



SUPPORTING ADOLESCENTS AND THEIR FAMILIES IN EMERGENCIES (SAFE)

Facilitator Training:
Adolescent Sexual and
Reproductive Health



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To download the **Supporting Adolescents and their Families in Emergencies (SAFE) resource package**, please go to: www.rescue.org/resource/supporting-adolescents-and-their-families-emergencies-safe

Comments, feedback and further questions are gratefully received by the IRC's Violence Prevention and Response Unit: VPRUmailbox@rescue.org

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CONTENTS

INTRODUCTION

Who should deliver this training?	4
Whom is this training for?	4
Preparing for this training	4
Materials needed	5
Scheduling information	6

SESSIONS

Session 1 – Welcome and Values Clarification Exercise	7
Session 2 – Introducing Adolescent Sexual and Reproductive Health	8
Session 3 – Delivering Sensitive Content	12
Session 4 – Getting to Know Module 4 – Our Changing Bodies	19
Closing	23
	26

RESOURCES AND HANDOUTS

Resource 1: SAFE Pre-/Post-Training Survey – ANSWER KEY	27
Handout 1: SAFE Pre-/Post-Training Survey	28
Handout 2: Scenarios – Handling Challenging Discussions and Situations	29
Handout 3: Facilitating Sexual and Reproductive Health Sessions	30
Handout 4: SAFE Principles	31
	32

INTRODUCTION

Who should deliver this training?

This training is designed for managers or other responsible staff to train SAFE facilitators who can deliver SAFE curricula content on the topic of adolescent sexual and reproductive health (ASRH). This training must be delivered by the same individuals who delivered the initial SAFE Core Facilitator Training. It is **necessary for two individuals to co-facilitate this training** as several sessions will be delivered simultaneously to female and male facilitators, and a trainer is needed for each group. This will also help to model the practice of co-facilitation.

Whom is this training for?

This training is for facilitators (both staff and community volunteers) who are already conducting group sessions with adolescent girls and boys and female and male caregivers. Facilitators must take this training **in advance** of delivering the SAFE Curriculum for Female and Male Caregivers (Session 4 – Puberty) and the SAFE Curricula for Adolescent Girls and Boys (Module 4 – Our Changing Bodies). *All* SAFE facilitators must have completed the SAFE Core Facilitator Training prior to attending this training.

Preparing for this training

- ☐ Review and contextualize the training content. **Due to the potential sensitivity of this subject matter, it is essential that this training is carefully reviewed and adapted for your context.**
- ☐ Prepare an up-to-date map of services for adolescent girls and boys and their caregivers in the implementation location, particularly health, gender-based violence (GBV), and sexual violence services.
- ☐ Define the referral pathways for SAFE facilitators to make safe and confidential referrals for female and male caregivers.
- ☐ Confirm the information and systems program in place to report sexual abuse and exploitation.
- ☐ Select an appropriate venue for the training—**two rooms are needed for female and male facilitators to work separately for some sessions.**
- ☐ Use a participatory, active learning approach in the training –
 - This curriculum uses instructional language to help guide you, as the trainer. For example: Say, Do, Explain, Ask, Key Messages, and Trainer Notes.
 - Note that information under “Key Messages” must be shared with participants before moving on with the training.
 - The information under “Trainer Note” is meant to provide you with extra guidance.
- ☐ Gather materials required, adapting as needed based on what is available.

Materials needed

- ☐ Flipchart and colored markers
- ☐ Paper and pens for every participant
- ☐ Signs for “**Strongly Agree**,” “**Agree**,” “**Disagree**,” and “**Strongly Disagree**” prepared and attached to the walls—clearly visible but not next to each other
- ☐ Group Agreements from the SAFE Core Facilitator Training written on flipchart paper
- ☐ All demonstration resources needed for Module 4—for example, a phallus-shaped object, condoms, dignity kits, etc.
- ☐ “Parking Lot” written on flipchart paper and hung on the wall
- ☐ *Handout 1: ASRH Pre-/Post-Training Survey*
- ☐ *Resource 1: ASRH Pre-/Post-Training Survey ANSWER KEY*
- ☐ *Handout 2: Scenarios – Handling Challenging Discussions and Situations*
- ☐ *Handout 3: Facilitating Sexual and Reproductive Health Sessions*
- ☐ *Handout 4: SAFE Principles*
- ☐ *Module 4 – Our Changing Bodies* (All facilitators should bring their copy of the SAFE Curricula for Adolescent Girls and Boys)
- ☐ **Two rooms/spaces to enable female and male facilitators to work separately for some activities**

Prior to starting the session:

- ☐ Ensure that all scenarios have been adapted for your context.
- ☐ Arrange chairs in a circle or U-shape.
- ☐ Hang the Group Agreements up on the wall.
- ☐ As participants arrive:
 - Ask them to sign the attendance sheet, or help them sign it.
 - **Distribute and ask them to complete *Handout 1: ASRH Pre-/Post-Training Survey*, explaining that we will use it to measure changes in their knowledge and attitudes so that we can better support their development and improve the training.**
 - If participants have limited literacy skills, provide support to read the questions and write the answers.
 - At the end of the day, review the survey results, along with the answer key in *Resource 1* to monitor for changes in knowledge and attitudes and to identify any concerns.
 - Also share the completed surveys with the SAFE monitoring and evaluation (M&E) focal point for documentation and learning purposes.

Scheduling information

- Review and adapt the training schedule to suit your timings. .
- Remember to include a break for lunch, as well as breaks during the morning and afternoon.

Sample Schedule for SAFE Facilitator Training – Adolescent Sexual and Reproductive Health

SESSION	DURATION AND TIMING	LEARNING OUTCOMES By the end of the session, participants will:
SESSION 1 – WELCOME AND VALUES CLARIFICATION EXERCISE	30 minutes 9.00-9.30	• Become familiar with the agenda and objectives of the training • Understand how their personal attitudes can influence their ability to share and discuss sexual and reproductive health information with adolescent girls and boys
SESSION 2 – INTRODUCING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH	2 hours 9.30-11.30	• Understand the importance of providing adolescent girls and boys with sexual and reproductive health information, particularly in humanitarian contexts • Understand who is qualified to provide this information to adolescents • Understand the connection between sexual and reproductive health education and the SAFE Principles
<i>BREAK</i>	15 minutes 11.30-11.45	
SESSION 3 – DELIVERING SENSITIVE CONTENT	1 hour 15 minutes 11.45-1.0	• Be equipped with information and skills to handle challenging situations while delivering adolescent sexual and reproductive health information • Be equipped with information and skills to handle sensitive disclosures that may be made by adolescents during a SAFE session
<i>LUNCH</i>	1 hour 1.00-2.00	
SESSION 4 – GETTING TO KNOW MODULE 4 – OUR CHANGING BODIES	3 hours 2.00-5.00 (include a 10-minute break)	• Have increased their comfort and familiarity with Module 4 – Our Changing Bodies (from the SAFE Curricula for Adolescent Girls and Boys) • Have put the information and skills they have learned into practice through role playing as facilitators and training participants
CLOSING	20 minutes 5.00-5.20	

SESSIONS

SESSION 1

Welcome and Values Clarification Exercise

SESSION SUMMARY

LEARNING OUTCOMES	By the end of this session, participants will: ☐ Become familiar with the agenda and objectives of the training ☐ Understand how their personal attitudes can influence their ability to share and discuss sexual and reproductive health information with adolescent girls and boys
TIMING	
DURATION	30 minutes
RESOURCES REQUIRED	☐ Paper and pen for each participant ☐ Flipchart and colored markers ☐ Training schedule written on flipchart paper ☐ Group Agreements from SAFE Core Facilitator Training written on flipchart paper ☐ 1 copy per participant of <i>Handout 1: ASRH Pre-/Post-Training Survey</i> - this should be completed by participants as they arrive in the training room <i>before</i> the welcome begins. ☐ Signs for "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree," prepared and attached to the walls—clearly visible but not next to each other ☐ "Parking Lot" flipchart sheet hung up and added to throughout the sessions

Activity 1.1: Welcome and Ice Breaker (10 minutes)

Part One: Welcome (5 minutes)

1. **DO:** Welcome everyone to the training, and make sure everyone has completed the *ASRH Pre-Training survey*.
2. **EXPLAIN:** Today, we will be preparing to deliver Module 4 of the SAFE Curricula for Adolescent Girls and Boys, called "Our Changing Bodies." This training will also help us to deliver Sessions 4 and 5 of the SAFE Curriculum for Female and Male Caregivers. We will spend the morning focusing on adolescent sexual and reproductive health and how to handle sensitive content with the 10- to 19-year-old age group. Then this afternoon we will look in detail at the SAFE sessions on this topic and you will have an opportunity to practice some of the activities.
3. **DO:**
 - Display the training schedule on the wall, so participants are aware of the agenda.
 - Remind participants that we will be using the same Group Agreements that we used in the SAFE Core Facilitator Training to ensure that this is a safe and inclusive space (*display the Group Agreements on the wall*). If you no longer have the original agreements, ask the group to remember what was included and create a new flipchart.
 - Check for questions or concerns. Have a "Parking Lot" flipchart sheet on the wall so you can capture questions to be covered later.

Part Two: Ice Breaker (5 minutes)

1. **DO:** Ask a participant to run a quick ice breaker that they have used in their SAFE group sessions to get everyone ready for the day.

Activity 1.2: Values Clarification Exercise (15-20 minutes)

1. **EXPLAIN:** We are going to start with a quick activity to help you think about your personal values and attitudes about the sexual and reproductive health of adolescent girls and boys.
2. **DO:** Point to the four signs on the wall – "**Strongly Agree**," "**Agree**," "**Disagree**," and "**Strongly Disagree**."
If there is low literacy in your group, consider using color and symbols to make the signs clearer. For example, 2 green ticks for strongly agree, 1 green tick for agree, then use red ticks for the disagree signs.
3. **EXPLAIN:**
 - I will read out some statements, and for each statement, each participant should move to the sign that best reflects their opinion.
 - All of these statements are included in similar exercises in the SAFE Curricula for Adolescent Girls and Boys and the SAFE Curriculum for Female and Male Caregivers, so it is good to be aware of your personal opinions before delivering the sessions.
4. **DO:**
 - Remind everyone of the Group Agreements. Acknowledge that we may not all agree on everything, but it is important that we listen to each other and show respect for different values and opinions.
 - Allow the group to respond to the statements based on what they believe. Take note of when participants' opinions do not align with SAFE Principles and/or are built on myths or misconceptions.
 - After each statement, invite the participants to ask each other why they agreed or disagreed. Allow them to have an interactive discussion and challenge each other in respectful dialogue.
 - After each discussion, clarify any remaining confusion or misinformation so that the group leaves with an understanding of the SAFE standpoint on the statement.

TRAINER NOTES: For each scenario, make sure participants understand the SAFE point of view once discussions are complete. Share the below points for each statement if they are not mentioned.

STATEMENT 1: Giving adolescents correct information about sexual and reproductive health will encourage them to have sex.

SAFE viewpoint on Statement 1:

- Research with adolescents around the world shows that giving them information about sexual and reproductive health does NOT make them more likely to have sex.
- Giving them correct information can protect them from harmful outcomes of sex, such as unintended pregnancy or sexually transmitted infections.
- Adolescents know that changes are happening to their bodies and emotions, so it is better for adolescents to speak in confidence with a knowledgeable and trusted adult than for them to receive incorrect information from peers or other sources.¹

STATEMENT 2: Only women and girls need information and education on reproductive health.²

SAFE viewpoint on Statement 2:

- We are aware that many societies have different expectations of how women and men should behave. These expectations can often result in different and unequal reactions or treatment of young women and young men regarding their decisions and sexual practices.³ But within SAFE, we promote gender equality.
- Although the SAFE sexual and reproductive health sessions are tailored for girls and boys, and some of the caregiver content is tailored for female and male participants, the content is equally comprehensive and covers the same key topics.

STATEMENT 3: Adolescents should not be sexually active.

SAFE viewpoint on Statement 3:

- Your role as SAFE facilitators is to provide accurate information in a sensitive and nonjudgmental way; it is not to share your personal opinion.
- Although the SAFE sessions include information and discussions about abstinence and why adolescents might choose not to have sex, if adolescents are already having sex, or decide to have sex, giving them correct information can increase their confidence to negotiate safe sexual practices and reduce the likelihood of unintended pregnancy or sexually transmitted infections.

5. DO: Ask a couple of debrief questions –

- Which statements, if any, did you find challenging to form an opinion on? Why?
- How did you feel expressing an opinion that was different from that of some of the other participants?

KEY MESSAGES:

- *In your role as a SAFE facilitator, you are expected to help groups of adolescent girls and boys discuss sensitive issues such as gender, violence, and sexual health. **You are also a role model** for the attitudes and behaviors that we encourage in adolescents to protect their own safety, health, and wellbeing.*
- *It is normal to have strong feelings and values about these topics. Learning to be aware of your own values will help you be more open to listening to different points of view. When adolescents notice that facilitators are more **accepting of differences**, they will more openly and honestly assess and express their own values. This, in turn, can help young people assess the attitudes and beliefs that lead to high-risk behavior.⁴*
- *Your role as a facilitator is **not to judge** or impose your opinions.*
- *We ask you to **think about your own attitudes** during this training, especially if you feel that you do not agree with anything or if you think your own beliefs or values will affect your ability to work on SAFE.*
- *If you would like to speak with us privately at any point to discuss your concerns further, you are welcome to approach us during breaks or at lunch.*

6. **EXPLAIN:** The rest of the sessions today will provide you with information that will explain and demonstrate the importance of providing sexual and reproductive health information and services for adolescent girls and boys.

TRAINER NOTES: If you observe any facilitators struggling significantly with these statements and the SAFE viewpoint, make a note and raise this as soon as possible—for example, during a break or lunch—with the supervisor/manager coordinating the SAFE program. A decision should be made by the end of the training as to whether this person is suited to further facilitate SAFE curricula.

SESSION 2

Introducing Adolescent Sexual and Reproductive Health⁵

SESSION SUMMARY

LEARNING OUTCOMES	By the end of this session, participants will: ☐ Understand the importance of providing adolescent girls and boys with sexual and reproductive health information, particularly in humanitarian contexts ☐ Understand who is qualified to provide this information to adolescents ☐ Understand the connection between sexual and reproductive health education and the SAFE Principles
TIMING	
DURATION	2 hours
RESOURCES REQUIRED	☐ Flipchart and colored markers ☐ Pens and pencils ☐ List of “Who is Qualified?” written on flipchart paper for Activity 2.3 ☐ A few printed copies of <i>Handout 4: SAFE Principles</i> ☐ Two rooms/spaces available to enable female and male participants to work separately for Activity 2.4

TRAINER NOTES: Sexual and reproductive health are sensitive topics, and participants may not be comfortable discussing some of the issues that arise. Make time for participants to ask questions during this training. However, because it is critical that SAFE facilitators can communicate confidently and clearly about these topics with adolescents, it is also important to be aware of any facilitators who you feel are unable to deliver this content.

Activity 2.1: What Does Adolescent Sexual and Reproductive Health Mean to Us? (25 minutes)

1. **DO:** Draw two columns on a piece of flipchart paper. Label one column “**Girls**” and the other column “**Boys**.”
2. **ASK:** What does it mean to be a sexually healthy adolescent girl or boy? What would they do/say/know?
3. **DO:** Write answers on flipchart paper. If a suggestion is relevant to girls and boys, write it in both columns.

If not mentioned, share these points: They understand their own bodies and reproductive system; they have knowledge around safe sex; they understand the principle of consent; they have the communication skills to be able to discuss their choices around sex; they understand the risks involved in sexual activity, including sexually transmitted infections and HIV/AIDS.

4. **ASK:** What are the biggest barriers and supporting factors that adolescent girls and boys face in maintaining their sexual and reproductive health in this context?
5. **DO:** Write the suggestions on flipchart paper using one column for barriers (things that prevent them from maintaining their sexual and reproductive health in this context), and one column for factors that support their ability to maintain their sexual and reproductive health in this context.

If not mentioned, share these examples:

- **Barriers:** no availability or access to sexual health information and services for this age group; harmful cultural norms and beliefs.
- **Supporting factors:** access to adolescent-friendly sexual health information and services; availability of supportive and trusted adults, such as through programs like SAFE.

TRAINER NOTES:

- This may be a challenging activity. If you have time, you could return to these lists again at the end of the day to see whether their ideas have changed or developed.
- If caregivers are suggested as either barriers or supportive factors to adolescents accessing information or services on sexual and reproductive health, write it on the “Parking Lot” sheet and explain that we will return to that topic later today (end of Session 3).

6. **DO:**
 - Ask participants to gather in groups of 3 or 4 and provide each group with a sheet of flipchart paper and pens. If participants are not comfortable writing, they can just have a discussion.
 - Ask participants to draw two columns, one labeled, “**Girls**,” and one labeled, “**Boys**.”
7. **ASK:** Why is it important for adolescent girls and boys to receive sexual and reproductive health information, including girls and boys who are not married or are young adolescents?
8. **DO:** After 5 minutes, take suggestions from each group, and write them on a flipchart sheet that is also divided into two columns. Underline or circle any examples that are true for boys and girls.

Through this discussion, you are encouraging participants to think about the different experiences and situations of girls and boys in relation to sexual and reproductive health.

KEY MESSAGES:

Girls

- *If girls do not have sexual and reproductive health information before they become sexually active, they will not know what to expect and it could feel scary.*
- *If they do not have information on **pregnancy, family planning, sexually transmitted infections**, etc., it will be harder for them to deal with these issues. Information provided after girls have become sexually active or are married is too late.*
- *Information before girls marry **can be life-saving**, and it is important to give this information whenever possible.*
- *When learning about sexual and reproductive health, critical topics such as consent, decision-making, sexual violence, and risky behaviors can be discussed.*

Boys

- *If boys do not have sexual and reproductive health information before they become sexually active, they will not know what to expect.*
- *If they do not have information on **pregnancy, family planning, sexually transmitted infections**, etc., it will be harder for them to deal with these issues or to understand their options and responsibilities.*
- *When learning about sexual and reproductive health, critical topics such as consent, sexual violence, risky behaviors, and decision-making can be discussed, and **harmful male gender norms can be challenged**.⁶*
- *Meeting the sexual and reproductive health needs of adolescent boys improves their own health and that of their partners.⁷*

Both

- *Adolescent girls and boys have the right to receive this information, and it is the **SAFE staff members' role to help them secure their rights**.*
- *As an age group, adolescents are more at risk and especially vulnerable when it comes to sexual and reproductive health issues.*

Activity 2.2: Who Is Qualified? (25 minutes)

1. **ASK:** Who is qualified to give this information to adolescent girls and boys?
Take some ideas from the group. Then share the list below (written on flipchart paper):
 - *People trained in facilitation techniques*
 - *People trained to provide ASRH information*
 - *People equipped with factual/accurate information*
 - *Volunteers, social workers, health workers, facilitators, mentors, caseworkers, etc.*
2. **DO:** Once the list is shared with the group, ask them if the answers surprised them. Highlight any examples that they already knew.
3. **EXPLAIN:** Sexual and reproductive health information should only be given by female facilitators to girls and male facilitators to boys. Girls should not be mixed with boys when receiving this information because it is sensitive and can bring up difficult emotions.
4. **DO:**
 - *Ask the group to split into pairs and give them 5 minutes to discuss and identify the kind of concerns they have about giving this information. If they are comfortable writing, hand out flipchart paper for them to record their ideas.*
 - *After 5 minutes, ask them to think about some potential solutions to these concerns. If they are writing down their ideas, they should make a note of their ideas next to the relevant concern on the same flipchart paper.*
 - *Allow 5 minutes for the pairs to consider solutions, then ask them to present their concerns and solutions to the group. If a group cannot think of a solution to a concern, ask the other pairs if they have suggestions.*
If not mentioned, share these examples: Seek support from a supervisor, obtain permission to provide information.

Activity 2.3: ASRH, Rights, and the SAFE Principles (20-25 minutes)

TRAINER NOTES: Ensure the SAFE Principles are available on flipchart paper for this activity.

1. EXPLAIN:⁸

- Under the age of 18, adolescents have rights which have been established globally by the **Convention on the Rights of the Child (CRC)**, an international agreement for child rights.
- This includes rights relating to adolescent sexual and reproductive health, as well as many other areas, including civil, political, economic, social and cultural rights.
- Every child has these rights, whatever their ethnicity, gender, religion, language, abilities, or any other status.

2. DO: Share some examples of rights in the CRC⁹ that relate to sexual and reproductive health. (*Have the examples written on flipchart paper if the group is comfortable reading*).

All children have:

- The **right to give and receive information** and the **right to education**, including complete and correct information about adolescent sexual and reproductive health.
- The **right to confidentiality and privacy**, including the right to obtain reproductive health services without consent of a parent, spouse, or guardian.
- The **right to equality and non-discrimination**, including the right to access reproductive health services, regardless of age or marital status and without consent of parent, guardian, or spouse.

3. EXPLAIN: Of course, although all children have these rights, we recognize that in some contexts, economic/social barriers, cultural norms, and traditions may make these rights much more challenging for children to claim.

4. ASK: Does anyone have any questions or comments?

5. EXPLAIN: In addition to these rights that entitle adolescents to sexual and reproductive health education, it is also important to think about the SAFE Principles when explaining the importance of including sexual and reproductive health education in SAFE and ensuring it is equally accessible by girls and boys.

6. ASK: Who can remember the 6 SAFE Principles?

- *Do no harm*
- *Build on the strengths and resilience of adolescents*
- *Non-discrimination and inclusion*
- *Gender equality*
- *Adolescent participation*
- *Collaboration*

7. DO:

- Hang the flipchart sheet listing the SAFE Principles on the wall. Ask participants to turn to the person next to them and discuss which of the principles we should consider when we talk about the importance of sexual and reproductive health education in SAFE. If participants need a reminder about the definitions of the Principles, share a few copies of *Handout 5: SAFE Principles*.
- After a few minutes of discussion, ask for feedback from the pairs.

8. EXPLAIN: As we talked about during the SAFE Core Facilitator Training, the SAFE Principles underpin all of our work on SAFE. The principles to consider are –

- **Build on the strengths and resilience of adolescents** as we aim to build the knowledge and skills of adolescents through the provision of adolescent sexual and reproductive health information, which is critical for a safe transition to adulthood, particularly during emergencies/crisis.
- **Non-discrimination and inclusion** as we seek to enable inclusive activities for adolescents regardless of their sex, race, language, ethnicity, sexual orientation, gender identity, religion, nationality, disabilities, etc.
- **Gender equality** as we provide equal access to sexual and reproductive health information for girls and boys and female and male caregivers.

- **Adolescent participation** as we help adolescent girls and boys to realize their rights in accessing sexual and reproductive health information and as we involve their caregivers in the education process to create a more supportive and well-informed home environment.
- **Collaboration** as we encourage the involvement of health professionals in this module to provide further information, and if possible in this context, as we refer adolescents to available and accessible health services.
- **Do no harm** when delivering content that is considered sensitive or taboo. SAFE teams must actively engage with caregivers and community leaders to ensure that we do not put adolescent girls or boys at any risk of harm as a result of receiving this information.

Activity 2.4: Why Is This Topic Important in Humanitarian Settings? (45 minutes)

1. **Do:** Divide the female and male staff between two rooms for this exercise, with a trainer in each room to lead the activity.

FEMALE STAFF:

2. **SAY:** In the Core Facilitator Training, we thought about the experience of being an adolescent girl affected by crisis or displacement.

3. **ASK:** What are some of the changes and challenges that adolescent girls face in this context?

If not mentioned and relevant, share these points:

- Family and social structures are disrupted, and there may be a breakdown in community and social networks
- Adolescents may be separated from their families or communities
- Access to school/education is limited
- Adolescent girls may feel afraid, sad, stressed, and bored
- Adolescent girls may be put in risky situations that they are not prepared to deal with, and they may suddenly have to take on adult roles without preparation or support
- Adolescent girls are also at increased risk of gender-based violence. In fact, **1 in 3 adolescent girls in emergency settings has experienced some form of GBV.**¹⁰ This is something we need to keep in mind when working with adolescent girls in SAFE.

4. EXPLAIN:

- We are now going to discuss how knowledge and support related to sexual and reproductive health can help

MALE STAFF:

2. **SAY:** In the Core Facilitator Training, we thought about the experience of being an adolescent boy affected by crisis or displacement.

3. **ASK:** What are some of the changes and challenges that adolescent boys face in this context?

If not mentioned and relevant, share these points:

- Family and social structures are disrupted, and there may be a breakdown in community and social networks
- Adolescents may be separated from their families or communities
- Access to school/education is limited
- Adolescent boys may feel afraid, sad, stressed, and bored
- Adolescent boys may face pressure from peers to engage in risky or violent behaviors
- Adolescent boys may suddenly have to take on adult roles without preparation or support

4. EXPLAIN:

- We are now going to discuss how knowledge and support related to sexual and reproductive health can help adolescent boys affected by crisis.
- I will describe a short scenario and pose a few questions for you to discuss with the person next to you or in small groups of 3.
- After 5 minutes, we will share ideas with the larger group

adolescent girls affected by crisis.

- I will describe a short scenario and pose a few questions for you to discuss with the person next to you or in small groups of 3.
- After 5 minutes, we will share ideas with the larger group before moving on to the next scenario.

Scenario 1: Sara is 12 years old and has recently fled her home. She is now living with her family in crowded conditions. One morning she wakes up and discovers she has started her period. She does not know what is happening and does not feel like she can share this with anyone.

- How do you think Sara is feeling?
- What risks does she face?
- What information and support does she need?

If not mentioned, share these points:

- Girls need access to information about menstruation; reassurance that it is a natural and healthy process; guidance on how to manage their periods; and access to menstrual hygiene materials and supplies.
- Girls also need to understand the other changes that are happening in their bodies, and what it means to have reached reproductive age.

Scenario 2: Noor is 14 and her parents have married her to an older man. She has become sexually active. She did not know anything about sex the first time it happened.

- How do you think Noor is feeling?
- What risks does she face?
- What information and support does she need?

If not mentioned, share these points:

- In crisis situations, adolescents (especially girls) may be married at younger ages and thus become sexually active earlier than was previously the case. As a result, these adolescent girls face increased risks of sexual abuse and exploitation.
- Adolescent girls need information on sexual and reproductive health, sexual decision making, consent, and available services.
- Lack of access to information and services put adolescent girls at risk of unwanted pregnancy, unsafe abortion, and

before moving on to the next scenario.

Scenario 1: David is 14 years old and has recently fled his home. In this new place, he has to work on the street to support his family. He has become friends with some boys and girls his age who also work on the street. He is especially close to one girl. The other boys tease David about when he will have sex with her, but he does not feel ready.

- How do you think David is feeling?
- What information and support does he need?

If not mentioned, share these points: Boys need information about consent and sexual decision-making; guidance on safe sexual practices; and support from trusted adults to talk about how to handle negative peer pressure and to answer questions.

Scenario 2: Ibrahim is 15 and is sexually active. He did not know much about sex the first time it happened, and his friends told him he didn't need to use protection. Lately he feels a burning sensation when he urinates.

- How do you think Ibrahim is feeling?
- What risks does he face?
- What information and support does he need?

If not mentioned, share these points:

- Adolescent boys need information on sexual and reproductive health, sexually transmitted infections, and safe sexual practices.
- Adolescent boys need to know what sexual and reproductive health services are available and how to access them—and to challenge the myth that these services are just for women.
- Even if health facilities are welcoming to adolescent boys, they can often be perceived negatively. For example, boys may not trust that the facility staff will keep things confidential.
- Lack of access to information and services puts adolescent boys at risk of sexually transmitted infections, including HIV.

Scenario 3: William is 17 and has been sexually active with a girl in the community (if appropriate: his girlfriend). Now she tells him that she is pregnant.

- How do you think William is feeling?
- What risks does he face?

sexually transmitted infections, including HIV.

Scenario 3: Anna is 17 and realizes that she is pregnant. She has been sexually active with her boyfriend but is not married.

- How do you think Anna is feeling?
- What risks does she face?
- What information and support does she need?

If not mentioned, share these points:

- *Emergencies can disrupt health services, and it may be difficult for adolescent girls to access necessary services. Even if health facilities are available, adolescent girls may worry about being judged and may not trust service providers to keep things confidential.*
- *Adolescent girls who are no longer virgins and are not married are at risk of violence or death from family members. They are also at risk of unsafe abortion, sexually transmitted infections, and HIV.*
- **ASK:** Are there any other scenarios or situations related to sexual and reproductive health that you think will come up for adolescent girls in emergency settings? What is the information and support they need?

- What information and support does he need?

If not mentioned, share these points:

- *Adolescent boys need information about female and male sexual and reproductive health and safe sexual practices. They also need access to family planning methods, such as condoms. These services and supplies may be lacking in emergencies.*
- *Adolescent boys need access to a trusted adult or health professional to discuss concerns.*
- *Adolescent boys need to understand the serious risks for girls in relation to sex. Beyond unwanted pregnancy and the risk of unsafe abortions, girls who are no longer virgins or are not married face social shame and are at risk of violence or death from family members.*

- **ASK:** Are there any other scenarios or situations related to sexual and reproductive health that you think will come up for adolescent boys in emergency settings? What is the information and support they need?

5. **DO:** Bring the female and male groups back together and spend 5 minutes discussing the following debrief questions to enable the two groups to share their learning.

- What did you learn from this exercise about the importance of sexual and reproductive health information and services for adolescents?
- What information did you identify as important for adolescent girls and boys to know?
- Would you know where to access this information if it is needed in your sessions?

TRAINER NOTES:

- Reiterate the importance of maintaining up-to-date service maps and strong referral pathways, especially for sexual and reproductive health services, as the availability of services may change during the course of the SAFE program. If services for adolescents are lacking, managers in SAFE should advocate for such services through the various coordination structures and with donors.
- Explain to participants that, as always, if a girl discloses gender-based violence or a girl or boy discloses sexual abuse, they must be believed and connected with the services and support available.

SESSION 3

Delivering Sensitive Content¹¹

SESSION SUMMARY

LEARNING OUTCOMES	By the end of this session, participants will: ☐ Be equipped with information and skills to handle challenging situations while delivering adolescent sexual and reproductive health information ☐ Be equipped with information and skills to handle sensitive disclosures that may be made by adolescents during a SAFE session
TIMING	
DURATION	1 hour 15 minutes
RESOURCES REQUIRED	☐ Flipchart paper and colored markers ☐ 2 copies of <i>Handout 2: Scenarios – Handling Challenging Discussions and Situations</i>, and cut out the individual scenarios ☐ 1 copy per participant of <i>Handout 3: Facilitating Adolescent Sexual and Reproductive Health Sessions</i>

Activity 3.1: Handling Challenging Situations (1 hour)

1. **ASK:** What kinds of challenging situations could arise during the sexual and reproductive health sessions and how can these be dealt with?
2. **EXPLAIN:** To think more about how to deal with these challenges, we are going to divide into 3 groups (*each with a mix of female and male staff and different levels of experience*) and each group will be given a scenario. Each group should discuss how they would respond to the situation and develop a simple role play, which they will then present to the larger group.
3. **DO:**
 - Divide up the groups and hand out one scenario per group, cut out from *Handout 2: Scenarios – Handling Challenging Discussions and Situations*, and give them 10 minutes to discuss and prepare.
 - Ask each group to present their brief role play, showing how they would respond to the challenge. One group member can play the role of the adolescent and ask a question or make a statement, and another group member can role play the facilitator's reply.
 - For peer support, encourage the other groups to offer alternative suggestions after each role play.

TRAINER NOTES:

- For each scenario, make sure participants are suggesting strategies that will not be harmful to the girl or boy.
- Assess their comfort levels and ask them whom they can seek support from if they are not comfortable dealing with these issues. Make it clear that they are not expected to have the answers to every question.
- The responses listed in the grey boxes below are possible strategies for each of the scenarios. Share these ideas if they are not mentioned by participants.

GROUP 1/SCENARIO 1 – You are giving a session on reproductive health, and a girl tells you that she went to a sexual health clinic to get some information and they refused her an appointment because they said she is too young. How do you respond?

- *Thank the girl for sharing her experience.*
- *Explain that you are sorry she experienced this.*
- *Sometimes sexual health service providers put their personal beliefs ahead of their professional responsibilities. This is not okay.*
- *Explain that you would like to discuss this situation with her after the session to see how we can support.*
- *Ask her and the group if they are happy to continue with the session.*
- *Follow up with the girl at the end of the session and discuss with your supervisor any follow-up that may be needed. Note: **This could be an opportunity to advocate for the provision of more adolescent-friendly services in the community.***

GROUP 2/SCENARIO 2 – You are giving a session on contraception, and a boy tells you that he thinks his girlfriend is pregnant in front of the group. How do you handle this situation?

- *Thank the boy for sharing.*
- *Remind the boy of the Group Agreements.*
- *Explain that there are things his girlfriend can do to check (such as take a pregnancy test or see a health worker) and that you are available to discuss at the end of the session.*
- *Ask the group if they are happy to continue with the session.*
- *Follow up with the boy at the end of the session. His girlfriend (and he) may need to be referred to a caseworker or may simply need support in finding out if she is*

pregnant (referral to health center, etc.). Make sure he understands the risk that his girlfriend may face from her family as well.

- *Follow up with the girl at the end of the session and discuss with your supervisor any follow-up that may be needed. Note: **This could be an opportunity to advocate for the provision of more adolescent-friendly services in the community.***

GROUP 3/SCENARIO 3 – You are discussing menstruation with a group of boys, and a boy asks if it is true that his sister is dirty when she has her period. How do you respond?

- *Thank the boy for his question.*
- *If anyone is not taking the question seriously, remind them of the Group Agreements.*
- *Explain that while many people might tell girls that they are dirty when they have their period, this is not actually correct. While in some cultures, there might be certain things that girls are restricted from doing while they are menstruating (such as praying), this does not mean that a girl is dirty.*
- *Having a monthly period is a natural part of being a girl and woman. It means that her body is working properly and is very healthy! So, this is not something that she should feel ashamed of or to see as dirty. In fact, it is something to be happy about, as it means that she is developing in a healthy way.¹²*

4. DO:

- Distribute *Handout 3: Facilitating Adolescent Sexual and Reproductive Health Sessions* (1 copy per participant). Tell them to refer to this document when they review and deliver SAFE's Sexual and Reproductive Health module, using it as a guidance note.
- Read through the document or ask for a volunteer to read it out. Explain any new points that are mentioned, specifically related to adolescent sexual and reproductive health.

Activity 3.2: Caregivers and Handling Disclosures (15 minutes)

1. EXPLAIN:

- Female and male caregivers and the community will be consulted about the SAFE program (or already have been) and will be aware that the program provides information related to sexual and reproductive health. Additionally, if children are under 18, the parents or caregivers will have provided consent.
- While caregivers may not have a detailed description of what this includes, they should have a general idea.
- The SAFE Curriculum for Female and Male Caregivers also includes similar content on adolescent sexual and reproductive health to be sure that they are aware of what their adolescents are learning. They will complete these sessions BEFORE the adolescents are introduced to this topic.

2. ASK: In your sessions, adolescents may approach SAFE staff with individual requests or make disclosures about personal situations related to their sexual and reproductive health. How might you feel about this as a facilitator? What steps should you take?

If not mentioned, share these points:

- *Facilitators may feel uncomfortable that an adolescent's caregiver does not know about certain information the adolescent has disclosed to you. They may feel that they should share this information with the adolescent's caregiver.*
- *However, the SAFE sessions are a confidential and safe space for girls and boys to express themselves and request information. It is a duty to either provide this information to them, or direct them to a place where they can receive it.*
- *If girls and boys approach you with individual requests or with personal situations and you do not feel comfortable, talk to a supervisor. Supervisors and caseworkers are trained to deal with issues of consent and to support girls and boys with these types of situations.*
- *If in doubt, talk to a supervisor instead of going directly to the female or male caregivers.*

3. **DO:** If needed, take the time here to review the role of assistants and community facilitators, as explained in the Core Facilitator Training, so everyone is clear on their role in relation to caregivers.
4. **EXPLAIN:** During the sessions on sexual and reproductive health, it is possible that adolescent girls and boys may disclose violence they have experienced. As you know, **1 in 3 adolescent girls in emergency settings has experienced some form of gender-based violence**,¹³ and this statistic most likely applies to the groups of girls we are working with.
5. **ASK:** Does anyone remember the guidance on handling disclosures of violence that we practiced during the Core Facilitator Training?

If not mentioned, review the following:

STEPS FOR HANDLING DISCLOSURES OF VIOLENCE IN A GROUP SESSION

When violence is disclosed during a group session, facilitators should do the following:

- Thank the girl or boy for sharing.
- Remind participants that this is a safe space.
- Change the topic from specific to general (for example, if a girl/boy says she is beaten by her/his mother, say, "Some girls/boys may experience violence in the home," instead of "in your situation.")
- Follow up by saying, "If girls/boys experience a similar issue, they can talk to a caseworker. Any girl/boy can approach me after the session for more information."
- Do not ignore what the girl/boy said or change the conversation abruptly.
- Follow up with her/him at the end of the session in a discreet way.

After the session, facilitators should do the following:

- Build time to allow girls/boys to privately share.
- Be available and open for discussion (show this through body language and facial expressions).
- Be prepared in advance to deal with any issues that may arise—this means being familiar with the types of violence experienced by girls and boys in this context.
- Do not ask the girl/boy to repeat her/his disclosure.
- Explain that there is someone available for her/him to talk to.
- If the girl/boy agrees, facilitate the referral process by introducing her/him to the caseworker.

SESSION 4

Getting to Know Module 4 – Our Changing Bodies

SESSION SUMMARY

LEARNING OUTCOMES	By the end of this session, participants will: ☐ Have increased their comfort and familiarity with Module 4 – Our Changing Bodies (from the SAFE Curricula for Adolescent Girls and Boys) ☐ Have put the information and skills they have learned into practice through role playing as facilitators and training participants
TIMING	
DURATION	3 hours
RESOURCES REQUIRED	☐ Flipchart paper and colored markers ☐ Copies of the SAFE Curricula for Adolescent Girls and Boys (Module 4). (Participants should already have these in their folders) ☐ All demonstration resources needed for Module 4 (for example, a phallus-shaped object, condoms, dignity kits, etc.) ☐ Two rooms/break out spaces available for the male and female groups to practice in at the same time

Activity 4.1: Overview of the Module 4 – Our Changing Bodies (1 hour)

TRAINER NOTES: Prior to delivering this training, it is assumed that outreach and discussions with caregivers will have taken place, as well as any contextualization of the content that is required. It is also necessary for the equivalent content on this topic from the SAFE Curriculum for Female and Male Caregivers (Sessions 4 and 5) to have been delivered to female and male caregivers before this module is delivered to adolescent girls and boys to ensure sensitization and approval of the messaging.

Part One (25 minutes)

1. **EXPLAIN:** To save time, we will divide the group into female and male facilitators so that each group can focus on the session plans tailored for either girls or boys.
2. **DO:**
 - Divide the facilitators into females and males and split the groups between two rooms, with one lead facilitator assigned to each group.
 - Make sure everyone has access to their own copy of the session plans and ask them to look at Module 4 – Our Changing Bodies. Highlight the number of sessions and the names of each session.
3. **EXPLAIN:** We will start by reading through Session 11 – Puberty together. There will be some small differences between the girls' and boys' session plans for Session 11, but there are also many similarities.
4. **DO:**
 - Read through each activity and take the time to demonstrate activities if needed.
 - Run the game/energizer so the group gets to experience it and has a chance to move around. Highlight the social and emotional skills it focuses on.
 - Allow time for questions after each section of the session plan.

Part Two (30 minutes)

1. **DO:**
 - In each room, divide the female staff into 3 small groups/pairs and the male staff into 3 small groups/pairs.
 - Assign each female group one of the remaining sessions from the SAFE Curriculum for Adolescent Girls (Session 12 – Understanding Reproduction, Session 13 – Making Decisions about Sex, Session 14 – Safe Sex and Pregnancy). Do the same from the SAFE Curriculum for Adolescent Boys for the male groups.
2. **EXPLAIN:** Give each small group 15 minutes to review the session plan they have been assigned so they can summarize it for the other groups.
If not mentioned, share these points:
 - *The learning outcomes, main points, or topics to be covered and the types of activities.*
 - *Ask participants to make a note of any activity or topic they think would be challenging in this context, or with their target groups.*
 - *Be sure to keep co-facilitators together when you create the small groups.*
3. **DO:** Ask for a female or male group to present for each session and give them 5 minutes to share their feedback with the rest of the group. Allow time after each session for anyone to ask questions.
4. **EXPLAIN:** In addition to the information in the session plans, you will be provided with some one-page resources containing further information on some of the topics.

Activity 4.2: Facilitation Practice for Module 4 – Our Changing Bodies (2 hours 5 minutes)

- DO:** Ask the participants to stay in the same 6 pairs/groups and explain that the female and male groups will prepare and practice in separate rooms, so we all have enough space.
- EXPLAIN:** Each group will focus on the session you were allocated for the last activity and the approach will be the same as during the Core Facilitator Training.

TRAINER NOTES:

- Ensure that one trainer remains in each room to support and manage the practice session.
- When the groups deliver the activities, you must keep the time and stop them at 25 minutes even if they have not finished.

Module 4 Preparation and Practice Schedule

TIMING	ROOM 1 – FEMALE STAFF USING CURRICULUM FOR ADOLESCENT GIRLS	ROOM 2 – MALE STAFF USING CURRICULUM FOR ADOLESCENT BOYS
5 minutes	3 female facilitator pairs/groups and 1 trainer Assign an activity to each group: Group 1: Module 4 → SESSION 12 – Activity 2 Part 1: What is Menstruation? Group 2: Module 4 → SESSION 13 – Activity 1: Why we do or don't have sex. Group 3: Module 4 → SESSION 14 – Activity 3 Part 2: Condom Demonstration	3 male facilitator pairs/groups and 1 trainer Assign an activity to each group: Group 1: Module 4 → SESSION 12 – Activity 2 Part 1: What is Menstruation? Group 2: Module 4 → SESSION 13 – Activity 1: Why we do or don't have sex. Group 3: Module 4 → SESSION 14 – Activity 3 Part 2: Condom Demonstration
30 minutes	Preparation time in the pairs/groups: The groups should review their session plan in detail and decide on a pair of co-facilitators. After 30 minutes, all female groups should gather in a circle ready for practice.	Preparation time in the pairs/groups: The groups should review their session plan in detail and decide on a pair of co-facilitators. After 30 minutes, all male groups should gather in a circle ready for practice.
25 minutes	Group 1 delivers to the other female groups	Group 1 delivers to the other male groups
25 minutes	Group 2 delivers to the other female groups	Group 2 delivers to the other male groups
25 minutes	Group 3 delivers to the other female groups	Group 3 delivers to the other male groups
15 minutes	All 6 groups (female and male) gather in one room for a debrief Questions: <i>To the facilitators:</i> How did it feel to facilitate to the group? Are there any skills you want to develop further/improve? What content was challenging to deliver? <i>To the participants:</i> What were some things that facilitators did well? - What could be improved when running these activities with adolescents? - Is there any support you need to run these sessions?	

3. **SAY:** We know that the topics and activities in this module are very sensitive and they may even challenge your own views and beliefs. Remember to use the guidance sheet we handed out this morning to support you before, during, and after these sessions. If you have any questions or concerns, please talk to us or your co-facilitator BEFORE starting the sessions with adolescents.

TRAINER NOTES:

- Now is the time to have a private conversation with any facilitators who you think are struggling with this topic. Especially if you think that the facilitators' personal beliefs or attitudes will prevent them from accurately sharing the information in these SAFE sessions.
- If further support has been requested during the group debrief, it is your responsibility to ensure that support is provided.
- Before the group leaves, ensure that everyone has an up-to-date copy of the service mapping and referral pathways in relation to sexual and reproductive health.

Closing (20 minutes)

1. DO:

- Give out one copy each of *Handout 1: ASRH Post-Training Survey* and collect them after 10 minutes.
 - *Trainers should assist participants who have lower literacy levels by helping them to complete the survey or encouraging participants to assist one another.*
- Refer back to the "Parking Lot" of questions to see if any remain unanswered and either discuss as a group or explain that you will follow up and get back to them with guidance.
- Ask everyone to stand in a circle and go around one by one, asking everyone to briefly respond to the following –
 - Name one thing you learned today.
 - Name one thing you would like to know more about (if anything!).

TRAINER NOTES:

- Remind participants to keep their answers brief to ensure there is time for everyone to speak.
- One trainer should lead the evaluation and the other should write down the answers; this information should be shared with the manager or supervisor of the SAFE team in order to inform ongoing support and further capacity building.

RESOURCES AND HANDOUTS

Resource 1: ASRH Pre-/Post-Training Survey – ANSWER KEY

IMPORTANT NOTE: This sheet is just for the trainers leading this training day to be able to review participants' answers to the Pre-/Post-Training Survey in relation to the SAFE Principles and the rights of the adolescent participants.

	STATEMENT	AGREE	DISAGREE
1	Educating adolescents about sexual and reproductive health can lead to early sexual activity and sexual promiscuity.		X
2	All adolescents and young people should receive sexual and reproductive health information and services, whether they are married or not.	X	
3	If an unmarried adolescent is sexually active, you should advise him or her not to be sexually active.		X
4	If an adolescent girl asks for a contraceptive method, a health provider should give it to her.	X	
5	Parents and caregivers should speak openly with their adolescent daughters and sons about sexual and reproductive health.	X	
6	I would feel comfortable referring an adolescent or young person to a health provider to get more information about their sexual concerns and needs.	X	

Review the responses to the self-assessment. If many of the responses are between 1 and 3, there is a clear need to do further training and practice to increase knowledge and boost confidence.

Handout 1: ASRH Pre-/Post-Training Survey¹⁴

Name:

Sex: Female or Male

Date:

	STATEMENT	AGREE	DISAGREE
1	Educating adolescents about sexual and reproductive health can lead to early sexual activity and sexual promiscuity.		
2	All adolescents and young people should receive sexual and reproductive health information and services, whether they are married or not.		
3	If an unmarried adolescent is sexually active, you should advise him or her not to be sexually active.		
4	If an adolescent girl asks for a contraceptive method, a health provider should give it to her.		
5	Parents and caregivers should speak openly with their adolescent daughters and sons about sexual and reproductive health.		
6	I would feel comfortable referring an adolescent or young person to a health provider to get more information about their sexual concerns and needs.		

Self-assessment:

1. On a scale of 1 to 5, how would you rate your understanding of sexual and reproductive health issues for adolescents and young people? *(circle a number)*

Low 1 2 3 4 5 High

(1 = I find the issues very hard to understand

5 = I understand the issues very well)

2. On a scale of 1 to 5, how would you rate your confidence in being able to deliver sexual and reproductive health information to adolescents and young people? *(circle a number)*

Low 1 2 3 4 5 High

(1 = Not confident at all

5 = Extremely confident – no concerns)

Handout 2: Scenarios – Handling Challenging Discussions and Situations

GROUP 1/SCENARIO 1 – You are giving a session on reproductive health and a girl tells you that she went to a sexual health clinic to get some information and advice and they refused her an appointment because they said she is too young. How do you respond?

GROUP 2/SCENARIO 2 – You are giving a session on contraception and a boy tells you that he thinks his girlfriend is pregnant in front of the group. How do you handle this situation?

GROUP 3/SCENARIO 3 – You are discussing menstruation with a group of boys and a boy asks if it's true that his sister is dirty when she has her monthly period. How do you respond?

Handout 3: Facilitating Sexual and Reproductive Health Sessions

Before the Session:

- ☐ **Trust:** Building trust before these sessions is crucial.
- ☐ **Plan ahead:** What do you want to achieve during the session? Are you confident about the information you are presenting? Have you thought through the potential questions you may be asked?
- ☐ **Know your limits:** You may feel embarrassed to answer some of the questions the adolescent girls and boys ask. Be honest and tell them if you are unable to answer their questions.
- ☐ **Get advice:** Talk to your colleagues or supervisor to get their advice on how to tackle these topics. Ask for their help if you need to. When seeking advice, remember to respect the girls' and boys' privacy and do not share information about them with others.
- ☐ **Language:** Think about how you will explain sensitive terms to the girls and boys, such as sex and pregnancy.

During the Session:

- ☐ Be prepared to deal with shyness.
- ☐ Remind girls and boys of the Group Agreements/ground rules and confidentiality.
- ☐ Establish what they know first, before giving them information (they may be able to explain it in a way that other girls and boys understand better).
- ☐ Provide girls and boys with accurate and evidence-based information.
- ☐ Ask them at each stage if they are happy to continue to the next topic—get their consent.
- ☐ If you do not know the answer, be honest. Try to find the answer for the next session.
- ☐ Do not push the girls and boys to answer questions they are not comfortable with.
- ☐ Do not ask them direct questions related to their personal experience.
- ☐ If they share their personal experiences, thank them for sharing.

After the Session:

- ☐ Ask the girls and boys if anything remains unclear.
- ☐ Give them the opportunity to write their comments or share their feedback verbally in a confidential way.
- ☐ Remind them of confidentiality.

REMEMBER: If you do not feel comfortable giving information on these topics due to your personal beliefs or values, please talk to your supervisor. It is essential that information provided to girls and boys is factual, not biased, and given in a sensitive and nonjudgmental way.

Handout 4: SAFE Principles

All principles need to be considered and applied at all stages of the project cycle, from assessment and design, through implementation (including monitoring and evaluation) and transition/exit.



1. DO NO HARM

- The first and most important responsibility in all SAFE activities is to reduce risks and avoid exposing adolescent girls and boys and their caregivers to further harm.
- We have a responsibility to create and maintain a physically, socially, and emotionally safe and supportive environment for adolescent girls and boys to participate in SAFE activities.¹⁵
- We must be sensitive to diversity and inequalities among and between adolescent girls and boys, their peers, and their communities, and avoid exacerbating these, encouraging stereotypes, or creating potentially difficult or dangerous situations for adolescent girls and boys before, during, and after their participation.¹⁶
- Core child protection and gender-based violence (GBV) response principles must always be adhered to in acting on disclosures and ensuring confidentiality.



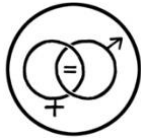
2. BUILD ON STRENGTHS AND RESILIENCE OF ADOLESCENTS

- SAFE is designed to enhance the internal and external factors that protect adolescent girls and boys in an emergency. A key part of this is helping adolescent girls and boys to recognize and build on their skills, strengths, and resources for coping.
- Strengthening adolescent girls' and boys' core life skills and knowledge, including social and emotional skills and adolescent sexual and reproductive health information, are critical for a safe transition to adulthood, particularly during emergencies.
- Supporting female and male caregivers to be responsive and supportive directly contributes to adolescent girls' and boys' resilience and wellbeing.¹⁷



3. NON-DISCRIMINATION AND INCLUSION

- An inclusive and non-discriminatory approach ensures that all adolescent girls and boys have equal access to SAFE, regardless of their sex, race, language, ethnicity, sexual orientation, gender identity, religion, nationality, disabilities, etc.
- It is the responsibility of the SAFE team to challenge discriminatory attitudes and adapt the program and activities so that everyone has the chance to meaningfully participate and feel part of the group.¹⁸



4. GENDER EQUALITY

- Adolescent girls and boys should enjoy the same rights, resources, opportunities, and protections.
- The design and implementation of SAFE requires an understanding of the distinct needs and risks faced by adolescent girls and boys during and after an emergency.
- The SAFE curriculum content addresses gender inequality and seeks to increase knowledge on harmful gender norms and gender-based violence.



5. ADOLESCENT PARTICIPATION

- As established in the UN Convention on the Rights of the Child (UNCRC), adolescent girls and boys have a right to be involved in decisions and actions that affect their lives and to have their views considered.
- SAFE fosters participation because it contributes to the empowerment of adolescent girls and boys—to believe in themselves, to build strength through collaboration, and to actively engage in the realization of their rights.¹⁹
- The involvement of female and male caregivers and community leaders in SAFE is critical to ensuring the rights of adolescent girls and boys to express their views or participate in decisions are recognized and supported by others.²⁰



COLLABORATION

- Meeting the needs of adolescent girls and boys in emergencies requires collaboration with other sectors in order to connect them to services and programs they can benefit from, provide them with useful information, and to make referrals when their health, wellbeing or safety is at risk.²¹
- Information concerning specific risks, barriers to services, and violence being experienced by adolescent girls and boys must be shared in a timely and confidential manner through wider risk mitigation channels and advocacy activities.
- Through maintaining up-to-date service maps, monitoring referral pathways, and soliciting feedback from adolescent girls and boys on their experiences with programs/services, SAFE can contribute to increased awareness of, and access to, adolescent-friendly services.

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