevention strategy (HPTN052). There are also materials on non-occupational post-exposure prophylaxis (MMWR) and pre-exposure prophylaxis (PrEP: iPrEx and CAPRISA trials). While it is unlikely that any countries in the region have policies on PrEP, it is likely that trainers will be asked questions on both PEP and PrEP.

Step 1

Using PowerPoint presentation 3A (8 slides) as a handout, ask for participants to describe attitudes in their countries to some of the issues shown on the slides. (30 minutes)

Step 2

Split the group into four. Each group will be asked to identify the essential topics that must be discussed in a basic training course on HIV management and record their answers on the cards provided. (45 minutes).

Step 3

In plenary, participants will identify topics missing from the lists from the other groups. (30 minutes).

Summary Points

- Managing HIV among MARA requires general knowledge and skills as for most young people as well as insights into how common issues in managing HIV can become challenging when caring for MARA. These include managing disclosure of HIV status, drug interactions, poor liver function, co-infection with hepatitis B or C, management of treatment adherence, and partner management.
- Recent developments such as PrEP and HPTN052 are especially relevant to MARA but policy changes have probably not yet been developed to consider how these might be applied in the context of MARA in this region.
- A wide range of useful resources is available to inform training on HIV management for MARA.

4. Resources

Essential Readings

1. Fundamentals of Adolescent Care and Cultural Competence: Training Modules. AIDS Education & Training Centers National Resource Center. http://hivcareforyouth.org
2. AIDS Education & Training Centers National Resource Center. http://www.aids-ed.org/
3. Centers for Disease Control and Prevention. Antiretroviral post-exposure prophylaxis after sexual, injection-drug use, or other non-occupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. MMWR 2005;54(No. RR-2). http://aidsinfo.nih.gov/contentfiles/NonOccupationalExposureGL.pdf
4. HPTN052 Factsheet. http://www.hptn.org/index.htm
5. CAPRISA Trial. http://www.caprisa.org/joomla/
6. iPrEx Trial Press Statement. http://www.cdc.gov/nchhstp/newsroom/iPrExMediaStatement.html
7. Grant RM et al. Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men. New Engl J Med 2010; 363:2587-99.
8. Orientation programme on adolescent health. Facilitator Guide. WHO 2006. English and Russian. www.who.int/child_adolescent_health/documents/9241591269/en/index.html
9. Adolescent Job Aid: Parts 1-3. WHO 2010. http://whqlibdoc.who.int/publications/2010/9789241599962_eng.pdf
10. Quality Assessment Guidebook: A guide to assessing health services for adolescent clients. WHO 2009. http://whqlibdoc.who.int/publications/2009/9789241598859_eng.pdf
11. Counselling skills training in adolescent sexuality and reproductive health. WHO 2001. English and Russian. www.who.int/child_adolescent_health/documents/adh_93_3/en/index.html
12. Treatment and Care for HIV-Positive Injecting Drug Users. Jakarta: ASEAN Secretariat, December 2007. www.aseansec.org, www.fhi.org and www.searo.who.int/hiv-aids

Good Websites

1. World Health Organization. www.who.int
2. International Union Against Sexually Transmitted Infections. www.iusti.org
3. US Centers for Disease Control and Prevention. www.cdc.gov
4. AIDS Education & Training Centers National Resource Center. http://www.aids-ed.org/

3B Research Methods and Data Specific to Youth Health

1. Learning Objectives

- To demonstrate an understanding of the advantages of different types of research methods
- To reflect on the importance of knowing local context in terms of implementation
- To examine a multi-country study of MARA in CEE/CIS countries
- To examine and critique a study of MARA/YP in Ukraine
- To learn of tools that could be used to collect sensitive data from MARA

2. Session Preparation

a. **Materials specifically required for session:** PowerPoint on MARA in CEE/CIS (soft copy cannot be shared but can be used as handout) and Ukraine paper by Joanne Busza et al (paper is in public domain).

Brief Session Description

The group will be shown data from two pieces of quantitative research on MARA. Participants will learn of the advantages and disadvantages of quantitative methods and what additional information can be derived through qualitative research.

Step 1

Show first three slides of PowerPoint 3B1 (3 slides).

Step 2

Show PowerPoint 3B2 on MARA in CEE/CIS stopping at slide 40. Ask participants to describe the methods used and key findings as a brainstorm in plenary recording the most important points on cards. (30 minutes).

Step 3

Share the paper on street-based adolescents in the Ukraine. Ask for two volunteers to describe any additional types of information found in this study and record these on additional cards. (10 minutes).

Step 4

The group will then be asked to describe important information that is not available from these studies – and to describe what sort of research might produce this information. (15 minutes).

The group is then shown slide 41 from the PowerPoint 3B2 with the following bullets:

- Interviews and focus group discussions conducted in Ukraine with MARA sex workers
- Formative interviews with MARA MSM, sex workers and providers in Moldova
- Focus group with injecting drug users and interviews with sex workers in Romania

Using Slides 4 and 5 of PowerPoint 3B1, ask the group to describe what additional information could be derived from these additional steps and record the answers on cards. (20 minutes).

Step 5

Ask the group to brainstorm other technologies that might be used to elicit sensitive data from most-at-risk adolescents. Record the answers on the cards. If they do not raise computer technologies such as ACASI (Audio computer-assisted self-interview) or PDA (personal digital assistant) use for self-interviewing, inform the participants that there are papers on these techniques on their flash-drive. (15 minutes).

Summary Points

- Quantitative research is essential to learn the levels of risk behaviours, determinants of and rates of morbidity and mortality related to HIV and other STIs among MARA but is limited in being able to explain why the trends might be changing or what is the best way to respond.
- Qualitative research is essential to understand why MARA are changing their behaviours and to inform the planning, implementation and evaluation of MARA-specific SRH services.

4. Resources

Essential Readings

1. Busza J et al. Street-based adolescents at high risk HIV in Ukraine. J Epidemiol Community Health 2010. doi:10.1136/jech.2009.097469.
2. Des Jarlais DC et al. Audio-computer interviewing to measure risk behaviour for HIV among injecting drug users: a quasi-randomised trial. Lancet 1999;353:1657–62.
3. Van Griensven F et al. Palmtop-assisted self-Interviewing for the collection of sensitive behavioral data: randomized trial with drug use urine testing. Am J Epidemiol 2006;163:271–8.

Good websites:

1. http://www.respondentdrivensampling.org/

3C Ethics and Legal Issues in Research and Services for MARA

1. Learning Objectives

a. To highlight the ethical and legal issues raised when conducting research with MARA
b. To share a real-life example of research findings of a sensitive nature supported by UNICEF in Serbia.
c. To share the situation and approaches adopted in dealing with these issues in countries in the region.

2. Session Preparation

a. Materials specifically required for session: paper and pens, list of interventions, whiteboard, PowerPoint presentation by Jelena Zajeganović Jakovljević (available online at: http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/10b_Serbia_Ethics.ppt), explanatory PowerPoint presentation for the session.

b. Preparation required prior to session:

- Cue PowerPoint presentations

3. Brief Session Description

This session examines ethical and legal issues raised when conducting research with MARA. A real-life example is shared with participants from work with injecting drug users supported by UNICEF in Serbia. Participants will then work in groups to share the situation and responses to these issues in their own countries.

Step 1

Commence by explaining how the session will work. A presentation (3C1 13 slides) by Jelena Zajeganović Jakovljević from UNICEF, Serbia will be shown describing some ethical and legal issues raised when conducting research and providing services for MARA in Serbia. (45 minutes)

Step 2

Show PowerPoint 3C2 (7 slides).

In four groups, participants will describe ethical and legal issues that have arisen when conducting similar work in their countries and share solutions that have been used in responding to these issues. Consider a range of contexts (e.g., clinical services such as provision on family planning, abortion, HIV testing, sexual assault; research and epidemiological surveillance studies with different populations – young people who use drugs, MSM, sex workers, young married girls at various ages). Recall if there have been public prosecutions and/ or community debates about the issues raised. (1 hour).

Summary Points

- Conducting research and working with young people, especially MARA, raises a complex range of ethical and legal issues that vary according to the age of the young people and the local context.
- Typical issues relate to individual and/or parental consent, competence, privacy and confidentiality.

4. Resources

Essential Readings

1. Ethical issues to be considered in second generation surveillance. WHO, UNAIDS 2004. http://www.who.int/hiv/pub/surveillance/sgs_ethical/en/index.html

Good Websites

1. http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/10b_Serbia_Ethics.ppt

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3D1 Exploring Gender, Young People and HIV

1. Learning Objectives

a. Demonstrate an understanding of how gender impacts on the vulnerability of young men and women and transgender people to HIV, STIs and other SRH concerns.
b. Reflect on implications for practice.

2. Session Preparation

a. Materials specifically required for session: PowerPoint, whiteboard and whiteboard markers, butcher paper and pens for small group work, copies of handout.

b. Preparation required prior to session: Become familiar with the media/interactive elements of the PowerPoint presentation and of the group work activity.

3. Brief Session Description

Key content

The content of this session is designed to garner an understanding of how gender interfaces with vulnerability to HIV, STIs and other SRH concerns for MARA in the contexts relevant to the participants. A very short PowerPoint will be used to ensure that there is a common understanding of the following concepts:
Gender, sex, the relationship between men and women, boys and girls and the gender roles each play, gender identity, gender perception, gender and sexuality.

Use PowerPoint 3D1 (25 slides) to make clear definitions of Gender.

Step 1

What do we mean by Gender?
Paired sharing: Tell a memory of early years when you remember realising that Gender rules existed: i.e. *A Girl/Woman Should or Should Not … OR a A Boy/Man Should or Should Not …*

Collect some of these stories. Ask how these invisible 'rules':

- influence risk behaviours for young men or young woman

- influence service responses for them

Use PowerPoint to highlight some of the key vulnerabilities for young males and females.

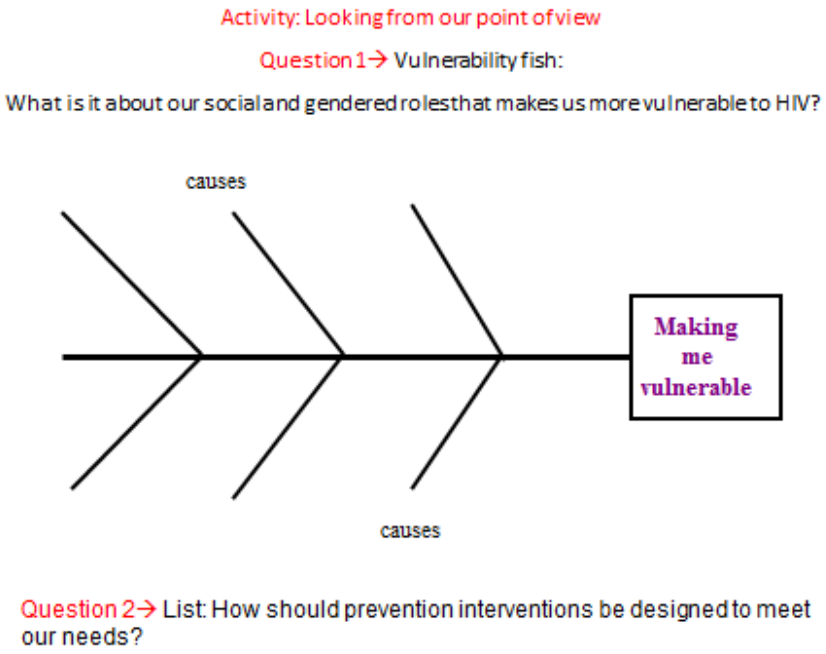
Step 2
The participants will then break into groups for group work with each group allocated a membership category. (30 minutes).

Vulnerability fish

a. Break participants into nine small groups for group work with each group allocated a membership category.
   1. Young Men who have sex with men
   2. Young Women who inject drugs
   3. Young Men who inject drugs
   4. Young women whose partners inject drugs
   5. Young wives whose partners have unprotected sex with sex workers
   6. Young women who sell sex
   7. Young men who sell sex
   8. Young transgender men

b. Give each group the following fish model and ask them to map the vulnerabilities they face onto the skeleton of the fish.

c. Ask groups to report back in a plenary.



The exercise will allow discussion of various points like the impact of double standards, gender-based violence, and service delivery that don't adequately address gender considerations.

Summary Points

- Gender impacts on the vulnerability of young men, women and transgender people to HIV, STIs and other SRH concerns.
- Gender issues will also influence the approaches needed to respond effectively to the SRH needs of MARA.

4. Resources

Essential Readings

EECA Regional Technical Meeting documents (October 2010)
- Background paper: there is a section on SRH (pages 16-21, which includes youth) and a section on GBV (pages 37-43). Also recommended is the section on gender stereotypes (pages 44-49).
http://eeca.unfpa.org/webdav/site/eeca/shared/documents/events/2010/UNFPA_background paper.pdf

OSCE publications
- Bringing Security Home: Combating Violence Against Women in the OSCE Region. A Compilation of Good Practices. http://www.osce.org/gender/37438
- *Men*ding Inequalities: for a 'different' look at gender issues -- the sections on young men (pages 39-45), fatherhood (pages 46-51), health (pages 62-64) and GBV (pages 73-85) may be particularly relevant. http://www.osce.org/gender/80978

WHO publications
- Adolescent girls in the European Region: highlights from a literature review.
http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/gender/publications/adolescent-girls-in-the-european-region-highlights-from-a-literature-review
- Engaging Men and Boys in Changing Gender-Based Inequity in Health, Evidence from Programme Interventions (this is a global publication, but it could be useful as it highlights some good practices in engaging men and boys).
http://www.who.int/gender/documents/Engaging_men_boys.pdf
- Gender and HIV/AIDS in EECA.
http://www.euro.who.int/__data/assets/pdf_file/0019/76510/E90383.pdf

Council of Europe publications
- Forced marriage in CoE member states.
http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/CDEG%282005%291_en.pdf
- Protecting women against violence: Analytical study of the results of the third round of monitoring in Council of Europe member states.
http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/cdeg_2010_12en.pdf

WAVE publications
- PROTECT - Identifying and Protecting High Risk Victims of Gender Based Violence - an Overview. This is the report of a project on the prevention and reduction of the most serious forms of GBV against girls, young women and their children (grievous bodily harm, homicide, “honour” crimes, etc.). It has some information on risk factors, risk assessment tools and a mapping of situations in eight countries (EU only, unfortunately). http://www.wave-network.org/images/doku/wave_protect_english_0309.pdf

Additional Resources

1. United National Development Fund for Women Web portal – Gender and HIV/AIDS http://www.genderandaids.org/
2. Integrating Gender into HIV/AIDS Programmes: A Review Paper, WHO & the International Centre for Research on Women.
3. Gender, HIV and Human Rights: A Training Manual UNIFEM, 2000
4. Triple Jeopardy: Women and AIDS, Panos Publications 1991.
5. HIV/AIDS: Emerging issues and challenges for women, young people and infants. Second Edition. UNAIDS, 1999
6. Reid, E. Young women and the HIV epidemic. 1990. UNDP, New York

7. Working with men, responding to AIDS: gender, sexuality & HIV, a case study collection. International AIDS Alliance, 2003
8. ActionAID, ACORD, Save the Children. Gender and HIV/AIDS: guidelines for integrating a gender focus into NGO work on HIV/AIDS. 2002.
9. Welbourn A. Stepping Stones: A training package on HIV/AIDS, gender issues, communication and relationship skills. ActionAID, London. 1995.
10. Facing the challenges of HIV/AIDS and STDs: a gender-based response. 1998. The Royal Tropical Institute, The Netherlands and SAfAIDS, Southern Africa AIDS Information Dissemination Service.
11. World Bank, Integrating gender issues into HIV/AIDS Programs: An Operational Guide, 2004
12. International Committee of Women living with HIV/AIDS: http://www.icw.org/
13. The 'So What' report: a look at whether integrating a gender focus into programs makes a difference to outcomes. IGWG 2004 (http://www.prb.org/pdf04/TheSoWhatReport.pdf)

Good Websites:

1. United National Development Fund for Women Web portal – Gender and HIV/AIDS http://www.genderandaids.org/
2. Interagency Gender Working Group (IGWG) http://www.igwg.org/

5. Additional Elements for Session Delivery:

a. A potential government, NGO or academic partner within the EECA Region that would be a good candidate for joint capacity building in the content and delivery of the course over time: Over time, it would be good to see country offices present case studies of the ways in which they have been able to integrate SRH and HIV services for a comprehensive approach to Prevention of Parent-To-Child Transmission (PMTCT) when courses are run in their countries.

b. Acknowledgements: Dr Wendy Holmes, Burnet Institute, for the development of many of the PowerPoint slides.

3D2 Gender-Based Violence

1. Learning Objectives

a. Facilitate discussion on power relationships between gender and violence
b. Highlight the particular role of GBV against MSM and transgenders
c. Identify resources that will assist in preventing and responding to GBV

1. Session Preparation

a. Materials specifically required for session: PowerPoint, paper, cards, pens, cards for lists in Step 3.

b. Preparation required prior to session: cue PowerPoint 3D2

2. Brief Session Description

This session seeks to review the how various issues linked to gender-based violence contribute to and mitigate HIV vulnerability in young people. In this, it works as a way to draw together the key messages of the course. GBV can directly increase HIV, STI and SRH risks for MARA but it can also increase the risk that especially vulnerable young people may become risk-takers subsequently, i.e. GBV can act as a determinant for becoming MARA.

Another under-addressed issue relates to how physical and sexual violence against young MSM and transgenders is often gender-based. Participants will be asked to explore this issue in a group exercise.

Prevention of GBV requires actions at many levels of society that interact in ways that could be described "ecological". Participants are asked to analyse what these actions might look like at different levels of society following an ecological analysis.

Step 1
Show PowerPoint 3D2 (6 slides).

Consider how the following issues affect MARA – or act as determinants of vulnerable young people becoming most-at-risk:

1. Violence in the family - domestic violence, or violence between intimate partners
2. “Honour killing”
3. Bride abduction, which can result in rape and/or forced marriage in Kyrgyzstan, Russia and elsewhere
4. Violence against women in the community
5. Human trafficking
6. Sexual harassment
7. Sexual harassment, characterized as either a form of violence against women or discrimination in the education and labour spheres
8. Violence against women in armed conflict
9. Sexual and other violence in detention settings
10. Gender norms in the family – e.g., expectations that women will take on greater responsibility for childcare and maintaining the household.
11. Gender norms in governmental decisions, including promoting the wearing of headscarves and the banning of a course on healthy lifestyles in the school curriculum.
12. Religious fundamentalism and nationalist groups influencing reproductive health policies in Albania, Georgia, the Former Yugoslav Republic of Macedonia, Ukraine, and elsewhere
13. Role of the media in perpetuating gender norms

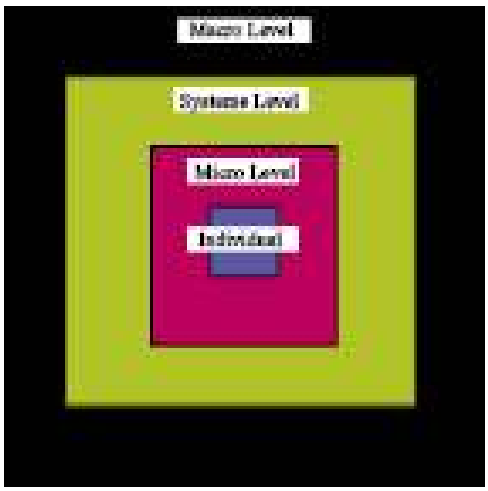
Divide into pairs and decide whether you consider these issues as more likely to affect MARA vs. act as determinants for pushing the vulnerable into becoming most-at risk. Make two lists identifying your assessments – i.e. 1. Will affect MARA vs. 2. Determinants. (30 minutes)

[List based on Duban E. From Cairo to Beijing and Beyond: the Unfinished Agenda on Gender Equality in Eastern Europe and Central Asia: UNFPA Regional Office for Eastern Europe and Central Asia in preparation for a regional technical meeting to be held in Istanbul, Turkey, from 20 to 22 October 2010.
http://eeca.unfpa.org/webdav/site/eeca/shared/documents/events/2010/UNFPA_background paper.pdf]

Step 2
GBV is usually seen as primarily affecting women and girls. Consider the situation of young MSM and transgenders. Is it appropriate to identify violence against young MSM and transgenders as GBV? Who are main perpetrators of such violence and what is their motivation? Discuss your reactions to this idea in plenary. (20 minutes).

Step 3.
GBV prevention exercise. This session is designed to ensure participants have a sound understanding of the risks and vulnerabilities that young people face to gender-based violence. In four groups, consider what responses and resources are required to reduce gender-based violence against MARA at the individual-level, micro-level, systems-level, and at the macro- or policy-level. Record your answers on the cards provided. In plenary, place your cards on the cloth in concentric circles corresponding to each level of society. (40 minutes).

Ecological model map (at least 2 metres x 2 Metres, can be made using layers of fabric).



Activity – Programming and provisions at different levels
This activity is designed to assist participants to take a big picture programming view of the needs of young people who are at most at risk of GBV

a. Assign participants into groups. Allocate one of the questions below to each group and ask participants to brainstorm their responses to the question they are allocated. Ensure that each response is recorded on a separate slip of paper, in large, clear writing. (Assign different coloured slips of paper to each topic group.)

   - What does the **Health System** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Education System** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Justice System** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Community** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Clinic** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Family** of the young drug user, young men who has sex with men, transgender person, sex worker or client of sex worker need?
   - What does the **school** need to provide given the presence of young injecting drug users, young sex workers, young men who have sex with men, transgender youth and young clients of sex workers in their population?
   - What does the **Individual** need? (consider the individual who is an injecting drug user, sex worker, young man who has sex with men, transgender person or client of sex worker)

b. Place the ecological model map on the floor in a large, clear space. The different layers of the model represent:

- Macro level – economy, culture, religion etc.
- System level - Ministries of Health, Education and Justice etc.
- Micro level - community, family, clinic etc.
- Individual Level

After the brainstorm is complete ask groups to assemble around the "mapping" area and for each group to take turns presenting their work and placing it on the model. Ask for comment on what can be observed. Ask people to identify at which layer/s of the circle they are currently operating in their job.

Summary Points

- Gender roles and expectations play a major influence on the likelihood of gender-based violence.
- Gender-based violence itself can directly influence the risk of MARA acquiring or transmitting HIV as well as acting as a potential determinant in the likelihood that especially vulnerable young people might become MARA.
- Physical and sexual violence against MSM and transgenders should also be considered as gender-based since both groups challenge gender roles and norms in society.
- The prevention of gender-based violence requires a broad range of responses from various levels of society interacting in a variety of interconnected relationships.

4. Resources

Essential Readings

1. Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings – UNFPA Save The Children, 2009. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/adol_toolkit_humanitarian.pdf
2. Reproductive health during conflict and displacement – WHO-RHR-00.13 http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/RHR_00_13/en/
3. Reproductive health in refugee situations – UNFPA, 1999. http://www.unfpa.org/emergencies/manual/
4. Guidelines for medico-legal care for victims of sexual violence. WHO, 2003. http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/
5. National Guideline on the Management of Suspected STIs in Children & Adolescents - BASSH 2002 http://www.bashh.org/documents/2674
6. Clinical Guidelines for MSM and Transgenders http://www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf
7. WHO MSM STI Guidelines 2011 http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/

Good Websites

1. Interagency Gender Working Group (IGWG) http://www.igwg.org/

Day 4

4A Approaches for Reaching MARA

1. Learning Objectives

- To identify techniques of reaching MARA to ensure that they have access to the services that they need
- To identify the importance and range of techniques for outreach and to reach MARA and link them with services
- To become familiar with important recent developments in sexuality education in Europe
- To become informed about useful new documents for development of sexuality education curricula
- To identify ways in which life skills education might assist in preventing EVYP from becoming MARA.

2. Session Preparation

a. Materials specifically required for session: PowerPoint 4A (25 slides), copies of handouts 4A (1-3), whiteboard markers

b. Preparation required prior to session: collate handouts

3. Brief Session Description

This session aims to familiarise participants with the synergy of MARA-friendly health centers linked with outreach and peer education to ensure that MARA are aware of the services available for them and how to access them when needed. The group will observe testimonials from MARA volunteers about their experiences with outreach programmes. The need to be able to reach MARA both in-school and out-of-school is important if all MARA are to access the breadth of services they need.

Step 1

Testimonials. Three MARA volunteers from the community will share their experiences with peer outreach and other outreach programs (5 minutes each – 15 minutes total).

- The large group in plenary will then ask the MARA to clarify issues raised and ask for suggestions on how to improve outreach services (15 minutes).

Step 2

The session will then proceed with the PowerPoint presentation 4A (30 minutes).

Summary Points

- Clinical services will fail to meet the needs of MARA unless they are user-friendly and linked with MARA by outreach and peer-education services.
- Life skills education may play a useful part in preventing EVYP from becoming MARA.
- Sexuality education in Europe has recently taken major steps in setting standards for services working with young people.
- Sexuality education and life skills education can be provided both within the formal education system and by outreach and peer education for out-of-school MARA.
- The relevant standards could be adapted to ensure that MARA receives education on sexuality and reproductive health are relevant to their special needs in this region.

4. Resources

Essential Readings:

1. International Guidelines on Sexuality Education. UNESCO 2009. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf
2. Standards for Sexuality Education in Europe. WHO Europe 2010. http://www.escrh.eu/sites/escrh.eu/files/WHO_Standard_Sexuality_Education_0.pdf

Good Websites:

1. http://www.ysafe.net/

4B Peer Education

1. Learning Objectives

a. To identify the key elements for managing a peer education programme for MARA
b. To identify issues specific to MARA peer education programmes

2. Session Preparation

a. Materials specifically required for session: PowerPoint, copies of handout, whiteboard markers, cards and two volunteers for a debate

b. Preparation required prior to session: collate handout, brief volunteers

3. Brief Session Description

This session aims to name the critical components common to peer education programmes. A brief PowerPoint will introduce the elements. A debate will be presented highlighting the controversies likely to be faced by peer education programs for MARA vs. other adolescents.

Step 1

The session will begin with a brief PowerPoint presentation 4B (11 Slides - 30 minutes).

Step 2

Two volunteers will debate the statement "Peer education is not appropriate for MARA or MARA." Participants will record the major arguments for and against the statement on their cards. (30 minutes).

Step 3

An external presenter will describe a real-life peer education program (Y-PEER). (15 minutes).

Summary Points

- Peer education is a powerful, cost-effective intervention for reducing risk behaviour among MARA and for linking them with SRH services.
- Managing peer education programs with MARA raises special issues particularly with regard to ethical standards, recruitment and retention, sustainability and improving their quality.
- There are many excellent resources that have been developed for peer education for young people and these could be adapted to meet the special SRH needs of MARA in this region.

4. Resources

Essential Readings:

1. Standards for Peer Education Programmes. Y-PEER 2005. [Available in English, Bosnian, Bulgarian, Macedonian, Russian, Tajik, and Turkish]. http://38.121.140.176/web/guest/ypeer-toolkit
2. Youth Peer Education Training of Trainers Manual. Y-PEER 2005. [Available in English, Albanian, Bosnian, Bulgarian, Macedonian, Romanian, Russian, Serbian, Tajik, and Turkish]. http://38.121.140.176/web/guest/ypeer-toolkit

Good Websites:

1. Y-PEER. www.youthpeer.org

4C Assessment of Access and Quality of Services for MARA

1. Learning Objectives

a. To identify the fundamental principles and elements of M&E programs
b. To appreciate some unique issues of M&E with MARA
c. To appreciate the challenges in developing M&E indicators for MARA

2. Session Preparation

a. Materials specifically required for session: paper and pens, whiteboard, cards

b. Preparation required prior to session:

- Cue PowerPoint presentation

3. Brief Session Description

This session examines the core principles and elements of M&E including an overarching framework based on programmatic logic that links program inputs, processes and outputs with outcomes and, ultimately, impacts on health parameters. A small group exercise in developing M&E indicators for a peer education service follows and the participants will then critique the indicators in plenary.

Step 1

Show the PowerPoint presentation 4C (10 slides) and introduce the group exercise. (30 minutes).

Step 2

Participants will split into four groups and be asked to imagine that they are running a peer education and outreach service with MSM and transgenders in an urban setting. Each group will be asked to develop no more than ten key indicators to be collected by peer educators and record these on the cards. In plenary, participants will give feedback on the advantages and disadvantages of the indicators developed by other groups (25 minutes).

Summary Points

- M&E of SRH services for MARA raise unique issues in terms of developing indicators, resource allocation and the involvement of MARA in generating data.
- Effective M&E for such services will require careful consideration in the development of indicators, resources applied to M&E, and the involvement of MARA.

4. Resources

Essential Readings

1. Monitoring and Evaluation for Youth Programs
   http://www.iywg.org/youth/iywg-meetings/7december07

Good Websites

1. MEASURE Evaluation http://www.cpc.unc.edu/measure
2. Interagency Youth Working Group. http://www.iywg.org

4D Developing Standards for Clinical Services

1. Learning Objectives

a. Demonstrate different ways of approaching the setting of standards for clinical services for MARA
b. Identify resources that will assist in setting standards
c. Recognise the importance of using standards to improve the quality of SRH services for MARA

1. Session Preparation

c. Materials specifically required for session: PowerPoint, paper, cards, pens, Chapter 1 of IUSTI MSM Guidelines (Reorienting the Clinic Environment); WHO Quality Assessment Guidebook - A guide to assessing health services for adolescent clients; QA/QI Field Guide (FHI 360)

d. Preparation required prior to session: cue PowerPoint, print out key sections of MSM guidelines, WHO Quality Assessment Guidebook and sample checklist (STIs) from FHI 360 Clinical Facility and Services Assessment Field Guide.

2. Brief Session Description
This session seeks to review different approaches and tools used to develop standards for improving the quality of SRH services for MARA. It focuses on examples produced elsewhere for services for MSM, transgenders and other most-at-risk populations.

Step 1
Show the explanatory PowerPoint 4D (9 slides) pausing for each group exercise when indicated in the presentation.

Talk generally about what is required to develop useful standards and indicators that can be applied to clinical services. This model was developed specifically for MSM and transgender services but the principles should apply reasonably well to MARA. (45 minutes).

Step 2
Four groups of participants are chosen to discuss the way in which the development of the standards might be approached (30 minutes). The groups will compare their results with the standards and checklists in the WHO Quality Assessment Guidebook - A guide to assessing health services for adolescent clients (page 18) and record their reactions on the cards provided. It is not expected that all the standards will be discussed.

Step 3. In your groups, examine the Clinical Facility and Services Assessment Field Guide from FHI 360 (STI Clinic Checklist – page 12 of checklists). Discuss similar resources of which you are aware and record these on your cards. (30 minutes).

Summary Points
- Developing standards and indicators is a crucial element in improving the quality of SRH services for MARA.
- Many excellent models for developing standards for different health system contexts already exist and could be adapted to improve the quality of SRH services for MARA.

4. Resources

Essential Readings

1. Quality Assessment Guidebook: A guide to assessing health services for adolescent clients. WHO 2009. http://whqlibdoc.who.int/publications/2009/9789241598859_eng.pdf
2. Clinical Guidelines for MSM and Transgenders. IUSTI 2006. http://www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf
3. Clinical Facility and Services Assessment Field Guide: Quality Assurance (QA) and Quality Improvement (QI) – and related checklists. FHI 360 2007. http://www.fhi360.org/en/HIVAIDS/pub/guide/res_QAQI_Field_Guide_ClinicalServices.htm
4. Clinic Operational Guidelines and Standards. Avahan Project, FHI 360. http://www.fhi.org/en/HIVAIDS/pub/res_IndiaCOGs.htm
5. STI Clinic Supervisory Handbook. Avahan Project, FHI 360. http://www.fhi360.org/en/HIVAIDS/pub/res_IndiaClinicSupHndbk.htm
6. COPE® handbook: a process for improving quality in health services, revised edition. EngenderHealth, 2003. http://www.engenderhealth.org/pubs/quality/cope-handbook.php
7. Self-assessment guide for reproductive health services. EngenderHealth, 2003. http://www.engenderhealth.org/pubs/quality/cope-toolbook-rh-services.php
8. Langley GJ et al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd edition, (Jossey-Bass, Wiley Desktop Editions), San Francisco, 2009.

Good Websites
1. http://www.zplus.kz/ Through the ZdravPlus Project, the United States Agency for International Development (USAID) provides resources to help the governments of Central Asia to improve the financial sustainability, efficiency, and quality of their health care while

preserving equitable access. Implemented by US-based consulting firm Abt Associates and partners, the ZdravPlus Quality Public Health and Primary Health Care in Central Asia Project operates in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

2. http://www.hciproject.org/ The Health Care Improvement portal contains a searchable database of short reports from specific experiences in improving health care to promote an open exchange of ideas and lessons among health care providers and improvement practitioners.

Day 5

5A Adolescents Rights and HIV: Viewing the Convention on the Rights of the Child through an HIV Lens

1. Learning Objectives

a. Demonstrate an understanding of the source of human rights, with a special focus on the Convention on the Rights of the Child.
b. Examine the principles at the centre of a rights-based approach.
c. Explore how a rights-based approach can be used to inform HIV services for young people.

2. Session Preparation

a. Materials specifically required for session: PowerPoint, copies of handout, whiteboard markers, copies of Articles 2, 3, 6 and 12 from the CRC.
b. Preparation required prior to session: collate handouts

3. Brief Session Description

The session has three parts: a PowerPoint presentation (5A – slides 1-24 only of the 32 slides), a group exercise on rights-based issues and different groups, and a final "forced controversy" exercise (PowerPoint 5A, slides 25-32) about young sex workers. The initial 24 slides of PowerPoint 5A focus of the Convention on the Rights of the Child. (30 minutes).

HIV emerged as the drafting of the Convention on the Rights of the Child (CRC) was in its final stages, and neither HIV nor sexual and reproductive health rights are explicitly mentioned. All human rights and protections apply to children and young people, however the CRC was drafted to give international recognition to rights specific to childhood, up to 18 years. Despite the age limit, the principles in the CRC offer scope to be applied to young people

The Committee on the Rights of the Child is charged with monitoring CRC implementation and advising on its interpretation, and in 2003, it issued a General Comment on the links between HIV and the rights of the child. It identified 4 articles of the CRC that are most crucial to the rights of children in the context of HIV:

- The right to non-discrimination (Art. 2)
- Best interests of the child (Art. 3)
- The right to life, survival and development (Art. 6)
- The right to express views and have them taken into account (Art. 12)

Step 1.

Show the PowerPoint focuses of the Convention on the Rights of the Child. (30 minutes).

Step 2. Activity (30 minutes):

1. Participants will be asked to divide into 4 groups.
2. Each group will be allocated to be one of the following population groups:
    a. Young people who sell sex
    b. Young people who inject drugs
    c. Young married women
    d. Transgender young people

3. Each group needs to consider:
    - What factors support or prevent (barriers) the realisation of these rights in relation to HIV prevention? (Use the tables provided in the handout below.) Some of the barriers and drivers might apply to a number of the rights.

- Following the exercise, ask participants to discuss how they could you use this information to inform service delivery – how could the use of supporting factors to add strength to services and how might they target barriers.
- Ask for examples of where this has occurred in country services.
- Look at an example of a de-stigmatising initiative (e.g., HIV prevention media hotspots from a real campaign from the region).

For YOUNG PEOPLE WHO SELL SEX	BARRIERS working against realisation of rights	FACTORS supporting realisation of this right
Right to non-discrimination.		
Best interests of the child (young person).		
Right to life, survival and development		
Right to express views and have them taken into account.		

For YOUNG PEOPLE WHO INJECT DRUGS	BARRIERS working against realisation of rights	FACTORS supporting realisation of this right
Right to non-discrimination.		
Best interests of the child (young person).		
Right to life, survival and development		
Right to express views and have them taken into account.		

For YOUNG WOMEN WHO MARRIED EARLY	BARRIERS working against realisation of rights	FACTORS supporting realisation of this right
Right to non-discrimination.		
Best interests of the child (young person).		
Right to life, survival and development		
Right to express views and have them taken into account.		

For YOUNG TRANSGENDER PEOPLE	BARRIERS working against realisation of rights	FACTORS supporting realisation of this right
Right to non-discrimination.		
Best interests of the child (young person).		
Right to life, survival and development		
Right to express views and have them taken into account.		

This part of the session will close with a PowerPoint presentation of examples to illustrate the power of the CRC in the following applications:

- As a framework for designing services that work with adolescents.
- As a way of evaluating services and national strategies. For example, it is possible to look at how practices in a particular country affect young people by reviewing them against the provisions of the Convention.
- As an advocacy tool with international endorsement.

Step 3.
The Tension Between Child Rights and Protection Approaches – using the example of young sex workers

1. **Learning Objectives**
   a. Highlight current limitations with some child protection approaches.
   b. Consider the effectiveness and appropriateness of using a child protection approach for responding to young sex workers.
   c. Recognition of young people's agency.

2. **Session Preparation**

a. **Materials specifically required for session:** PowerPoint, copies of handout, whiteboard markers
b. **Preparation required prior to session**: collate handouts

3. **Brief Session Description (30 minutes)**

Continue PowerPoint 5A (slides 25-32)

The part of the session will explore some of the limitations of some child protection approaches. A group exercise will be used to examine four different scenarios. The overview will describe three common "bureaucratized protection approaches": a) the child rescue model; b) the social services model; and c) the medical and rehabilitation model. It will consider the implications of this generalised approach, in the absence of sufficient attention to the context, ecology and agency of the young person's life.

Group Activity:

- Adolescents found to be engaged in selling sex should be consulted about whether they want to continue in this trade or not. If they choose to, they should be permitted to continue.
- Adolescents found to be engaged in selling sex should be given access to good medical care and provided with condoms.
- Adolescents found to be engaged in selling sex should be rescued even if this means they are forcibly removed and re-housed in a safe area.
- Adolescents found to be engaged in selling sex should be re-trained so they can gain their livelihoods in a less exploitative way.

Allocate the participants to one of the 4 groups. Put one group in each corner of the room. Allocate some discussion time as a group, and ask the participants to identify how the approach might limit the rights of the young person and adversely limit their ability to exercise their agency.

Summary Points

- MARA services need to be informed by the Convention on the Rights of the Child.
- A rights-based approach can lead to conflicting approaches to providing SRH services to MARA as shown in the forced controversy exercise.

4. Resources

Essential Readings:

1. Committee on the Rights of the Child, General Comment No. 3 (2003) HIV and the Rights of the Child, CRC/GC/2003/3. http://www2.ohchr.org/english/bodies/crc/comments.htm
2. Tarantola D and Gruskin S. Children Confronting HIV/AIDS: Charting the Confluence of Rights and Health, *Health and Human Rights,* 1998;3(1):60-86. Available at: http://www.hhrjournal.org/archives-pdf/4065285.pdf.bannered.pdf
3. Program on International Health and Human Rights, François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health and the International Council of AIDS Service Organizations (ICASO), *HIV and Human Rights in a Nutshell,* 2004, Harvard School of Public Health, Boston.
4. UNAIDS, HIV/AIDS & Human Rights International Guidelines: 2006 Consolidated Version. Available at http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf
5. The Human Rights Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies, 2003. Available at: www.crin.org/docs/resources/publications/hrbap/HR_common_understanding.doc
6. Bissell, S., Boyden, J., Cook, P. and Myers, B (2007). 'Rethinking Child Protection from a Rights Perspective', position paper. (Soft copy on file)
7. Feinstein, C and Kane, C. Childrens' and Adolescents' Participation and Protection from Sexual Abuse and Exploitation, Innocenti Working Paper, February 2009, UNICEF, Florence: http://www.unicef-irc.org/publications/pdf/iwp_2009_09.pdf
8. Global Alliance against Traffic in Women (2007). Collateral Damage: The Impact of Anti-Trafficking Measures on Human Rights around the World, GAATW, Bangkok: http://www.gaatw.org/Collateral%20Damage_Final/singlefile_CollateralDamagefinal.pdf
9. Burkhalter H. Advocacy Strategies for Affording the Right to Health in Beyrer C, Pizer HF (eds) (2007). Public Health and Human Rights-Evidence Based Approaches**,** Johns Hopkins University Press, Baltimore. (Soft copy on file).
10. IPPF Charter Guidelines on Sexual and Reproductive Rights. IPPF 2003. http://www.ippf.org/en/Resources/Guides-toolkits/IPPF+Charter+Guidelines+on+Sexual+and+Reproductive+Rights.htm

Good Websites:

1. International Institute for Child Rights and Development: www.iicrd.org
2. Global Alliance against Traffic in Women: www.gaatw.org
3. Child Rights Information Network: www.crin.org
4. UNAIDS Reference Group on HIV and Human Rights: http://www.unaids.org/en/PolicyAndPractice/HumanRights/20070601_reference_group_HIV_human_rights.asp
5. Health and Human Rights – A Resource Guide**:** http://www.equalpartners.info/index.html
6. Online resource prepared by the Open Society Institute and Equitas, designed to support health and human rights advocacy, training, education, services, and grant-making worldwide. Chapter 2 on HIV and Human Rights: http://www.equalpartners.info/Chapter2/ch2_TOC.html

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5B Communication and Counselling Skills

1. Learning Objectives

a. To identify issues that are likely to arise in counselling sessions with MARA
b. To identify essential counselling skills in dealing with MARA
c. To identify difficulties that arise in counselling MARA

2. Session Preparation

a. Materials specifically required for session: paper and pens, cards, whiteboard,

b. Preparation required prior to session:

- Cue PowerPoint presentation

- Brief volunteers for the role-play.

3. Brief Session Description

This session examines the likely issues that will arise in counselling MARA and the critical skills required to communicate and counsel MARA effectively.

Step 1

Role-play (30 minutes). One volunteer will be required to act as the counsellor. The client role will be played by a voluntary MARA from the community who has been coached for this session. The young person is to present a re-enactment of a real counselling session from their past. The counsellor asks for more information about their situation and makes some suggestions to assist.

Participants observe the interaction and note the range of counselling skills used, recording these on the cards provided. The list is displayed at the front of the room and comments are sought from participants about the appropriateness of the counsellor's use of these skills. (30 minutes).

Step 2

Show the PowerPoint summary (5B – 13 slides) of the key counselling issues and skills to be used with MARA (30 minutes).

Summary Points

- Many issues that affect young people will also affect MARA and require communication and counselling skills commonly found in training for working with young people in general.
- MARA are also more likely to have particular needs as a result of their risk taking and vulnerability (e.g., selling sexual services, sexual and other violence, drug and alcohol use, issues related to sexual and gender identity, homelessness, unemployment, low self-esteem, depression and anxiety). These may include dealing with post-traumatic stress syndrome, dealing with legal issues, extracting MARA from highly exploitative situations, and seeking employment while having a criminal record. To address some of these issues will require more specialised training and capacity building or referral to more specialised services.

4. Resources

Essential Readings

1. Counselling skills training in adolescent sexuality and reproductive health. WHO 2001 English and Russian. http://www.who.int/child_adolescent_health/documents/adh_93_3/en/index.html

Good Websites

1. Fundamentals of Adolescent Care and Cultural Competence: Training Modules. AIDS Education & Training Centers National Resource Center. http://hivcareforyouth.org

5C Adult Training Methods

1. Learning Objectives

a. To identify the essential principles and elements in adult training methods
b. To expose participants to helpful resources in adult training methods

2. Session Preparation

a. Materials specifically required for session: PowerPoint, paper, pens, cards
b. Preparation required prior to session: cue PowerPoint

3. Brief Session Description

This session seeks to describe the needs and challenges of using adult training methods with health workers.

Step 1

Using the PowerPoint presentation 5C (10 slides), talk generally about how adults learn and the needs and challenges of training health workers. (20 minutes).

Step 2

Sitting in a circle, all participants are asked to remember a skilled facilitator from their past and identify the particular attributes that made the person such a memorably skilled facilitator. The participants are then asked to share with the person beside them the reasons that the person was remembered as being so skilled. Each participant is then asked to select the two most important attributes and keep them in a visible place (e.g., so that others can see what each participant values most in the skills required to be an effective facilitator). (25 minutes).

Summary Points

- Training adult health workers requires specialised skills based on adult learning principles.
- Health workers will need to develop good awareness and pay special attention to the special needs of MARA and acknowledge social and other factors that will make SRH counselling for MARA different from counselling other young people.

4. Resources

Essential Readings

1. Visualization in Participatory Programmes. UNICEF, 1993. http://www.unicef.org/tdad/AddMaterialsVisualisationInPartProgsUNICEFBang93.pdf
2. Effective teaching – A guide for educating healthcare providers. WHO, 2005. Facilitator and other versions. http://whqlibdoc.who.int/hq/2005/9241593806_facilitator.pdf
3. Resources for training coordinators, curriculum developers and trainers. http://www.go2itech.org/HTML/TT06/toolkit/delivery/methods.html
4. Training-of-Trainers Workshop on Teaching Methods and Training Coordination. http://www.searchitech.org/itech?page=ff-17-02

Good Websites

1. Adult Learning. AIDS Education & Training Centers National Resource Center. http://www.aids-ed.org/aidsetc?page=tr-10-00

5D Creating a Positive Training Climate

1. Learning Objectives

a. To prepare for classroom and clinical teaching
b. To prepare the classroom environment

c. To use presentation software more effectively
d. To prepare for practice in a simulated environment
e. To prepare for challenging issues when discussing MARA in the training context

2. Session Preparation

a. Materials specifically required for session: PowerPoint, paper, pens, cards

c. Preparation required prior to session: cue PowerPoint

b. Brief Session Description

This session seeks to describe general issues that arise in maintaining a positive training climate with health workers in general. Additionally, the session will identify issues that threaten the training climate when specifically discussing SRH and MARA. Finally, participants will identify mechanisms to overcome such challenges during training sessions.

Step 1

Talk generally about how one prepares the classroom and other venues for clinical training of health workers – using the PowerPoint presentation 5D (14 slides). (30 minutes)

Step 2

Discuss common mistakes in the use of presentation software using the PowerPoint – identify faults in the current PowerPoint (20 minutes)

Step 3

Discuss what sorts of issues and conflicts that you can anticipate in training on SRH and MARA in your country. In pairs, please record examples of potential conflicts in training on this topic. Describe how might you reduce tensions in such trainings? Record your responses on the cards. (40 minutes).

Summary Points

- Maintaining a positive training environment requires special skills, knowledge, insights and discipline to prepare, monitor and intervene in training sessions.
- Some commonly used techniques such as PowerPoint are poorly used and may hamper training unless they are well understood and errors avoided.
- Training on sensitive topics such as SRH and MARA is likely to create conflicts among participants from time to time. Being able to detect when this might arise and knowing how to respond is important for training to be effective.

4. Resources

Essential Readings

1. Effective teaching - A guide for educating healthcare providers. WHO 2005. Facilitator and other versions. http://whqlibdoc.who.int/hq/2005/9241593806_facilitator.pdf

Good Websites

1. Training-of-Trainers Workshop on Teaching Methods and Training Coordination. I-TECH and Tanzania Ministry of Health and Social Welfare, 2010. Session 2 on use of PowerPoint at: http://www.searchitech.org/itech?page=ff-17-02

Day 6

6A Using Interactive Training Techniques

1. **Learning Objectives**
   a. To describe how to prepare a training outline and to prepare a group presentation by small groups of participants
   b. To enable participants to practice skills to incorporate what they have learnt in the course in a real-life rehearsal of future training
   c. To learn from other participants and facilitators how to improve training skills.

4. **Session Preparation**

a. **Materials specifically required for session:** paper and pens, cards, whiteboard, participants will require access to computers and a projector

b. **Preparation required prior to session**:
   - Cue PowerPoint presentation

5. **Brief Session Description**

This session introduces sessions in which participants will prepare short course outlines and present sessions using a range of training approaches including:

- Lectures
- Role-play
- Brainstorming
- Panel discussion
- Small group work

The course outline will be presented first and should include the following:

- Objectives of the course
- Target group
- Number of days and timing of sessions
- Details of content of sessions
- Methods for training
- Supporting materials

There will be five groups who will each work on a course outline and one of the above training approaches. The topics can be chosen freely by each group but must be related to an aspect of sexual reproductive health for MARA. Suggested topics could include issues such as:

- STI clinical management
- Family planning
- Sexual assault
- HIV clinical care
- Sexual and reproductive rights
- Early marriage
- Changing the management structure of a clinic
- Gender issues
- Peer education for young transgenders
- Initiation of an outreach service for young sex workers

Possible MARA groups to be considered include:
The possible MARA groups include:

- Young female sex workers
- Young people who inject drugs
- Young people in detention centers (prisons and juvenile detention centers)
- Young street children
- Young MSM and transgenders

Each group will be prepare their outline and practice session during the week and during a free session on Day 5. Your time to show the outline and practice session is expected to last no more than 30 minutes (15 minutes for each section) followed by 15 minutes discussion and feedback. All participants in each group are expected to present part of the outline of practice session in some way.

Step 1
Show the PowerPoint summary (6A – 6 slides) of the above plan for the presentations. Answer questions from participants. (15 minutes).

6B Practice Session 1 and Group Feedback on Presentation (90 minutes)

Groups 1 and 2 will present their practice sessions and participants will provide feedback in plenary. At the end of feedback from participants, the facilitators will provide additional feedback and summarise their observations.

6C Practice Session 2 and Group Feedback on Presentation (90 minutes)

Groups 3 and 4 will present their practice sessions and participants will provide feedback in plenary. At the end of feedback from participants, the facilitators will provide additional feedback and summarise their observations.

6D Practice Session 3 and Group Feedback on Presentation (45 minutes)

Group 5 will present their practice sessions and participants will provide feedback in plenary. At the end of feedback from participants, the facilitators will provide additional feedback and summarise their observations.

6E Evaluation of the Course (45 minutes)

A brief questionnaire will be issued exploring the responses of participants to the training course.

When participants have completed the questionnaire, the group will assemble sitting in a circle with two chairs in the center (one “comfortable” chair and one “uncomfortable” chair). A number of participants will then be asked individually to give verbal feedback, firstly negative feedback while seated in the “uncomfortable” chair and then moving to the “comfortable” chair to share positive feedback about the course.

6F Closing Ceremony (30 minutes)

Personal and group evaluations and course closure activities.

COURSE EVALUATION FORM

1.1 FORM FOR THE EVALUATION OF THE TRAINING-OF-TRAINERS ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR MARA BY THE PARTICIPANTS

(**Note:** This page is to be filled by participants on the final day of the course programme)

Please indicate your impression of the course items listed below using the scale.

5. Strongly agree 4. Agree 3. Not sure
2. Disagree 1. Strongly disagree

YOUR VIEWS ABOUT COURSE CONTENT	SCORE
1. The learning objectives set at the beginning were achieved	
2. Physical environment was suitable for training	
3. Training techniques used helped me learn better	
4. Training tools/materials were adequate and relevant	
5. Attitudes and behaviours of trainers had a positive effect on training setting	
6.Topics of the training programme were taught in a satisfactory manner	
7. The evaluation methods used throughout the course helped me learn more effectively	
8. Duration of the course was sufficient for acquiring knowledge and skills	
9. The overall course schedule was well-designed	

1.2 SESSION EVALUATION

Please indicate your impression of the course and trainers.

5. Strongly agree 4. Agree 3. Not sure
2. Disagree 1. Fully disagree

Sessions					
1A – Introduction of participants **Expectations** **Objectives of the course and learning objectives**					
Aims and objectives of the session were clear	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
1B – MARA SRH Services in the EECA Region					
Aims and objectives of the session were clear	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Time was enough	5	4	3	2	1
1C – Principles and Methodology of Training-of-Trainers					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
1D – Definitions of MARA MARYP – Understanding Who MARA and MARYP Are					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1

Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
2A – STI and HIV Epidemiology Update					
Aims and objectives of the session were clear	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
2B – Epidemiological Methods and Data Specific to Youth Health – Qualitative and Quantitative Research					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
2C – Issues in Managing STIs among MARA					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
2D – Adolescents' Rights					
Aims and objectives of the session were clear	5	4	3	2	1

I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
3A – Sexual and Reproductive Health					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
3B – Communication and Counselling Skills					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
3C – Ethical and Legal Issues in Research and Services for MARA					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1

3D – Developing Standards for SRH Services					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
4A – Approaches for Reaching MARA					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
4B – Exploring Gender Issues including Gender-based Violence					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
4C – Assessment of Access and Quality of Services for MARA					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1

Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
4D – Issues in Managing HIV among MARA					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
5A – Sexual and Reproductive Health Services for Young PUD					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
5B – Peer Education					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1

5C – Adult Training Methods					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
5D – Creating a Positive Training Climate					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
Knowledge was relevant to the objective	5	4	3	2	1
There was a good balance between theory and practice	5	4	3	2	1
Activities were relevant to the objective	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1
6B Preparation of Practice Sessions Presented by Participants					
Aims and objectives of the session were clear	5	4	3	2	1
I can practice this in my work	5	4	3	2	1
This session was helpful in preparing my practice session	5	4	3	2	1
Time was enough	5	4	3	2	1
6C-E Practice Sessions					
I can practice this in my work	5	4	3	2	1
Trainer was enthusiastic	5	4	3	2	1
Time was enough	5	4	3	2	1

ADDITIONAL COMMENTS (Please use the back of the form for remarks and recommendations)

PLEASE NOTE: This is a pilot version of the course and it is important for you to be as frank as possible and give your opinions regarding the value of the course and its applicability to your situation.

1. What items or activities would you like to see added to this training? Please explain.
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2. What items or activities would you like to see removed from this training? Please explain.
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3. Please give a clear indication of the relevance and applicability of the course in your work at home.

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4. What are your general comments and recommendations about the training?

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SITE-VISIT EVALUATION

In order to ensure your feedback and input toward enhancing the course, please answer to the following questions:

1. Did you benefit from the knowledge you received during your visit to

a) HATAM Hacettepe University of Infection Department?

b) Ankara Skin & STI Hospital?

Comments:

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2. What do you think about duration spent in the Institutions?
Comments:

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3. Do you have any suggestions on improving this part of the training?

Comments:

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