



Y-PEER | A YOUTH PEER
EDUCATION TOOLKIT

PEER EDUCATION ON YOUTH SEXUAL AND REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS: TRAINING OF TRAINERS MANUAL



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ACRONYMS

4W's	who, what, where, when
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
COC	combined oral contraceptive
CRC	Convention of the Rights of the Child
ECP	emergency contraceptive pills
FGM	female genital mutilation
FP	family planning
GBV	gender-based violence
GI	governmental institutions
HC	humanitarian crisis
HIV	human immunodeficiency virus
IASC	Inter-agency Standing Committee
ICPD	International Conference on Population Development
IDP	internally displaced persons
IUDs	intrauterine devices
MDG	Millennium Development Goal
NGOs	non-governmental organizations
OCHA	Office for the Coordination of Humanitarian Affairs
PDQ-Y	Partnership-Defined Quality For Young People
PE	peer education
PEP	post exposure prophylaxis
PLHIV	people living with HIV
POP	progestogen-only oral contraceptive
PTSD	Post-traumatic stress disorder
SRH	sexual reproductive health
RH	reproductive health
SCF	Safe the Children
SRH	sexual and reproductive health
STIs	sexually transmitted infections
TOT	training of trainers
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNMACC	United Nations Mine Action Coordination Centre
WHO	World Health Organization
YAP	Young People-Adult Partnership
YPE	youth peer educators
Y-Peers	Youth Peers Network



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INTRODUCTION



This manual was developed to support the planning, implementation and evaluation of peer education programmes with and for young people in humanitarian settings.

It is part of the Y-PEER training manual series and is a companion to the *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings* (the ASRH Toolkit) developed by UNFPA and Save the Children. This manual adapts the peer education approach to the specific challenges of humanitarian settings.

WHAT ARE THE OBJECTIVES OF THE MANUAL?

This manual has two main objectives:

- To provide a high-quality skills-based curriculum for peer education trainers on issues related to adolescents and youth in humanitarian settings – specifically on sexual and reproductive health (SRH), life skills education and youth empowerment.
- To support the design, implementation, and monitoring and evaluation of peer education programmes in humanitarian settings.

HOW DID WE DEVELOP THE MANUAL?

The project began with a review of documents and reports from different countries facing humanitarian crises. This was done with the assistance of Y-PEER members.

The manual is based on real-life stories that were shared by young people affected by humanitarian crises, some of them living in camps, others within their community or a host community. The field visits and focus group discussions were conducted with young people in Jordan, Lebanon, Pakistan, Djibouti and Yemen and sought to gather their views about their role in peer education as well as the manual. These interactive meetings highlighted what youth and adolescents in a humanitarian crisis endure; in addition, it was an opportunity to assess their knowledge and perception of SRH.

While the primary objective of the manual is to establish a curriculum for the Training of Trainers (TOT) of Peer Educators, it also incorporates training sessions and guidance (including a sample agenda) for the Training of Peer Educators.

The draft manual was pilot-tested as a Training of Peer Educators in July 2011 in Choucha camp in southern Tunisia, at the border with Libya. Four Y-PEER trainers tested parts of the manual with 22 young refugees who had all fled the crisis in

Libya. The young refugees were between 15 and 26 years old and they were originally from Somalia, Eritrea, Sudan and Ethiopia.

The second test of the manual took place in December 2011 in Hargeisa, Somaliland, where a group of 18 peer educators underwent the Training of Trainers of Peer Educators in SRH, Life Skills, and Youth Empowerment for Adolescents and Youth in Humanitarian Settings.

Several references and resources were used to develop this manual. These references, as well as additional resources, are listed in alphabetical order in Annex 1.

WHAT DOES THIS MANUAL COVER?

The main focus of the manual is sexual and reproductive rights and health, the prevention of HIV transmission, life skills, and youth empowerment for adolescents and young people in humanitarian settings.

The manual is comprised of three parts:

- Part I: Youth Peer Education in Humanitarian settings: definitions and concepts
- Part II: Planning Peer Education in Humanitarian settings
- Part III: Training Curriculum

Part I: Youth peer Education in Humanitarian settings: definitions and concepts

Part I lays the groundwork for the training by defining the concepts and terms used in the manual, such as humanitarian setting and crisis, and youth and adolescence. It also summarizes the key factors responsible for the increased vulnerability of adolescents and youth in humanitarian crises.

Part II: Planning peer Education in Humanitarian settings

This section provides guidance to trainers on the steps to be undertaken prior to conducting training, such as mapping available services, assessing needs and mobilizing the target community.

Part III: Training curriculum

This section includes the training curriculum as well as advice to trainers on how to prepare for the training. The latter material includes recommendations of other resources and courses to review prior to training; specific situations and issues to consider during the training; and hints on how to manage the challenging aspects of training. Included are two sample agendas:

- a. Agenda for TOT of peer educators;
- b. Agenda for Training of youth peer educators.

The sample agendas are accompanied by a detailed description of the training sessions. The worksheets for the various sessions are compiled at the end of this section.

WHO SHOULD USE THIS MANUAL?

The manual is designed for trainers working with experienced peer educators on issues related to the design, implementation and evaluation of peer education programs in humanitarian settings. Although the primary audience of Y-PEER training is young people ages 10-24, the methodology of peer education can be used with any age group in almost any cultural setting and the end beneficiaries of the manual are young people in humanitarian settings. Some portions of the manual may be of interest to peer educators.

WHY THIS MANUAL: THE EVIDENCE BEHIND PEER EDUCATION

Youth peer education occurs when well-trained and motivated young people undertake informal or organized educational activities with their peers over a period of time. These activities are aimed at developing or changing their knowledge, attitudes, beliefs and skills to enable them to be responsible for and protect their own health.

Youth peer education can occur in a variety of settings, in both small groups and on an individual basis. The settings include schools and universities, clubs, churches, mosques, workplaces, internally displaced persons (IDPs) or refugee camps, NGOs, streets and shelters, and other places where young people gather.

It is well established that a young person's peer group has a strong influence on the way he or she behaves. This is true with both risky and safe behaviours. Not surprisingly, young people acquire a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a **positive** way.

The credibility of peer educators within a target group is an important base upon which successful peer education can be built. Young people who have taken part in peer education initiatives express positive feelings when peer educators share their background and interests in areas such as music, celebrities, language, family dynamics (including sibling relationships and the struggle for independence), and the shifting demands of diverse roles such as student and team member.

Youth peer educators are less likely to be seen as authority figures, preaching about how others should behave. Rather, the process of peer education is seen as similar to that of receiving advice from a friend with similar concerns and an understanding of what it is like to be a young person. Peers usually are perceived as safe and trustworthy sources of information; therefore, peer networks can increase the likelihood of young people engaging in dialogue and risk assessment.

Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect their lives and to access the information and services they need to protect their health.

More than a decade of programme experience has shown that well-designed, curriculum-based peer education programmes with consistent adult supervision can be successful in improving knowledge, attitudes and skills related to SRH, including Human Immunodeficiency Virus (HIV) prevention, in adolescents and young people.

Peer education as a piece of the puzzle

Peer education is one part of a complex strategy for improving young people's sexual and reproductive health by preventing HIV, Sexually Transmitted Infections (STIs) and substance use, among other health-related concerns. Peer education programmes must be coordinated within a larger context of policy, health care services and other interventions. Peer education alone will not have a significant impact on young people's attitudes and behaviours. Successful peer education programmes work hard to build linkages with other organizations. In this way, peer education becomes part of a comprehensive approach and community-wide effort. For example, peer education can complement efforts to create more favourable policies for young people including access to contraception, skills-based health education, programmes for youth that encourage abstinence and partner reduction, condom promotion media campaigns, and health clinics and social workers with outreach to vulnerable young people.

Y-PEER training model

Y-PEER uses a pyramid training model which empowers youth to pass on knowledge, skills and practical expertise as new young people join the programme. The model provides a system for continuous training while also recognizing the commitment and excellence of individuals. The training of peer educators provides the foundation; trainings take place locally and often begin by introducing new information and skills necessary for peer outreach in the community. Although the training may start with a workshop, it is not a one-time event. The ultimate goal of ongoing training and supervision is to improve the ability of peer educators to provide accurate information and influence their peers in a positive way.

Training of trainers, the next step in the pyramid model, prepares future trainers of peer educators – those individuals who exhibit skills and commitment to peer

education. These trainings provide more in-depth information about peer education training techniques and theory; they enable trainers to explore ways to recruit and supervise peer educators, monitor their work and manage small groups of peer educators as part of a larger program. This manual provides a curriculum for this level of training. These trainings give more in-depth information on topics such as youth participation, retention of peer educators and the needs of especially vulnerable young people.

Specialized training, the top of the pyramid, is designed for more experienced trainers, or master trainers. They receive additional training in the above mentioned areas as well as more attention to training techniques. These master trainers in turn support less experienced trainers and peer educators; they are encouraged to hold refresher workshops to pass on new information and skills.



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PART I:

YOUTH PEER EDUCATION
IN HUMANITARIAN SETTINGS:
DEFINITIONS AND CONCEPTS



Youth and adolescents in humanitarian settings

HOW WE DEFINE ADOLESCENTS AND YOUTH?

Adolescents are defined by UNFPA and other United Nations organizations as 10-19 years old; **youth** are 15-24. This manual focuses on building the capacities of trainers and peer educators to work with these age groups on sexual and reproductive health and life skills in humanitarian settings, taking into consideration the characteristics of each age group. “Young people” refers to both groups.

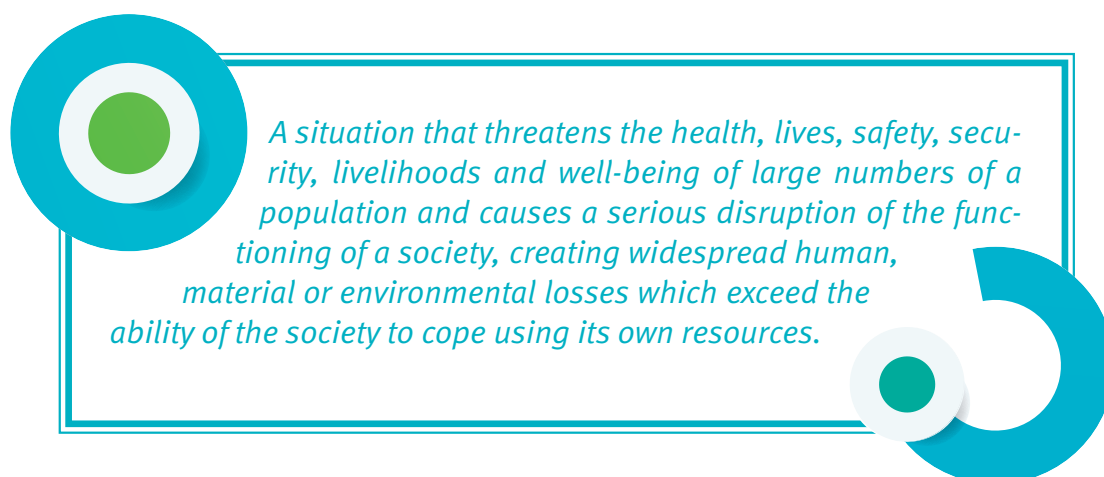
The meaning of these two terms may vary across countries. In some countries, “young” is used until people are old enough to marry; in other countries such as Sudan, “youth” means ages 15-39.

WHAT IS A HUMANITARIAN SETTING?

A humanitarian setting is a setting where a humanitarian crisis has occurred. Throughout this manual, the terms “humanitarian crisis,” “emergency situation” and “disaster” may be used interchangeably.

Each refers to a tragedy – either natural or caused by humans – that has an enormous negative impact on the people who live in a region. Armed conflict, natural disasters, genocide and mass outbreaks of infectious disease – all can lead to circumstances in which the lives of families and individuals are threatened, forced out of their homes and left in need of support and services. Such a crisis can be defined by various parameters including food and water security, casualties and conflict-driven flight.

In this manual, we will define a disaster as follows:



Conflicts and natural disasters can destroy homes and communities or drive people from them. Forced to flee or find shelter, often with little more than the clothes on their backs, families and individuals suddenly find themselves without basic necessities – from obvious things like food and water to hygiene supplies and medical care. Hospitals and clinics are often destroyed or become inaccessible, yet health needs persist or escalate. Individuals also lose access to information about how to stay healthy. Individuals may be torn away from their families and communities at the same time that security and policing break down and vulnerability to attack increases. They may spend weeks, months or even years living on the run or in temporary settlements. Displaced persons who are cut off from the protection and support of their families and communities may become more vulnerable to sexual violence, abuse and exploitation.

Characteristics of a humanitarian crisis

- An increase in the risk of large-scale problems such as disease, epidemics, and psychological disturbances and traumas.
- High rates of death.
- Increased violence.
- Lack of water.
- Food shortages and hunger.
- Widespread damage to societies and economies including huge material losses.
- Displacement of populations.
- The need for large-scale, multifaceted humanitarian assistance.

Humanitarian crises can be relatively short-lived or have long-lasting impacts which affect populations for years.

Three scenarios during a humanitarian crisis

When a crisis occurs, individuals may:

1. Remain in their community.

For example, when a drought occurred in Djibouti in 2005, over 30,000 people were threatened by food shortage. During this crisis most of the population remained in the drought-affected areas although they lost most of their livestock.


2. Flee their homes to other places within the same country and become IDPs.

Examples include the Saada war in Yemen in 2010-11, which affected over 250,000 people, and the 2006 Lebanon-Israel war, during which 750,000 people, close to a quarter of Lebanon's population, was internally displaced.



3. Cross international borders to find refuge, usually in a neighbouring country.

The war in Iraq, for example, produced over 2 million refugees who fled to Syria, Jordan, Egypt, Iran and elsewhere.

IDPs and refugees




***IDPs** are defined by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as persons or groups of persons who have been forced to flee their homes to avoid armed conflict, violence, human rights violations or natural or human-made disasters, but who have not crossed an internationally recognized state border.*



***Refugees** are defined in the 1951 United Nations Convention relating to the Status of Refugees (commonly referred to as the Refugee Convention) as any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his nationality and unable or unwilling to avail himself of the protection of that country or who, not having a nationality and being outside the country of his former habitual residence, is unable or unwilling to return to it due to such a fear.*

Although the term is precisely defined in the Refugee Convention, the word “refugee” is often used in everyday language to refer to any person who has crossed international borders because of a conflict, natural disaster or other type of humanitarian crisis.

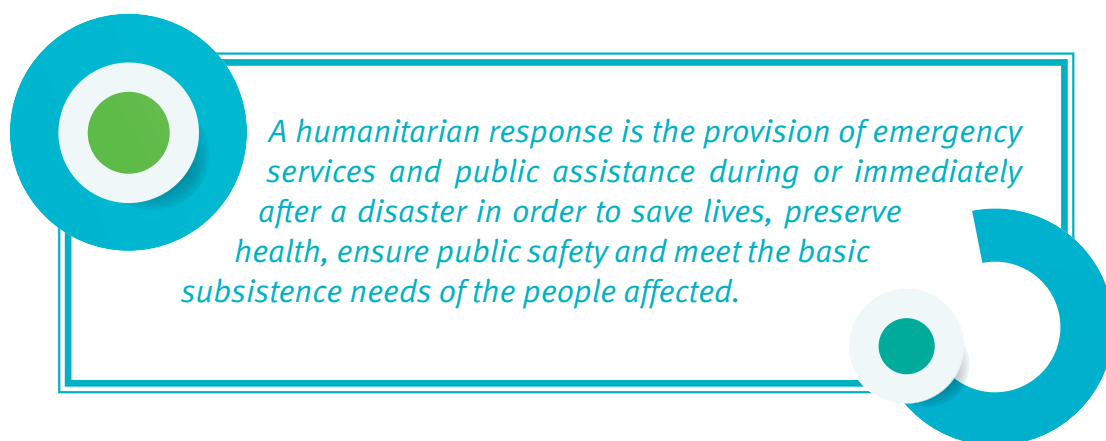


Also, when a humanitarian crisis results in a mass exodus and the host country is not able to screen individuals to determine their eligibility for the designation that country might declare that all incoming civilians are refugees unless there is evidence to the contrary.

Nonetheless, the original definitions in the Refugee Convention are still used by the United Nations and other international organizations to determine refugee status.

When people flee their country, they can seek asylum in their host country or in a third country. An **asylum seeker** is defined as someone who has fled his or her country to another one out of fear of prosecution and is hoping to be granted the status of refugee in that country or resettled in a third one.

The humanitarian response



The humanitarian community generally recognizes three main phases of an emergency response:

1. **Preparedness** The time period before a disaster or conflict occurs, which may or may not be anticipated.
2. **Response** The humanitarian response varies depending on the type of crisis and whether it is an acute or chronic situation.
 - » Acute emergency response: Initial phase after the onset of an emergency usually involving immediate humanitarian relief. Length of time may vary depending on the crisis.
 - » Chronic humanitarian situation: Long-term crises often marked by repeated disruptions such as yearly droughts, repeated displacement or long-term refugee populations. Often requires simultaneous humanitarian support, development work and preparation for more acute crises.

3. **Transition and recovery** This period occurs after the arrival of immediate relief and focuses on shifting towards planning for long-term development. This term usually refers to post-conflict situations rather than disasters.

GROUPS MOST AFFECTED IN HUMANITARIAN SETTINGS

In a humanitarian crisis, the most vulnerable people are children, particularly those who are alone or separated from their families; adolescents and youth, especially young girls; the poor; the illiterate; pregnant and nursing women; elderly people without family support; people with disabilities; people living with HIV and other chronic conditions; people with special needs; and minority or marginalized groups.

Most vulnerable groups among young people

The most vulnerable among young people are young adolescents (10-14), child soldiers (including girls), pregnant adolescents, unaccompanied young people, orphans, adolescents engaged in survival sex, adolescent survivors of sexual violence, trafficking and other forms of violence, young people living with HIV, those with disabilities, indigenous groups and migrants.

However, young people in a humanitarian crisis may also be exposed to new opportunities, privileges and experiences, including access to better health care, schooling and work opportunities. Other positive consequences may include the discontinuation of harmful practices as social structures break down, the acquisition of new skills and languages, new relationships with other young people and adults, participation in the response to the humanitarian crisis, and other opportunities to apply their knowledge and skills.

THE ROLE OF A PEER EDUCATION PROGRAMME IN HUMANITARIAN SETTINGS

Peer education can be used to help prepare for an imminent crisis. Peer education can also be used to address the needs of young people in a stabilized humanitarian situation or in a post-conflict or post-disaster recovery phase.

Peer education is not recommended during the acute phase of a humanitarian crisis for many reasons:

- Priority is given to immediate, life-saving activities.
- The nature of the fast-changing situation does not allow for the proper assessment of youth population needs.

- Quality peer education requires well-designed training and instruction, which are difficult to achieve in times of acute crisis.

Why peer education in humanitarian settings?

During adolescence and youth individuals undergo a number of important physical, biological and emotional changes. It is the time when personality is formed and individuals can be easily influenced, especially by their peers.

In non-humanitarian situations, the family, schools, legal institutions and social service providers are usually, although not always, there to offer protection, support and guidance for young people. In times of crisis, this entire support network can be disrupted. In addition there are new challenges that young people might face, such as a new environment and living conditions which drastically increase their vulnerability.

During many humanitarian responses, most of the interventions directed at younger people are focused on children; adolescents and youth are considered to be sturdier and thus a lesser priority.

This graph summarizes the vulnerability of young people:

When an emergency happens, young people are affected in various ways and **might face:**

- Separation from families, friends, teachers, and other social and community networks.
- Discontinuation of their education.
- Break down of community and social networks.
- Lost livelihood, security and protection.
- Disruption of health services due to infrastructure damage or to increased demands on these services.
- Lack of SRH information, counselling, testing, treatment, prevention, family planning, pre- and post-natal services.
- Moving to a new environment that may be violent, stressful or unhealthy.
- Confinement in camps.
- Disruption of daily activities resulting in more free time.
- Obligation to assume the role of adults without being prepared or having positive adult role models or support networks.
- Gender-based discrimination, especially for girls, such as being requested to be submissive to men, care for the family, stay at home, etc.
- GBV, including sexual violence, domestic violence, female genital mutilation/cutting and forced early marriage. When they survive, these girls and women are at additional risk of mental health and psychosocial problems as well as social stigmatization and discrimination.
- Increased exploitation, such as in trafficking and the exchange of sex for money and other necessities; and forced early marriages with related SRH risks (HIV, STIs, early pregnancy, unsafe abortion).
- Recruitment into armed forces or groups, which increases their vulnerability to sexual exploitation and abuse, HIV/STIs, substance use, and mental health and psychosocial problems. Girls face the risk of unwanted pregnancies and unsafe abortions.

They **might feel:**

- Humiliated because they have become dependent on external assistance.
- Fearful, stressed, sad, idle, bored.
- Under extra pressure, especially girls, to abide by traditional norms and roles.
- Hopeless, pessimist and losing control and thus become increasingly fatalistic and unable to visualize a positive future.
- Angry, disgusted and desperate to feel alive again.
- Frustrated.
- Imprisoned and discriminated.

This **could lead** them to:

- Drop out of school, marry or work in order to meet their needs for food, shelter or protection.
- Adapt to new situations and learn to find their way.
- Steal and commit other petty crimes to support themselves and their family.
- Engage in violent behaviours, particularly boys and young men, both among themselves and towards girls.
- Sell sex in return for food, protection, shelter, money.
- Increase risk-taking behaviours such as unsafe sexual relationships, violence and substance use.

Peer education offers young people in these programs the chance to develop knowledge, leadership and communication skills; to increase their status and self-esteem within their communities; and to build youth-adult partnerships with community leaders and supervisors. This gets them involved in volunteering, which reduces their idle time.

In addition, it helps rebuild their networks of friends as they meet new peers during training and peer education sessions. Finally, it empowers them to advocate for their needs and to work toward the fulfilment of those needs.

YOUTH PARTICIPATION IN HUMANITARIAN RESPONSE

Why youth participation?

The Swahili proverb, “Youth development will be brought about by youth themselves,” illustrates the concept that only through active participation and empowerment will young people be able to make safe, informed and responsible decisions regarding their reproductive health and contribute effectively to the programmes that affect their lives. The terms youth participation and youth involvement are used interchangeably; the term youth-adult partnership is used in a narrower sense, referring primarily to the interactions that take place between youth and adults within professional settings.

Programmes use many different strategies to involve young people. In the past, youth participation generally meant peer education, youth advisory boards and youth focus groups. In recent years, organizations have made an effort to integrate youth into programming, including advocacy efforts, governance and evaluation. The World Health Organization (WHO) advises that youth “should be involved from the start as full and active partners in all stages from conceptualization, design, implementation, feedback and follow-up.”

As demonstrated by many programmes in development settings, young people’s involvement in design, implementation and monitoring is key to ensuring that the programmes are acceptable and accessible and meet their needs. In addition, adolescent and youth involvement in programme evaluation can guide the development of future programming. Young people’s participation at all stages of the programme cycle can lead to more relevant programming, strengthen programme outcomes and contribute to meaningful partnerships between young people and adults.

Adolescent and youth participation in humanitarian settings

Adolescent and youth participation remains essential in crisis settings, even though the favourable conditions that encourage their participation, including time, funding and commitment, might be limited by the emergency circumstances.

The following are examples of how adolescents can participate during the implementation of youth programmes:

- Determining the issues to be addressed by the YPE.
- Identifying the training venue and undertaking necessary contacts to allocate it.
- Supporting the preparatory work to conduct the sessions.
- Contacting the peers and their parents and inviting them to an introductory meeting and the awareness raising activities.
- Disseminating the messages.
- Referring peers to RH services.
- Monitoring the implementation of the activities.
- Evaluating the changes in the knowledge, attitudes and skills of the peers.


Indeed, it is critical that adolescents and youth are involved in responding to their own needs. That sense of engagement may have a positive effect on their well-being and health, restoring a sense of worthiness that may have been lost due to the difficult circumstances. Being engaged also lets them make better use their time, avoiding the risky behaviours associated with idle time.



High-risk adolescents and young people

High-risk adolescents and young people must be encouraged to participate in programming. The participation of such groups, including heads of household, CAAFAG, the very young, and those who are marginalized, have disabilities or are separated from their families, is particularly important during crisis situations.

Their participation reduces barriers to accessing SRH information and services and ensures that their needs are met.



The *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings* provides several models that have been used in development contexts and could be adapted for use in emergency situations.

Two examples of field-tested models are described below:

The Partnership-Defined Quality for Young People (PDQ-Y) methodology

This model, which is used by Save the Children, engages young people and health workers in a process that identifies adolescent SRH needs, explores ways of collaborating and emphasizes mutual responsibility for problem solving. The process involves meeting with young people and health workers separately to explore their respective perceptions of ASRH needs, quality of care, the strengths and weaknesses of existing services, and the responsibilities and rights of clients and health workers. This is followed by a “bridging the gap” session, during which young people and health workers exchange ideas and come up with ways to collaborate on a shared vision of how to improve adolescent-friendly services. In the final stage, young people and health workers work together to develop and implement action plans, and young people are involved in monitoring the quality of improvements in health services.

The Young People-Adult Partnerships (YAP) model

This model, which was developed by Family Health International and YouthNet, is based on the principles that young people have the right to participate in programming; that such participation makes programs more relevant and sustainable; and that participation increases the resiliency and development of young persons. Through this model, adults and young people engage not only in dialogue, but also in action as equal partners. The YAP model integrates adolescent perspectives and skills with adult experience and wisdom; offers each party the opportunity to make suggestions and decisions; recognizes and values the contributions of each party; and allows young people and adults to work in full partnership envisioning, developing, implementing and evaluating programs. In order for YAP to be successful, young people and adults must show mutual respect. Adults must have confidence in the ability of young people to make decisions; they must recognize the value of what they can contribute to the partnership; and they must be willing to provide young people with additional training, if necessary.



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PART II:

PLANNING PEER EDUCATION IN HUMANITARIAN SETTINGS



Humanitarian crises and settings differ from one country and situation to the next. Even within the same country differences can be observed. For this reason, we cannot generalize. We need to ask a few questions before we can begin to work with our peers in these settings. This chapter presents the main questions to consider when planning peer education programmes for SRH, youth empowerment and life skills for young people in a humanitarian crisis.

KNOW YOUR TARGET POPULATION

1. **Demographics** What is the age range of the youth? What is the sex distribution? What is their marital status? What is their educational level? What are their nationalities?
2. **Where do they live?** In a camp? In schools? In a hosting community?
 - **Camps**
 - » Camp structure: Is the camp divided into blocks and sub-blocks/squares/districts/areas? Is the camp surrounded by a fence? Where do camp residents find drinking water? Where are the toilets situated? Where do residents wash? Where is garbage collected? Where are clothes washed?
 - » Camp organization: How is the camp managed? Is there one or several organization(s)/institution(s) managing it? What are the roles of the various organization(s)/institution(s) involved? Through which structure(s)/network(s) are activities being administered? What is the role of youth?
 - » Camp/community leaders and focal points: Who are they? What are the roles of religious leaders, political leaders, men, women, the elderly and young? How many leaders are there per block/square/district/area? How are they organized?
 - **Hosting community**
 - » How do we communicate with them? Through community-based organizations? Governmental institutions? Health centers? Non-Governmental Organizations (NGOs)? United Nations agencies?
 - » What organization(s)/institution(s) deal with them? What are their respective roles? Through which structure(s)/network(s) are activities implemented? What is the role of youth?
 - » Who are the leaders and focal points? Religious leaders? Political leaders? Men? Women? Elderly or young?

3. How does target population live?

- **Youth living conditions:** What kind of spaces do young people live in? How many persons/families live in the space? Do they live with their families? Are they separated according to their nationalities, marital status, sex or other criteria?
- **Youth's roles and responsibilities:** What are the roles/responsibilities of both boys and girls? Do they work? If so, who are those who work? Where do they work? What kind of jobs do they do? Are boys and girls getting jobs equally?

How do I spend my day?

A young Pakistani girl survivor of the flood says:

"Girls spend their day inside their tents or homes. There is no healthy activity for girls. All they do is get up in the morning, pray, make breakfast with their mothers, clean dishes and their surroundings, and that is how they keep themselves busy. They are so needy and desperate to fulfill the basic necessities of life that they don't even think about playing and having fun with their peers."


- **Youth activity:** Are young people involved in the response to the humanitarian crisis? If not, why? What activities are they involved in? Are there any activities specifically undertaken by girls? Overall, who is involved in what activities, and to what extent are they involved? At what stage of the activity do they become involved: the design, implementation, monitoring or evaluation?

4. **Other information:** What languages are spoken? Are there unaccompanied or separated minors? Are there pregnant youth? Do any young people have children? What skills do they possess?

How do I spend my day?

Somali refugee in Djibouti says:

"We have nothing to do. We are around in the camp. We wake up, spend some time in the tent. Some go to school. In the afternoon we play football and come back to the tent to sleep at 19:00 because we have no electricity."



WHICH INSTITUTIONS/ ORGANIZATIONS INTERVENE IN THIS SETTING?

The following information is general and will change according to each situation.

- Governmental institutions (GI): Ministries (Ministry of Health, Ministry of Social Affairs, Ministry of Education, Ministry of Defense, etc.), Military, Special councils for rescue.
- National and international NGOs: Red Crescent, Family Planning Association, Caritas, Oxfam, Save the Children, Médecins sans Frontières, International Rescue Committee, etc.
- UN agencies: UNFPA, UNICEF, WHO, UNDP, FAO, WFP, UNHCR, OCHA, UNMACC, etc.
- Foreign governments.

Prior to undertaking this mapping exercise, make sure to inquire about the procedures specific to the country for getting into camps and approaching IDPs and refugees in the host community. The process and responsible institutions vary from one country to another. Either the UNFPA Country Office or the NGO we are affiliated with can explore this issue and provide us with information to facilitate our access.

The mapping process should account for all the young people, with a particular focus on the most vulnerable groups.

MAP ACTORS AND SERVICES

It is crucial to know about the services available to young people before establishing a peer education programme. It will help afterwards to ensure that the programme is part of a referral system whereby young people have access to basic services and primary care.

Prior to starting this mapping exercise, you may need to review the available assessments conducted by key stakeholders. This may help you understand the situation of adolescents and youth and design better programming.

Here are some examples of general questions that your mapping exercise should cover. Some may need to be adapted, or you may come up with others. It is not an exhaustive list.

1. Youth services

- Primary care: What are the health services available? Where are they located? What time do the facilities open? Who are the service providers?
- SRH services: Do such services exist? Where? Are they accessible to youth? If not, why? Are they utilized by youth? If not, why? Are privacy and confidentiality ensured? Are youth treated honestly? Are the services age and sex specific? Are there providers who are the same sex as clients? If not, is there a same-sex support person present during consultation and examination? Does the service offer information, counseling, confidential and voluntary HIV testing, family planning methods and STI treatment? Is there a referral for HIV treatment and care if needed?
- GBV services: Are there measures taken to prevent gender-based violence (GBV) in camp layout or through awareness-raising activities? What services are offered to youth subjected to GBV? Where and how can young people get to such services? Is there any referral for psychological support? Where and how?
- Education: Do young people attend school? Do all school-age youth go to school? If not, why? Do girls and boys attend schools equally? If not, why? Where are schools situated – within the camp or in the host community?
- Entrepreneurial services: Who is in charge of this kind of activity? Is there any vocational training offered to youth? If so, what kind of skills are taught? What are the procedures to refer youth to such services and training? Can we integrate our Youth Peer Education interventions into these existing training programmes?

2. Youth activities

How do boys and girls spend their day? What social/entertainment/recreational activities are offered to youth? Where are these activities located? Who benefits from these activities? What is the schedule? Do youth participate in the delivery of these activities? If so, how?

Detailed assessment tools are available on the ASRH Toolkit site http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/adol_toolkit_humanitarian.pdf

Sample list to map available adolescent and youth SRH services (4 W's MAPPING)

WHO (institution/organization)	WHAT (type of services/supplies)	WHERE (location)	WHEN (opening hours)	REMARKS (incl.costs)



How can we collect information about services and activities for young people?

- » Interview key people from organizations working with the refugees and/or IDPs, such as those from governmental institutions, national and international NGOs, UN agencies, camp managers, etc.
- » Refer to relevant assessments conducted by groups and organizations within the camps, including NGOs, UN agencies, etc.
- » Meet with young boys and girls and talk to them individually or through focus group discussions.
- » Survey the camp and observe what the youth affected by the crisis as well as those from the hosting community do, and where and how they live.



IDENTIFY POTENTIAL YOUTH PEER EDUCATORS

The process of identifying potential youth peer educators should be participatory and transparent. Here are some of the techniques that can be used to inform the target audience about youth peer education programmes and mobilize and recruit young people.

- **Informal techniques:** direct contact with one or more young person, which has a “snowball” effect. We need to build a trust relationship with youth by getting them involved, conducting recreational activities and listening to them. One of the ways to do this is to organize activities around issues of interest and importance to young people.
- **Formal techniques:** through our organization, NGOs working with refugees and IDPs, NGOs working in the hosting community, community leaders, focal points, camp or gathering site managers and committees. Also, by distributing printed information in youth activities and service spaces, areas and boards.

“ We used to attract youth by inviting them to join us at night, when we would chant songs and organize talent shows with acting and music. Consequently, some of them joined our youth volunteer group. At the end, we had an important number of youth IDPs within the youth volunteer group. They helped us with necessary activities, which at the beginning included collecting food, clothes, drug donations from pharmacies, entertaining children, and so on. ”
– a young person from Lebanon during the 2006 crisis.

RECRUIT YOUNG PEOPLE

- In preparation for the training, form groups of 15-25 young people. Keep in mind that depending on cultural norms and values, some groups will be exclusively formed of girls or boys. In addition, it is highly recommended to consider the age range (15-19 or 20-24) when forming such groups. Other specific considerations may also apply depending on the situation.
- One possibility is to establish a mixed group of peers drawn from the IDPs and/or refugees themselves, the hosting community, and volunteers from organizations working with the target population. This strategy will help in minimizing the distance between the host community and the refugees and/or IDPs, making each party aware of the views and needs of the other. Moreover, it can serve as a starting point for collaborative efforts among youth in the response to the crisis.



Good practice: appointing focal points within the groups of young people

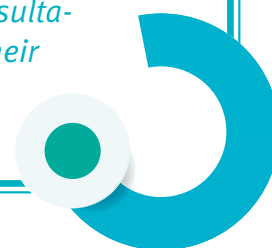
The focal points will help you communicate with your target audience. They might inform or remind the young people of a particular training session venue, time and duration; help prepare the venue; provide feedback from their peers about the session, etc.

The following steps can be used to select the group of focal points:

- » *Introduce the subject first to the adults, then invite the youth to become familiar with the project: its aims, objectives, activities, and their potential role and responsibilities.*
- » *Ask the young people to elect/appoint focal points for the above-mentioned responsibilities. Make sure that both girls and boys and different age groups (15-19 and 20-24) are equally represented. For youth below 18, it is highly recommended to get the approval of the parents or guardians.*

Tips:

- » *Periodic rotations of the focal points will give more opportunities to various group members to assume responsibilities.*
- » *Identified focal points are expected to organize consultation meetings with the group members to clarify their roles and responsibilities.*



ADVOCATE FOR SUCCESSFUL YOUTH INTERVENTIONS

In addition to the steps above, you will have to engage in clear and continuous advocacy efforts throughout the whole process of designing, implementing, monitoring and evaluating a peer education programme.

Given the sensitivity of SRH issues and the related cultural taboo in some societies, which might hinder access to information and services, we need to:

- **Sensitize adults – parents,** policymakers, decision-makers, program managers, community leaders, etc. – about the importance of addressing SRH issues with youth, including their right to health, services and accurate information.

- **Involve community members**, including parents, guardians and religious leaders, in issues that affect youth health and protection. This involvement is crucial at every stage of the project in order to lead to more sustained and positive health results.
- **Introduce parents and guardians to the peer education project**, its goals, objectives, activities and expected outcomes. Parents in humanitarian crises tend to be more protective toward their children, especially girls. Indeed, they might forbid them from participating in the program. Start by explaining the roles and responsibilities of young people in a humanitarian crisis and getting their approval for the involvement of their children in the programme. Ask the parents if they would like to be involved in the project and if so, how. Explore with them how they would provide feedback, as well as support the project and promote it, including by sensitizing other parents. Ask their advice about important issues that they believe would ensure the success of the project.
- **Describe the goals, objectives and activities of the programme to the stakeholders.** Ask their cooperation and how they foresee their involvement with the programme and their support of the peer educators. Explain to them the value of the programme for their own interventions, which may help in securing their commitment. Their recommendations and advice will be crucial in building an efficient, effective, accessible program.

Tools for advocacy

- Provide figures and evidence-based facts related to youth health, protection and risks during a humanitarian crisis.
- Share and discuss the mapping results to highlight the rationale and benefits of starting a youth-focused intervention.
- Explain why youth in humanitarian settings are at risk of HIV, STIs, unwanted pregnancies, unsafe abortions, and social stigmatization and discrimination, especially young girls.
- Explain the policies and commitments of agencies at the global, national and regional level. (For example, the United Nations Inter-Agency Standing Committee (IASC) guidelines for HIV/AIDS interventions in emergency settings, which asks the individuals and organizations involved in the emergency response to develop an HIV/AIDS response with the full participation of young people.)
- Convene periodic briefing meetings to inform stakeholders about the progress of the programme. In that setting, concerns and challenges can be raised and collectively addressed.



Some figures to be used for advocacy:

- » *At least 8 million of the 40 million currently displaced people are young people between the ages of 15 and 24. Most of these young people are not in school; many have never been to school. (Women Refugees Commission, 2010)*
- » *Every minute, six young persons under the age of 25 years are infected with HIV and overall more than half of all new infection worldwide occurs among people aged 15-24 years. Moreover, in the world at least 15 million young people are impacted by HIV and AIDS in conflicts and related emergencies. (UNAIDS and WHO, 2006)*
- » *Nearly one in three survivors of gender-based violence develops mental health problems. (WHO, 2008)*
- » *Pregnancy is a leading cause of death among girls aged 15-19 years, most frequently due to unsafe abortion and delivery complications. (UNFPA and Save the Children)*
- » *Of the 42 million people who have had to flee their homes because of war, 80 percent are women, children and young people. At least 10 million are estimated to be girls and young women. (Women's Refugees Commission, 2009.)*



- Consider using audio-visual tools such as “YOUTH ZONES” to explore the impact of a humanitarian crisis on the lives of young people, as well as to portray their crucial role in such a situation as agents of change.



Y-PEER | A YOUTH PEER
EDUCATION TOOLKIT

PART III:

TRAINING CURRICULUM



Given the challenging environment of many humanitarian situations, particularities of the setting, group dynamics, security issues, cultural considerations and taboos need to be adequately considered by the facilitators as they prepare for the training. This includes facilitators making an effort to be aware of possible tensions between participants (communities, ethnicities, religions), and any constraints that they may encounter in trying to find a dedicated space to offer the training with limited interruptions. Facilitators must be prepared and flexible to mitigate any potential triggers that would exacerbate tension and discuss strategies in preparation for the training to deal with them appropriately if and when they arise.

PRINCIPLES GUIDING HUMANITARIAN ACTION

Make sure to abide by these principles throughout the whole process.

1. **Humanity** Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women and the elderly. The dignity and rights of all victims must be respected and protected.
2. **Neutrality** Humanitarian assistance must be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature.
3. **Impartiality** Humanitarian assistance must be provided without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of suffering must be guided solely by needs, and priority must be given to the most urgent cases of distress.
4. **Do no/less harm** Humanitarian organizations must strive to “do no harm” or to minimize the harm they may be inadvertently doing simply by being present and providing assistance. Humanitarian actors need to be aware of this and take steps to minimize the harm when, for example, aid is used as an instrument of war by denying access or attacking convoys; aid is an indirect part of the dynamics of the conflict because it creates jobs, gives incomes in form of taxes, leaves no or little responsibility on the state for social welfare, etc; or aid exacerbates the root causes of the conflict by securing rebel activities.

Preparing for peer education workshops, sessions, trainings

IDENTIFYING AND AGREEING ON THE PLACE AND TIME

- Identify an appropriate venue for the training that can be accessible by the participants. Ask for support from the camp director or responsible person at the institution/NGO involved in the crisis response and coordinate with the relevant authority.
- The training venue can be indoors or outdoors but consideration must be given to the following:
 - » Quiet, not likely to be disturbed by adults or others in the community.
 - » Accessible to youth.
 - » Ample privacy.
 - » Safe.
 - » Inside the camp in the space allocated for NGOs and humanitarian workers or outside it at NGO premises.
 - » As comfortable as possible, within the limits of available and affordable venues.
- It's necessary to identify an appropriate time for the sessions, taking into consideration the other responsibilities of the youth, such as work, queuing for distributions and showers, and, in the case of refugees, interviews with UNHCR, resettlement interviews, etc.

UNDERTAKING NECESSARY PREPARATIONS

- Ensure materials needed for sessions are available and in working order.
- Make sure food and refreshments for breaks are prepared and at an appropriate temperature.
- Make sure the venue is tidy, clean, well-ventilated and, if necessary, heated or cooled.
- Identify nearby health services including counseling services for any emergent health issue, etc. and contact responsible to inform them of the timing and duration of your activities.

- Choose the training team/peer educators so as to:
 - » Have at least four trainers, depending on the number of training days and the trainers' capacities, or have one trainer more than usual.
 - » Respect gender balance.
 - » Allow enough rest for the trainers, especially if the working conditions are tough. For example:
 - › plan periods of rest for each trainer following a given number of working days or schedule an afternoon off in the agenda for everybody (trainers and participants);
 - › avoid giving the same trainer two consecutive sessions;
 - › opt for a co-training strategy.
- Ensure that facilitators are well prepared in the following areas:
 - » The content and methods of the training sessions as well as some prerequisite material such as the:
 - › Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations – Distance Learning Module;
 - › ASRH e-learning module;
 - › GBV in emergencies e-learning module;
 - › CyberPeer: A computer-based learning tool for Peer Educators.
 - » Physically, as sometimes the training is done in difficult conditions such as harsh weather or limited space. Clothing must be respectful of the culture and appropriate for the weather and working conditions. (Some examples: cotton, long sleeves, sunscreen, hats, closed shoes.)
 - » Emotionally, because they may be affected by the case histories they hear from the youth.

INVITING PARTICIPANTS

- Inform them of the timing, venue and duration of the training session. This can be done through the peer focal points or by the trainers, on a one-to-one basis.
- Make sure that parents or adult guardians have been informed and given consent.
- Remind them of the event the day before.
- Make sure peer focal points are prepared to follow up with anyone who doesn't show up for the first training session.

Conducting the peer education workshops, sessions, trainings

WELCOMING THE PEERS

Smile, shake hands or greet them in any other way that is culturally acceptable.

SEATING THE PEERS

- In a circle on chairs/couch/carpet/floor; this allows youth to maintain eye contact with trainers as well as with each other.
- At the same level as trainers, except if we are standing to use the board or a flip chart.
- In comfort and not for long periods.

GETTING ACQUAINTED

- It is very important to make peers feel safe and relaxed.
- This can be done in an official way or by using games and exercises.
- Introduce trainers and peers by name, country or place of origin, etc.

IDENTIFYING PEERS' EXPECTATIONS AND CONCERNS

- Before introducing the training objectives, it is important to ask, “What do you expect from participating in the training session?” or “Why are you here?” Asking them to verbalize their expectations is the first step in making them participate actively. It shows that they are the center of interest.
- It is also important to ask, “What are your fears or concerns about participating in the training session?”

INTRODUCING THE SESSION, OBJECTIVES, METHODOLOGIES:

Using simple words, we introduce the session objectives and methodologies, linking them to the expectations of the participants.

SETTING GROUND RULES

- There are two approaches. You can ask the participants to come up with a set of rules to adopt for the group so members can work together in a safe and productive environment. Or you can brainstorm with the group on how to address the concerns and fears that members of the group may have expressed previously.
- The list of rules developed with participants can be posted on the wall and signed by the peers and trainers.

KEEPING PEERS INTERESTED AND INVOLVED

- Use icebreakers, warm-up activities and energizers at the beginning of each session and/or during the training session to make the group feel relaxed, responsive and eager to participate.
- Tackle issues that respond to their needs and use interactive techniques.
- Give them opportunities to be involved in various tasks during the sessions such as doing energizers, keeping time, evaluating the training.
- Organize activities outside the curricula. However, be aware that it can be difficult to undertake such activities because of the emergency nature of the setting, which requires trainers to be innovative in selecting appropriate and realistic activities.

USING INTERACTIVE TRAINING TECHNIQUES

- Consider the best way to learn about a topic such as puberty: Is it through a lecture, a group activity or a competitive game?
- Interactive techniques encourage peers to take an active part in the learning process: They think, do, say, reflect, argue with each other, convince, and communicate. Studies show that being an active learner enhances the acquisition of knowledge and skills and their subsequent use. In addition,

youth are more convinced when they argue, discuss and relate new information to their own experiences.

- The third part of this manual suggests interactive techniques to work on SRH, life skills and youth empowerment issues with peers.

USING OUR COMMUNICATION SKILLS AND LISTENING ACTIVELY

- Maintain eye contact with peers; avoid staring but use eye contact to invite group members to talk or calm down.
- Avoid putting physical barriers between trainers and peers.
- Be aware of language barriers and verbal/non-verbal cultural differences.
- Wear clothing that respects the group members and the culture of the community.
- Sit or stand so everyone can see you.
- Smile and have relaxed facial expressions and body gestures.
- Avoid using a monotonous voice, changing frequency and volume to keep peers interested and awake.
- Use short sentences explaining one idea at a time.
- Select simple, appropriate and nontechnical wording.
- Ask open-ended questions such as “What do you think?” “How do you explain this?” “What do you know?” and “How would you do this?”
- Give examples to explain concepts or clarify issues.
- Repeat and summarize key ideas.
- Ask questions to make sure peers understand.
- Avoid being prejudiced and judgmental, no matter how much you may approve or disapprove of what peers are saying.
- Listen actively by using the following techniques:
 - » Pay attention to the peer who is talking.

- » Look at him/her and from time to time at the others in order to invite them to listen too.
- » Identify the main ideas the speaker is communicating.
- » Avoiding interrupting or completing the speaker's sentences.
- » Show the speaker that you are listening. Here are ways to do that:
 - › Nod.
 - › Use phrases such as "I understand," "Go on," "What else?"
 - › Lean toward the speaker.
- » Repeat what was said in your own words to make sure that you understood the speaker properly.
- » Ask questions to draw out the speaker or clarify what was said.

DEALING WITH VARIOUS PERSONALITIES IN THE GROUP

- Not all youth are alike. Trainers need to remember that youth in a humanitarian crisis might be frustrated or angry and feel hopeless or sad. So it's important to consider what to do under those circumstances.
- Imagine the following scenarios: Two people are engaged in side talks or one person is talking too much, criticizing other people's ideas and being aggressive.
- Here are some tips to handle such situations:
 - » Show understanding, compassion and empathy.
 - » Start off by discussing what is bothering them, then after a while, move on to the objectives of the session.
 - » Promise to try to inquire about what is bothering them but refrain from promising things that cannot be preserved.
 - » Avoid provocation or embarrassment.
 - » Listen to their problems when they are related to the issues being discussed. Otherwise, ask them gently to discuss the matter later, referring them to the proper authority when necessary and making sure not to make promises that cannot be kept.
 - » When an unrelated situation or problem comes up, say that it is independent of the training and that you will inform the appropriate people.
 - » When two people are having side talks:
 - › Walk towards them without looking at or talking to them.
 - › Stop talking and keep others quiet to attract their attention.
 - › If they persist in talking, ask them a question directly or ask them gently to rejoin the discussion or exercise.
 - » Remind the group of the ground rules you have established, including respecting others and allowing space for other peers to participate and listen.

- » When a peer talks too much:
 - › Avoid looking at him or her.
 - › Interrupt gently by saying, “Who else has another idea?”
 - › Say something such as, “Your idea is important but let us have the feedback of the group.”
 - › If the group member persists in talking too much, talk to him or her separately after the session.
- » When a peer attacks or criticizes others:
 - › Remind the person that every peer has the right to express his or her idea respectfully and that the group must respect these opinions even if they don’t agree with them.
 - › Interrupt by saying that although we might not agree on some issues, we should show our disagreement in a calm and respectful way.
- » When a peer is not participating or silent:
 - › Show them, by leaning toward them or looking at them for a few seconds, that you expect them to respond to questions.
 - › Show appreciation for their efforts when they speak.
 - › Grab their attention by asking their opinion on an issue.
 - › Try discreetly to understand why they are silent and respond accordingly.
 - › Use small group discussions.
 - › Ask open-ended questions rather than questions with yes or no answers.

DISCUSSING SENSITIVE ISSUES

- The first discussion of sensitive issues might not be easy, but we need to have the courage to continue if we believe that these issues are important and need to be discussed. Here are some tips.
- Do not feel ashamed; you are talking about important scientific issues.
- Being prepared to face sensitive issues and delicate situations will give you the confidence to deal with them.
- Try to put aside the emotions associated with these sensitive issues.
- Refer to youth in general and not to the young people present. Say “they” rather than “you” when talking about delicate subjects.
- If peers laugh to hide their shyness or uneasiness, you can laugh with them for a moment and then resume the discussion.

- If peers use street words and descriptions in relation to reproductive organs or other sensitive issues, you might say, “Yes, this is the word that might be used among youth nowadays,” give the appropriate scientific synonym and continue the discussion.
- Divide the participants according to sex and have a same-sex trainer tackle such sensitive issues as puberty, reproductive organs, etc.
- Be sensitive to changes in body language and facial expressions of the participants.
- If peers refuse to participate in an exercise, especially self-assessment exercises, don’t force them. However, continue with the exercise with those who are willing, and wrap it up by repeating the main messages and definitions.
- Make sure always to discuss the issues from the health and human rights perspectives. If a participant refers to a religious perspective, sidestep the issue by saying, “We are here to discuss the health point of view; other specialists can discuss other perspectives.”

ADMINISTERING PRE/POST-TEST EVALUATION AS WELL AS SESSION EVALUATION

- Pre/Post-test:
 - » Depending on the peers we are working with, we might do the evaluation verbally rather than in written form. The verbal evaluation gives us a general idea of the knowledge and attitudes of the group while the written evaluation is more specific to the individual.
 - » The pre-test evaluation should be used at the beginning of the session and the post-test at the end of it. The comparison between the pre and post test results can help us see what peers learned during the session.
 - » The test needs to be anonymous; thus, we can give each participant a number to be noted on the pre/post-test questionnaire. (Please refer to Annex 2).
- Training/Session Evaluation:
 - » The session evaluation will help us gauge peers’ opinions of the information given, techniques, logistics and group interaction.
 - » The session evaluation should be done anonymously.
 - » There are different ways to get peer feedback. (Please refer to Annex 3). Usually, it is better to get feedback after each session, but we can also do it after several sessions.

RESPECTING TIME

- It is important in these settings to respect the length of time allotted to a session or training, as young people have other responsibilities to fulfill.
- Moreover, if we are working in a camp we need to be aware of the camp closing time and abide by it.

After the peer education workshops, sessions, trainings

RELEASING STRESS

- Working with affected populations such as youth refugees and/or IDPs encompasses both emotional and physical stress.
- You need to relieve the stress periodically to avoid the burnout effect.
- Relieving stress can be done using various strategies, such as:
 - » Organizing regular meetings with other trainers and peer educators in order to debrief about the work, release the emotional impact of such fieldwork and discuss ways to overcome the stress.
 - » Taking a walk or sitting in a quiet place and relaxing.
 - » Listening to music.
 - » Writing poetry or prose, drawing, etc.
 - » Guided imagery exercises, which help people use their imagination to relax and relieve stress. Here are the steps to follow:
 - › Sit or lie down in a comfortable place and close your eyes.
 - › Take a few deep breaths.
 - › Picture a setting that is calm and peaceful; for example, a beach, mountain setting, meadow, etc.
 - › Imagine the scene and try to add some details, such as a breeze, a clear blue sky, singing birds, the sound of waves, etc.
 - › Imagine that you are following a path in this landscape. For example, as you walk toward the beach, a path leads to the water and you feel the warm sand, etc.
 - › When you are deeply immersed in this scene and are feeling relaxed, take a few minutes to breathe slowly and feel the calm.
 - › Once you are calm, slowly remove yourself from the scene and go back to the present. Tell yourself you will feel relaxed and refreshed and will bring that sense of calm with you.
 - › Count to three and open your eyes.
 - » Deep breathing. Below are examples of a simple and a complex breathing exercise. Master the simple exercise before undertaking the more complex one:
 - › The belly breathing exercise:
 - Sit in a comfortable position.
 - Put one hand on your belly just below the ribs and the other hand on your chest.

- Take a deep breath in through the nose, and let your belly push your hand out. Your chest should not move.
 - Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in and use it to push all the air out.
 - Repeat three to 10 times. Take your time with each breath.
- › The 4-7-8 breathing exercise is a more complex exercise:
- Sit or lie down.
 - Put one hand on your belly and the other on your chest as in the belly breathing exercise.
 - Take a deep, slow breath from your belly and silently count to four as you breathe in.
 - Hold your breath and silently count from one to seven.
 - Breathe out completely as you silently count from one to eight. Try to get all the air out of your lungs by the time you reach eight.
 - Repeat three to seven times or until you feel calm.

FOLLOWING UP WITH THE PEERS

1. Remind the peers of the next session venue, date and timing.
2. Update yourself on some peer cases that might have needed to be referred to the health dispensary or others.
3. Share references with participants requesting extra readings.
4. Undertake individual discussions with the peers as needed or requested.

ANALYZING THE RESULTS OF THE EVALUATION AND INTRODUCING AMENDMENTS TO THE SESSION(S)

- The feedback from our peers should help/direct us modify the next session(s).
- Refrain from taking the feedback personal.
- Consider the comments that are mentioned by several peers.
- Sometimes, the suggestions cannot be implemented. Then, you can apology to the peers explaining the reasons behind and involving them in finding alternatives.
- You might resort to volunteers from the peers to compile the evaluation and present it at the beginning of the next session. If this option is used, then you need to decide on the spot what amendments to consider. Otherwise you can simply say: “we will discuss these amendments and work on them starting next session.”

Sample TOT agenda

DAY 1

Getting Started: Welcoming remarks; introduction of training faculty and participants; participant expectations; objectives of training; Pre-test questionnaire; selection of daily feedback teams; Introduction to icebreakers, energizers and warm-ups: Pass the beat; and Ball toss name game; setting ground rules. (Please refer to the Youth Peer Education Toolkit – TOT manual, Y-PEER)

Training topic 1: Discovering how young people are affected by humanitarian crisis: Young people and humanitarian crisis (110 minutes); what are the needs of young people in humanitarian settings? (90 minutes)

Training topic 2: Effective communication: 30 seconds of fame (50 minutes); Sender/receiver feedback (30 minutes); Body language! (30 minutes); Push-pull (60 minutes); Listening actively (30 minutes)

DAY 2

Training topic 1: Knowing the risks and protecting ourselves: Knowing and Facing (45 minutes)

Training topic 2: Peer Educators Advocates (90 minutes); Establishing links with services (60 minutes)

Training topic 3: Experiencing adolescence in humanitarian settings: I am growing up (120 minutes)

Training topic 4: Discovering ourselves: Who I am? (60 minutes); My Self-esteem (60 minutes); My values stay the same (45 minutes)

DAY 3

Training topic 1: Coping well: Positive vs. negative stress! (45 minutes); Me Stress? ... No! (90 minutes)

Training topic 2: A Window of Hope: Think positive (45 minutes); No more negative thoughts (30 minutes); Always positive (45 minutes); Goals, goals, goals (45-60 minutes)

Training topic 3: Quality Time: What is quality time? (60 minutes)

Training topic 4: HIV and AIDS: Testing my Knowledge (60 minutes); Stigma and discrimination (60 minutes)

DAY 4

Training topic 1: Decision making: I should decide! (90 minutes)

Training topic 2: Assertiveness: Yes, I can say no-1 (45 minutes); I can say no-2 (90 minutes)

FREE AFTERNOON

DAY 5

Training topic 1: Drugs: Drugs 101 (60 minutes); Drugs: reasons and consequences (60 minutes); Freeze Frame: Say no to drugs! (45 minutes)

Training topic 2: STIs: SRH password (30 minutes); Discovering STIs – Bingo (60 minutes)

Training topic 3: Having equal rights, responsibilities and opportunities: Sex vs. Gender (45 minutes); Exploring attitudes toward gender equality and equity (45 minutes)

Training topic 4: Gender-Based Violence (GBV): Understanding GBV (120 minutes)

DAY 6

Training topic 1: Sexual and Reproductive Health rights: It's our right to know and protect ourselves (60 minutes); Advocating for our rights (120 minutes)

Training topic 2: Early marriage: What does it mean to get married early? (45 minutes); How to say no (45 minutes)

Training topic 3: Early pregnancy: Being pregnant before reaching 20 (90 minutes); Family planning (60 minutes); Negotiations! (45 minutes)

Training topic 4: TOT on Peer Education on Youth SRH in Humanitarian Settings: discovering the manual (60 minutes)

DAY 7

Training topic 1: Planning, monitoring and evaluating a peer education session: What is our session plan? (120 minutes), How to monitor and evaluate a PE session? (60 minutes)

Training topic 2: Simulating Peer education sessions: preparing a youth peer education session (60 minutes); mentoring a YPE (30 minutes), I am a YPE/Trainer (30 minutes/trainer or PE)

DAY 8

Training topic: Simulating Peer education sessions – continued: I am a YPE/trainer (30 minutes/trainer or PE)

Closure; Post test questionnaire. (Please refer to the Youth Peer Education Toolkit – TOT manual, Y-PEER)

Sample YPE training agenda

DAY 1

Getting Started: Welcoming remarks; introduction of training faculty and participants; participant expectations; objectives of training; Pre-test questionnaire; selection of daily feedback teams; Introduction to icebreakers, energizers and warm-ups: Pass the beat; and Ball toss name game; setting ground rules. (Please refer to the Youth Peer Education Toolkit - TOT manual, Y-PEER)

Training topic 1: Peer Education (PE): What is peer education? (30 minutes); Information, Motivation, Behavioral skills, Resources (IMBR) (20 minutes); Standards of PE and code of ethics (45 minutes).

Training topic 2: Discovering how young people are affected by humanitarian crisis: Young people and humanitarian crisis (110 minutes); what are the needs of young people in humanitarian settings? (90 minutes)

Training topic 3: Effective communication: 30 seconds of fame (50 minutes); Sender/receiver feedback (30 minutes); Body language! (30 minutes); Push-pull (60 minutes); Listening actively (30 minutes).

DAY 2

Training topic 1: Knowing the risks and protecting ourselves: Knowing and Facing (45 minutes)

Training topic 2: Role of PE when working with young people in humanitarian settings: Snowball Fight (60 minutes); Our role in relation to PE session (150 minutes)

Training topic 3: Experiencing adolescence in humanitarian settings: I am growing up (120 minutes)

Training topic 4: Discovering ourselves: Who I am? (60 minutes); My Self-esteem (60 minutes); My values stay the same (45 minutes)

DAY 3

Training topic 1: Coping well: Positive vs. negative stress (45 minutes); Me Stress? ... No! (90 minutes)

Training topic 2: A Window of Hope: Think positive (45 minutes); No more negative thoughts (30 minutes); Always positive (45 minutes); Goals, goals, goals (45-60 minutes)

Training topic 3: Quality Time: What is quality time? (60 minutes)

Training topic 4: HIV and AIDS: Testing my Knowledge (60 minutes); Stigma and discrimination (60 minutes)

DAY 4

Training topic 1: Decision making: I should decide! (90 minutes)

Training topic 2: Assertiveness: Yes, I can say no-1 (45 minutes); I can say no-2 (90 minutes)

FREE AFTERNOON

DAY 5

Training topic 1: Drugs: Drugs 101 (60 minutes); Drugs: reasons and consequences (60 minutes); Freeze Frame: Say no to drugs! (45 minutes)

Training topic 2: STIs: SRH password (30 minutes); Discovering STIs – Bingo (60 minutes)

Training topic 3: Having equal rights, responsibilities and opportunities: Sex vs. Gender (45 minutes); Exploring attitudes toward gender equality and equity (45 minutes)

Training topic 4: Gender-Based Violence (GBV): Understanding GBV (120 minutes)

DAY 6

Training topic 1: Sexual and Reproductive Health rights: It's our right to know and protect ourselves (60 minutes);

Training topic 2: Early marriage: What does it mean to get married early? (45 minutes) How to say no (45 minutes)

Training topic 3: Early pregnancy: Being pregnant before reaching 20 (90 minutes); Family planning (60 minutes); Negotiations! (45 minutes)

DAY 7

Training topic 1: Youth-adult partnership: Introduction of Spectrum of Attitudes Theory (30 minutes); Applying the spectrum of attitudes (45 minutes)

Training topic 2: Planning, monitoring and evaluating a peer education session: What is our session plan? (120 minutes)

Training topic 3: Simulating Peer education sessions: preparing a youth peer education session (60 minutes); I am a YPE/Trainer (30 minutes/trainer or PE)

DAY 8

Training topic: Simulating Peer education sessions – continued: I am a YPE/Trainer (30 minutes/trainer or PE)

Closure; Post test questionnaire. (Please refer to the Youth Peer Education Toolkit – TOT manual, Y-PEER)

Training topics and activities

This section covers the various topics in both agendas suggesting different activities using interactive learning techniques.

The sequence of the training topics follows a logic order that might not coincide with the agendas since these address two different target groups, though some of the topics apply to both the trainers of youth peer educators and the youth peer educators themselves.

The worksheets section follow the same order as the training topics.

DAY ONE

Getting Started: Welcoming remarks; introduction of training faculty and participants; participant expectations; objectives of training; Pre-test questionnaire; selection of daily feedback teams; Introduction to icebreakers, energizers and warm-ups: Pass the beat; and Ball toss name game; setting ground rules. (Please refer to the Youth Peer Education Toolkit - TOT manual, Y-PEER).

Training topic 1: Peer education (PE): What is PE?; Information, Motivation, Behavioral skills, Resources (IMBR); Standards of PE and code of ethics.

Training topic 2: Discovering how young people are affected by humanitarian crisis: Young people and humanitarian crisis; what are the needs of young people in humanitarian settings?

Training topic 3: Effective Communication: 30 seconds of fame; Sender/receiver feedback; Body language; Push pull; Listening actively.

Training Topic 1: Peer Education (PE)

Aim: To increase the knowledge of peer educators about the concept of peer education among youth, its importance and essential components.

ACTIVITY 1: WHAT IS PE?

Objectives

At the end of this activity, participants should be able to:

- » Define the concept of peer education.
- » Identify the benefits and limits of peer education.

Target group

- » YPE

Required time

- » 30 minutes

Materials

- » Flip chart + paper + markers
- » Flip chart paper with the definition of peer education written on it
- » Flip chart paper with the advantages and disadvantages of peer education written in the form of a table

Process

- » Brainstorm the following question: “What do we understand by peer education?”
- » Record the responses on a flip chart.
- » Try to come up with a definition from the answers on the flip chart.
- » Write the definition of peer education on a flip chart page.
- » Brainstorm again the following two questions:
 - › What are the possible advantages of peer education?
 - › What are the possible disadvantages of peer education?
- » Record the responses on two different flip chart pages.
- » Go over the responses, correct and provide additional ideas if needed.
- » Conclude by emphasizing that peer education is not the solution to every problem, and sometimes it may be better to use other approaches. The objectives of the intervention and the characteristics of the target group or

specific setting are all elements that play a role in whether peer education is appropriate or not.

Enlightening ideas!

- » When presenting the definition of PE, a previously written definition on the flipchart can be used.
- » When discussing major advantages and disadvantages of peer education over other forms of education, it might be useful to use the advantage/disadvantage table to add essential points if necessary.

Take-home messages

- » Peer (health) education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background or interests) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health.
- » A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic and/or health status, etc. Education refers to the development of a person's knowledge, attitudes, beliefs or behavior resulting from the learning process. Advocacy, counseling, facilitating discussions, drama, distributing materials, making referrals to services, providing support, etc. are educational means and channels.
- » Peer education advantages and disadvantages:

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none">• Young people taking responsibility.• Educators and target group speak the same language.• Peer educators gain skills that are important for their further personal development.• Peer education can supplement other educational interventions, such as the work of teachers, social workers, health service providers.• Peer education is a community-level intervention which can provide a link to other community services.• Peer educators can gain access to groups which are otherwise difficult to reach.• Peer education is cost effective.	<ul style="list-style-type: none">• As peer educators age, they grow out of their role so new people always have to be recruited and trained.• It is difficult to evaluate the impact of peer education.• If educators are not well trained, peer education can have a harmful effect such as offering misinformation or unprofessional advice.

ACTIVITY 2: INFORMATION, MOTIVATION, BEHAVIORAL SKILLS AND RESOURCES (IMBR)

Objective

At the end of this activity, participants should be able to:

- » Identify the four primary components of successful peer education: information, motivation, behavioral skills and resources.

Target group

- » YPE

Required time

20 minutes

Materials

- » Flip chart + paper + markers

Process

- » Draw four columns (untitled) on the flip chart.
- » Ask the participants, “What do you consider the essential components of successful peer education programs?”
- » Record the responses on the flip chart according to the following four categories but don’t mention the categories until the list is complete.
 - › Providing information
 - › Creating motivation
 - › Building behavioral skills
 - › Referring to resources
- » Once all the responses have been recorded, identify the four categories and discuss the responses.
- » Point out that these are four complementary components.

Enlightening ideas!

- » It is best not to name the categories beforehand, but to list the participants’ remarks in untitled columns.
- » During the discussion, you may want to add additional points to those offered by the group.

Take-home messages

- » Providing information, creating motivation, building behavioral skills and referring young people to appropriate resources are the four essential components for a successful peer education program.

ACTIVITY 3: STANDARDS OF PE AND CODE OF ETHICS

Objectives

At the end of this activity, participants should be able to:

- » Define standards of peer education and code of ethics.
- » Understand the importance of applying the standards of peer education and code of ethics.

Required time

- » 45 minutes

Target group

- » YPE

Materials

- » Flip chart + papers + pen
- » The statements from Worksheet D1-TT1-A3 written on cards

Process

- » Ask participants, “What are the standards that a peer education program should abide by in order to ensure quality and have impact?”
- » Write down all the responses on the flip chart.
- » Try to classify the responses according to the stages of the program; planning, implementation, monitoring and evaluation.
- » Define the standards used in peer education programs; discuss their importance.
- » Introduce the code of ethics by saying that as peer educators, we need to act in a certain way in order to ensure quality and achieve the goals of the program.
- » Divide participants into groups of two or three people who are sitting next to each other; ask them to explain the meaning of a statement that you will distribute.
- » Pass out the statements, giving a different statement to each group (Worksheet D1-TT1-A3).
- » Provide time for reflection.
- » Collect and discuss the answers, correcting or expanding as needed.
- » Conclude by listing the 10 ethical principles that a peer educator should follow.

Enlightening ideas!

- » Make sure to use simple language when discussing the standards and code of ethics, to differentiate between the two and to link them.
- » You may want to have the groups work on the code of ethics by asking them to come up with a list of ethical principles for peer educators.

Take-home messages

- » Peer education program standards:
 - › Represent an objective picture of what is practical, useful and tested in peer education programs for beginners or more advanced peers.
 - › Ensure quality at all stages of program development, implementation and assessment.
 - › Explain how programs should be designed and presented. Standards are helpful at the planning stage; they are also important as the program progresses, when various concerns may surface and practical adjustments can be made.
 - › Constitute a framework for monitoring and evaluation. By periodically comparing a program's progress to established standards, it is possible to gauge the program's success and show where resources need to be devoted for improvement. Standards can serve as indicators for measuring achievement, mid-course corrections and comparisons of the effectiveness of different strategies.
 - › Provide a basis for certification as they provide recognizable benchmarks that can be publicized, thereby raising awareness in the community about the integrity of the program.
- » Codes of ethics are the ethical considerations and standards that peer educators are expected to uphold during the course of their work. The application of such principles ensures that the target audience and members of the broader community are aware of the integrity of the peer program and those who are implementing it.
- » Beyond the peer education standards, it is important to remind the participants of the Humanitarian Response Guiding Principles: humanity, neutrality, impartiality and do no harm.
- » Peer educators should abide by the peer education standards and codes of ethics and respect the mechanisms for implementing them.

Training Topic 2: Discovering how young people are affected by humanitarian crisis

Aim: To build the capacity of participants to understand the effect of humanitarian crisis on young people and assess the needs of those young people.

ACTIVITY 1: YOUNG PEOPLE AND HUMANITARIAN CRISIS

Objectives

At the end of this activity, participants should be able to:

- » Give a clear understanding of humanitarian settings.
- » Identify the humanitarian crisis effect on young people.

Target groups

- » Trainers of YPE
- » YPE

Required time

- » 110 minutes

Materials

- » Flip chart + paper + markers
- » Copies of case studies from Worksheet D1-TT2-A1

Process

- » Before starting the exercise, write all the relevant definitions on a flip chart.
- » Ask the participants, “What do we mean by a humanitarian crisis?”
- » Write their answers on a different piece of flip chart paper.
- » Go over the answers, define humanitarian crisis and explain that this term may be used interchangeably with emergency and humanitarian setting.
- » Explain to the participants that they are going to work in groups and respond to questions about a case study involving a youth affected by a humanitarian crisis. Tell them they have 20 minutes for group work and five minutes to present their feedback in plenary; every group will present one paragraph of feedback, using the questions to write their case analysis.
- » Divide the group into four to five smaller groups depending on the number of participants (maximum five participants/group) and give each group one case studies (Worksheet D1-TT2-A1). Make sure that each group has a different case study.
- » Let them work for 20 minutes.

- » Have groups present their work and facilitate a discussion following each group presentation. Provide definitions and clarifications when needed.
- » During the presentation the co-facilitator will categorize the psychological, physical, social and emotional impact on the young person in the case study. (Refer to graphic of the cycle of vulnerability of young people on page 8.)
- » Go over the different issues raised by the groups.
- » Ask the participants to come up with a definition of refugee based on the previous discussion and then name an example in real life.
- » Write the answers on flip charts.
- » Go over the different answers.
- » Repeat the same process by asking them to define internally displaced person and give a real-life example, then asylum seekers.

Enlightening ideas!

- » When training peer educators from among refugees or IDPs, the brainstorming question at the beginning of the exercise should be, “How did you find yourself in this situation?”
- » Select the case study that best fits the situation the participants are experiencing during the training. Avoid threatening ones. For the training of trainers, use different cases to enable participants to reflect upon the varied circumstances of a humanitarian crisis.
- » You may want to select one case study and discuss it in plenary instead of having group work. Another alternative would be to select two case studies where one case study will be examined by two groups separately. Then, during presentations you may want to have Group 1 present question 1 and ask the other group if they have anything to add. Question 2 will then be presented by Group 2, and so on.
- » During the discussion:
 - › Differentiate between the reasons underlying a health crisis such as a flood, earthquake, war, etc. and the results of the disaster that create a humanitarian setting.
 - › Make sure to cover issues related to what young people might experience during a humanitarian crisis, such as sexual harassment, etc.
 - › Stress the fact that a humanitarian crisis might have a different impact on boys and girls as well as on youth with heightened vulnerability.
- » Be aware of the reactions of the participants as they might identify with the circumstances of the case studies.

Take-home messages

- » Humanitarian crisis have different underlying causes.
- » Youth affected by humanitarian crisis might find themselves as IDPs or refugees living in various settings.

- » A humanitarian crisis has many effects on youth wellbeing, feelings and actions. As youth are not a homogenous group, some are more vulnerable than others and everyone has different coping mechanisms so responses in the same context may vary.
- » Youth affected by humanitarian crisis have multiple and varied needs going from basic needs such as shelter and food, to education, psychological, entertainment, safety, and health needs (counseling on sexual harassment, pre and post natal care, etc.), legal support, awareness raising about violence and sexual harassment and other issues, as well as other needs.
- » Some needs can be responded to through the Youth Peer Education program, while other needs should be referred to the concerned specialists, institutions and authorities.
- » Youth peer education program provides the opportunity to be listened to, to build the capacities of youth and support them in making a better use of their time and skills and energies, etc.

ACTIVITY 2: WHAT ARE THE NEEDS OF YOUNG PEOPLE IN HUMANITARIAN SETTINGS?

Objectives

At the end of this activity, participants should be able to:

- » Define youth and adolescence.
- » Define specific needs for young people in humanitarian settings.
- » List possible ways within the peer education methodology to help fulfill these needs as peer educators and peer education trainers.

Target groups

- » YPE Trainers
- » YPE

Required time

- » 90 minutes

Materials

- » 2 flip charts + paper + markers + two colors of sticky notes

Process

- » Have all the definitions in the activity written down on a flip chart before the session.
- » Start by brainstorming the meaning of youth.
- » Collect answers on the flip chart.
- » Go over the answers and then show them the definition of youth you had previously written on the flip chart and explain it.

- » On a parallel flip chart brainstorm the meaning of adolescence.
- » Collect answers and go over them, then show the definition on the flip chart and explain it.
- » Discuss the definition of young people as well.
- » In this activity you will need to refer to the humanitarian crisis effects chart that you prepared during the last activity.
- » As you are retrieving the earlier exercise, the co-facilitator should give every participant a few sheets from each pad of sticky notes (two different colors).
- » Quickly review the effects – psychological, physical etc. – and ask the participants to write down some of the needs these young people are facing on one color of sticky note.
- » Go over the needs, taking into consideration the gender differences.
- » Ask the following question, “What factors contribute to detecting the needs of these young people and finding ways to fulfill them?” Collect the answers on a flip chart.
- » Then ask them to use the other color of sticky notes to write down possible ways to contribute as peer educators and trainers to meeting those needs.
- » Go over the different suggestions, discussing whether they are possible in the camps or host communities and within the capacities and capabilities of the peer educators and trainers.
- » Wrap up the session by explaining that some needs can be met through the youth peer education program, while other needs should be referred to appropriate specialists, institutions and authorities.
- » Review the objectives of the youth peer education program: to provide the opportunity for young people to be listened to; and to build the capacities of youth and support them in making a better use of their time, skills and energies.
- » Explain that this session is important because they will be responsible for developing an initiative by the end of the course based on the information they develop on meeting the needs of young people.

Take-home messages

- » A humanitarian crisis affects all segments of the population.
- » Youth affected by a humanitarian crisis might become IDPs or refugees living in a variety of settings.
- » The term humanitarian crisis refers to a situation that threatens the health, lives, safety, security, livelihoods and well-being of large numbers of a population and causes a serious disruption of the functioning of a society, creating widespread human, material or environmental losses which exceed the ability of the affected society to cope using its own resources.
- » Youth affected by humanitarian situations might be living as IDPs or refugees in a camp, schools, host community or in the wild, or they may still reside in their home community.

- » If youth are living in a camp, we need to inquire about the camp structure, organization, community leaders and focal points.
- » If youth are living in a host community, we need to figure out how to gain access to them.
- » In formulating a response to youth affected by a humanitarian crisis, we need to understand their living conditions, roles and responsibilities, looking for both similarities and differences among girls and boys. We also need to understand the available youth services (education as well as general health, RH, GBV and entrepreneurial services) and youth activities.

Training Topic 3: Effective communication

Aim: To enhance the skills of the participants in public speaking and facilitation by giving them the opportunity to speak in public making this experience as positive as possible in order to build their confidence.

ACTIVITY 1: 30 SECONDS OF FAME

Objective

At the end of this activity, participants should be able to:

- » Identify and practice their skills in public speaking and facilitation.

Required time

- » 50 minutes

Target groups

- » YPE Trainers
- » YPE

Materials

- » A chair for each participant
- » A flip chart or other visual aid if needed by participants

Process

- » Introduce the session by explaining that PE might be nervous about speaking in public or being in the spotlight. To ensure that such tasks are performed successfully, educators should not be asked to undertake activities that are beyond their limits. The following session and exercises will focus on public speaking techniques and help participants gain experience speaking in public and improve their public speaking skills.
- » Discuss the major features of effective public speaking, such as:
 - › Use of engaging and interactive techniques
 - › Movement into and out of the audience
 - › Use of gestures
 - › Eye contact (of appropriate duration)
 - › Modulation of intonation
 - › Appropriate use of humor
- » Practice these techniques as you explain them and ask participants to watch closely. This allows the group to see how the theory of good public

speaking is actually applied. Then ask for feedback: “How would you describe what I’m doing at this moment?” Make sure the main components of good public speaking are mentioned.

- » After this, start a discussion about other factors that aid effective public speaking. Be sure to bring up the following areas:
 - › Use of storytelling as a technique to capture attention
 - › Caution about inappropriate use of slang terms or other unacceptable language
 - › Creation and maintenance of a safe learning environment for the audience
 - › Ways to respond to incorrect answers from the audience
- » Explain that each participant will be given 30 seconds to speak to the group about anything she or he likes.
- » Tell the participants:
 - › “At the end of the 30 seconds, I will start to applaud to show appreciation for your effort. Don’t be alarmed if you are in mid-sentence. My applause will be the signal for everyone else to begin applauding, which will show positive appreciation for your effort.
 - › “During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to applaud until your 30 seconds are over. It is the job of everyone in the group to give each speaker their undivided attention and delighted, enthusiastic interest. “Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should applaud as loudly for the last person as we did for the first, and for everyone in between.”
- » Ask the first person to begin; after 30 seconds, even if she or he is in mid-sentence, you should begin applauding. You may sometimes have to remind the group to remain silent while a person speaks and to give every speaker their undivided attention. Also remind them to wait until you give the signal before they begin clapping.
- » After everyone has had 30 seconds to speak, lead a group discussion so participants can talk about how they felt doing the exercise. Which speeches best displayed effective public speaking skills? How can these skills be applied to peer education training?

Enlightening ideas!

- » Show understanding that some peer educators might be nervous about speaking in public or being in the spotlight.
- » Avoid asking peer educators to undertake activities that are beyond their limits in order to ensure that tasks are carried out successfully.

Take-home messages

- » The main factors and features that affect public speaking are:

- › Use of engaging and interactive techniques
 - › Movement into and out of the audience
 - › Use of gestures
 - › Eye contact (of appropriate duration)
 - › Modulation of intonation
 - › Appropriate use of humor
 - › Use of storytelling as a technique to capture attention
 - › Caution about inappropriate use of slang terms or other unacceptable language
 - › Creation and maintenance of a safe learning environment for the audience
 - › Ways to respond to incorrect answers from the audience
- » Usually 30 seconds pass quickly; however, this is not the case when we are under the spot. Thus, we need to use this time effectively and efficiently especially when we are addressing adults for example during the meeting of the organizational committee at the camp.

ACTIVITY 2: SENDER-RECEIVER-FEEDBACK

Objectives

At the end of this activity, participants should be able to:

- » Define the communication cycle.
- » Identify the characteristics of effective verbal and non-verbal communications.

Target groups

- » YPE trainers
- » YPE

Required time

- » 30 minutes

Materials

- » Flipchart + Papers + markers

Process

- » Ask for two volunteers to play the role of two people who are communicating.
- » Aside tell the two volunteers to prepare for the role-play including selecting the characters and the context. Give them 3 minutes to prepare.
- » Meanwhile, explain to the rest of the group that they need to observe the scene.

- » The two volunteer role play for 5 minutes. Applaud and thank them.
- » Tell the group that you are going to discuss the role play; however, they need to comment on the characters played and not on the peers themselves.
- » Discuss the following questions:
 - › What were the two volunteers doing?
 - › What did they use to communicate?
- » Define the communication cycle and the characteristics of each of its components to have an effective communication. Also, describe the two types of communication; verbal and non-verbal.

Enlightening ideas!

- » Be ready to interfere if remarks are addressed to the persons who acted the role play rather than the characters.

Take-home messages

- » We communicate all day long with different people, our parents, peers, adults, school teachers, etc. through words or body language to disseminate messages.
- » Effective communication is learnt. As peer educators we need to master this skill.
- » Verbal and non-verbal communication should go along.
- » Barriers to an effective communication are many: Preconceived ideas, the receiver and/or the sender not being interested, outside disturbances such as noise, people coming in and out, traditional thinking, not being able to see others people points of view, etc.

ACTIVITY 3: BODY LANGUAGE!

Objective

At the end of this activity, participants should be able to:

- » Identify the characteristics of effective non-verbal communication.

Target groups

- » YPE trainers
- » YPE

Required time

- » 30 minutes

Materials

- » Flipchart + Papers + markers
- » Selected expressions written on small pieces of paper

Process

- » Explain to the participants that they are going to be divided into two groups; members of the first group will disseminate messages using non-verbal communication to the second group that should guess the message.
- » Divide the participants into two groups; provide each member of the first group with a written expression that he/she needs to act out. Ask the participants in the second group to observe and guess the message.
- » Discuss the following:
 - › What did the members of the first group use to deliver the messages?
 - › Was it difficult or easy to do so?
- » Go over the different non-verbal skills, define each one then ask a volunteer to demonstrate. Highlight how they can affect the communication process. The non-verbal skills are: 1- Voice tone; 2- voice level; 3- eye contact; facial expressions; 4- gestures; 5- posture; 6- personal space; 7- body movement; and 8- dressing code.
- » Conclude by saying that it is very important to master non-verbal skills because they can affect positively or negatively the communication process. Emphasize that it is more important to know how to decode the messages transmitted to us through non-verbal communication skills.

Enlightening ideas!

- » Use different written expressions including health messages, song names, known characters/personalities, etc.

Take-home messages

- » Messages resulting from non-verbal communication; i.e.: using body language is more genuine than verbal ones.
- » A peer educator needs to decode correctly non-verbal messages.

ACTIVITY 4: PUSH-PULL**Objective**

At the end of this activity, participants should be able to:

- » Apply “Pushing” and “Pulling” skills in verbal communication.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Flipchart + Papers + markers
- » Pieces of papers having each one of the statements of Worksheet D1-TT3-A4

Process

- » Remind the participants of the definition of verbal communication and its importance. Tell that there are various strategies to express ourselves effectively when communicating with others in our daily life. These are the “Push” strategies. Moreover, there are strategies to let the people talk and these are the “Pull” strategies.
- » Explain to the participants that they are going to be divided into two groups the “Push” group and the “Pull” group. Each pair in every group will be given a strategy that they need to practice in front of the group. Tell them that they have 10 minutes for preparation.
- » Divide the participants into two groups and ask each group to constitute pairs. Distribute the piece of papers with the strategy written on them.
- » Let the “Push” group start, discuss after each presentation.
- » Continue in the same way with the “Pull” group.
- » Conclude by summarizing the various “Push” and “Pull” strategies.

Enlightening ideas!

- » If the participants’ number is odd you may want to put three people in one subgroup for example.
- » Pass by the participants while preparing to ensure they understood the directives of the exercise.

Take-home messages

- » The way we formulate our messages affects a lot the communication process and determines the reaction of the person we are speaking to.
- » In a humanitarian setting people are more sensitive so using the push strategies helps us get our messages through softly.

ACTIVITY 5: LISTENING ACTIVELY

Objectives

At the end of this activity, participants should be able to:

- » Define active listening.
- » Identify strategies for active listening.
- » Apply active listening.

Target groups

- » YPE trainers
- » YPE

Required time

- » 30 minutes

Materials

- » Flipchart + Papers + markers

Process

- » Explain the exercise as follows: In pairs, you are going to talk about an issue of interest and importance to you.
- » Ask participants to assemble in pairs and label themselves as A and B.
- » Take aside all the participants labeled As and explain to them that they should listen actively to the Bs when they are talking. The strategies they can use are such as: give full attention to the speaker, look at him/her, nod, lean towards him/her, make noises such as uh-huh, or say “go on”, “and then”, etc.
- » Ask them to return in pairs and request the Bs to do the talking.
- » After 5 minutes, ask the participants to join the group and ask the Bs how did it feel to being listened to.
- » Now ask the Bs to gather and explain to them that while the As are talking they need to show them that they are not listening. The strategies they can use are as follows: look around the room, make yourself occupied by looking at your cloth, papers, etc. finish their phrases, interrupt them, try to listen to what other pairs are saying, etc.
- » Ask them to return in pairs again and ask the As to do the talking.
- » After 5 minutes ask the participants to join the group and ask the As how did they feel?
- » Clarify that you were the person who asked the Bs not to listen to the As.
- » Discuss with the participants the following questions:
 - › What does it feel not to be listened to?
 - › What does it feel to be listened to?
 - › What do we do to show the other person that we are listening to her/him?
 - › What actions show us that the other person is not listening to us?
- » Conclude by summarizing the main ideas discussed.

Enlightening ideas!

- » Ensure that the As don't feel bad about their experience “not to be listened to”.
- » You may want to form group of three, where one is the speaker, the second person is the listener and the third one is the observer. Give them 5 minutes then they should shift roles and ask the observers to report what they saw as listening strategies used by the listeners.

Take-home messages

- » Active listening is a skill that can be learnt.
- » By listening attentively we show respect to the other person.
- » Active listening can positively affect our relationships with our parents, our peers, and others.
- » By listening actively we encourage the person to talk about his/her problems/concerns.
- » Active listening involves hearing all what the other person is saying (in words and beyond words), understanding his/her messages and then considering what to reply.
- » To be able to listen actively, we need to put aside our preconceived ideas, opinions, feelings, etc. and focus on the speaker.
- » We listen actively by applying the following strategies: 1- eye contact; 2- full attention to the speaker; 3- paraphrasing; 4- avoiding to finish our speaker's phrases; 5- leaning towards the speaker; 6- asking questions to clarify the message; 7- showing empathy by our body language and facial expressions; 8- nodding; 9- making noises such as uh-huh; 10-saying "go on", "and then", etc.

DAY 2

Training topic 1: Knowing the risks and protecting ourselves: Knowing and Facing

Training topic 2: Role of PE when working with young people in humanitarian settings: Snowball Fight; Our role in relation to PE session; Advocates; Establishing links with services

Training topic 3: Experiencing adolescence in humanitarian settings: I am growing up

Training topic 4: Discovering ourselves: Who I am?; My Self-esteem; My values stay the same

Training Topic 1: Knowing the risks and protecting ourselves

Aim: To enable peers affected by a humanitarian crisis to protect themselves from risky situations they might face as a result of their living conditions.

ACTIVITY 1: KNOWING AND FACING

Objectives

At the end of this activity, participants should be able to:

- » Identify risky situations they might face as a result of a humanitarian crisis or their own actions and behaviors.
- » Determine strategies for protecting themselves.

Target groups

- » YPE trainers
- » YPE

Required Time

- » 45 minutes

Materials

- » Copies of the cases selected from worksheet D2-TT1-A1
- » Flip chart + paper + markers
- » List of people/institutions/organizations offering support

Process

- » Introduce the issue by reminding participants of the definition of a humanitarian crisis. Mention that during such situations people's lives and well-being undergo a lot of changes, and they may encounter a variety of risks. Ask them to list some of these risks.
- » Write down on a flip chart all of their answers. Add other risks, if some major ones are missing.
- » Explain to participants that they are going to work in groups for 20 minutes to analyze cases that will be given to them. Each group will have a different case. They should consider the following questions:
 - › How might youth protect themselves if faced with such a situation?
 - › How can they prevent such risks from occurring?
 - › If a youth was subjected to this risk, where and to whom might he or she ask for help?

- » Explain that they will have three to five minutes to present their work any way they wish: through theater, oral presentation, mime, drawings, poetry, etc.
- » Divide participants into groups of four to five people and distribute to each group one case from worksheet D2-TT1-A1.
- » Discuss their proposed strategies after each group presentation and add other ideas if needed. Identify safe places within the community or camp. List potential people/institutions/organizations that can help in realizing these strategies.
- » Conclude by summarizing that youth affected by a humanitarian situation encounter risks that they can often prevent or overcome using various strategies. Moreover, such perils should not push them to undertake even riskier behaviors in order to deal with the problems because this might worsen the situation.

Enlightening ideas!

- » Pay attention to any nonverbal or verbal signs indicating that peers may be feeling uncomfortable because they have been reminded of a risky situation that they or a friend or family member went through. You or your colleague should be ready to provide support.
- » Select cases that are most relevant to participants.
- » Map the organizations and institutions that may be able to help address the different needs of young people in the area where you are conducting the training or peer education sessions.

Take-home messages

- » The risks that we encounter may result equally from our own actions and behaviors, not only from external circumstances.
- » We have an important role to play in protecting ourselves and our peers.
- » Young girls affected by humanitarian situations might be more vulnerable to risky situations.
- » A collaborative effort by young boys and girls can protect both of them from risky situations.
- » Existing community structures might help in identifying unsafe places and risks that youth may encounter.

Training Topic 2: Role of PE when working with young people in humanitarian settings

Aim: To enable YPE to understand how peer education can be part of the response to addressing the needs of young people in a humanitarian setting and to effectively play their roles when working with their peers.

ACTIVITY 1: SNOWBALL FIGHT

Objectives

At the end of this activity, participants should be able to:

- » List the differences between the concept of peer information, peer education, and peer counseling and referral.
- » Emphasize the importance of referral skills in peer education.

Target group

- » YPE

Materials

- » Flip chart + paper + markers
- » One sheet of note paper per participant, pens
- » Copies of worksheet D1-TT2-A1

Required time

- » 60 minutes

Process

- » Ask participants to write down on a sheet of paper what they think the differences are between peer counseling and peer education. When finished, ask participants to crumple their sheets into a paper ball and throw them around for a few minutes to others in the group – have a “snowball” fight so everyone ends up with someone else’s response. Then get each person to read the response they are holding, and ask this person and then the group to react.
- » Discuss the roles of both peer educator and peer counselor.
- » Have the participants brainstorm a working definition for peer counseling, ending with a definition that is close to this one: “Youth peer counseling is a situation where a young person turns to a trained person of his/her own age for understanding, assurance and assistance in coping with a personal problem.”

- » Next, ask participants to brainstorm about the kind of problems or situations for which young people might seek support from a peer. List the responses on a flip chart. You can add the following examples if they are not mentioned: unhappiness (depression), difficulties in relationships with friends or adults such as parents and teachers, problems related to school or to humanitarian settings, problems related to sexual behavior, unwanted pregnancy, substance abuse, etc.
- » Lead a group discussion and reflect on the following issues:
 - › Do peer educators in your program all have the ability to give appropriate support in dealing with the problems listed above? Did they get specific training to do so?
 - › What obstacles might stop them from giving proper support?
 - › What might the dangers be if peers give inappropriate support?
- » At the end of the session, highlight, using flip chart paper, the differences between the three peer-led approaches. Refer to the worksheet D2-TT2-A1 and remind the participants of the definitions of peer education vs. peer counseling and peer information.

Enlightening ideas!

- » Point out that during a peer education program, it is not uncommon for a young person from the audience to share a personal problem with one of the peer educators and ask their advice. In such a case, it is crucial that:
 - › The peer educator is a sensitive listener and has the required referral skills.
 - › The team of peer educators is supervised by competent adults to whom they can turn for advice.

Take-home messages

- » Explain that peer counseling is sometimes confusing to people. In some situations peer counseling – for example, young people answering a hotline – amounts to young people providing information and referral to their peers. Although there is limited evidence of the effectiveness of young people acting as counselors for their peers, this approach may be appropriate in reaching some groups of especially vulnerable young people. The method is often used in HIV testing and counseling and in supporting young people living with HIV.
- » The difference between the role of a peer educator and a peer counselor is:

Role of the educator	Role of a counselor
<ul style="list-style-type: none"> • Content base • Short term • Goal oriented • Improve knowledge, attitudes and skills to facilitate behavior change • Referral to professionals 	<ul style="list-style-type: none"> • Trained in counseling skills • Based on a process • Involves working with thoughts, feelings, behavior • Open ended • Relationship oriented • Addresses motivation, denial and resistance on a personal level

» We need to know our limits and refer to other services when needed.

ACTIVITY 2: OUR ROLE IN RELATION TO A PE SESSION

Objective

At the end of this activity, participants should be able to:

- » Define their role as peer educators before, during and after a peer education session or activity with young people in humanitarian settings.

Target group

- » YPE

Materials

- » Flip chart + paper + markers
- » 3 Flipchart papers with one of the following statement written on each: “before the session”, “during the session” and “after the session”.
- » Small cards or medium sized post it with a phrase from Worksheet D2-TT2-A2-W1 written on each.
- » Small cards or medium sized post it with a phrase from Worksheet D2-TT2-A2-W2 written on them.

Required time

- » 150 minutes

Process

- » Introduce participants to the objectives of the exercise.
- » Distribute to participants one or more cards (worksheet D2-TT2-A2-W1) and ask them to post them on one of the pieces of flip chart paper taped on the wall. The papers should be titled, “Before the session,” “During the session” and “After the session.” Go over the cards on each flip chart, explaining and adjusting their placement, if necessary.
- » Ask participants for additions, if necessary.
- » Refer to the beginning of part III of this manual regarding how to conduct and prepare for a peer education session.

- » Finish up by explaining that these are the main tasks of a peer education session, and that the group is going to explore some of them in greater depth.
- » Using Worksheet D2-TT2-A2-W2, ask participants to imagine themselves in a crisis situation, planning a youth peer education session or activity with their peers. Invite two to three peers at a time to pick a card that lists a possible peer education activity. They should spend 15 minutes identifying what actions should be taken to implement the activity and then make a 3-minute presentation to the group.
- » Provide feedback after each group presentation.

Enlightening ideas!

- » Point out that some roles are started before the PE session and might continue during or after the session. An example could be building trust relation with youth or advocating for youth peer education about SRH and HIV.

Take-home messages

- » Try to make the activities as participatory as possible.
- » Identify the needs and more specifically the RH/HIV needs of youth affected by a humanitarian situation.
- » Refer youth to existing RH/HIV services.
- » Remember that each session may present a different set of needs.
- » The more you are prepared, the better your session will go and the more impact it will have.
- » Pay special attention to these specifics during a session:
 - › Camp setting
 - › Paperwork
 - › Logistics
 - › How to adapt the content of a PE session to specific needs and situations

ACTIVITY 3: PEER EDUCATORS ADVOCATES

Objectives

At the end of this activity, participants should be able to:

- » Practice advocacy as well as communication skills needed to convince adults for the importance and necessity to have RH/HIV peer education among youth affected by humanitarian crisis.
- » Practice approaching youth affected by a humanitarian crisis showing them empathy.

Target group

- » YPE Trainers

Required time

- » 90 minutes

Materials

- » Questions for each role play written on a card

Process

- » Tell participants that they are going to role play the following 3 scenarios:
 - › YPE advocating for adults (parents and community leaders) to approve of RH/HIV education among peers affected by a humanitarian crisis.
 - › YPE approaching youth affected by a humanitarian crisis.
 - › YPE dealing with peers that are frustrated, angry, feeling hopeless, sad, etc. because of their humanitarian situation.
- » Ask for three or four volunteers to undertake the first role play for about 5 minutes.
- » Discuss the following questions:
 - › What was the purpose of the interaction?
 - › Did they succeed in convincing them? why not?
 - › If yes, how did they succeed?
 - › What information was provided?
 - › What arguments were used?
 - › What else can we do/say to reach youth affected by a humanitarian crisis?
- » Ask for two to three volunteers to undertake the second role play for about 5 minutes.
- » Discuss the following questions:
 - › What was the purpose of the YPE?
 - › Did they succeed in reaching it? why not?
 - › If yes, what actions/strategies were undertaken?
 - › What information was provided?
 - › What else can we do/say to reach youth affected by a humanitarian crisis?
- » Ask for two to three volunteers to undertake the third role play for about 5 minutes.
- » Discuss the following questions:
 - › How can we describe the feelings and reactions of the youth affected by a humanitarian crisis?
 - › What did the YPE do? Say?
 - › How did the youth affected by a humanitarian crisis feel then? Why?

- › What else can we do in order to show empathy to these youth?
- » Conclude by defining advocacy and summarizing the main ideas and stressing on the importance of possessing empathy and advocacy skills and arguments to approach youth and the influential adults in their life.

Enlightening ideas!

- » Link this activity to the one above to show the skill acquisition component in relation to certain of the YPE roles.
- » Have some of the participants share their experiences in relation to the issues suggested in this activity.

Take-home messages

- » Advocacy means: identifying and calling for change. Change in laws, policy and practice so as to help improve the lives of people. It can be undertaken at various levels:
 - › International level (e.g. UN, World Bank)
 - › National level (with national governments, particular ministries etc.)
 - › Local level (community, local government, police, religious leaders, schools, hospitals etc.)
- » Advocacy involves attempts to influence the political climate, public perceptions, policy decisions and funding determinations in order to improve adolescent reproductive and sexual health. Advocates work not only to promote a defined solution, but also to defeat unacceptable proposals. Advocacy takes many forms.
- » A comprehensive advocacy campaign will first and foremost influence political support for a program by educating policymakers. Depending on the situation, policymakers can include national, state or local legislators; county or city council members; school board members; or anyone else in a position to promote or reject proposals that you care about. Another important target for advocacy campaigns is the public, since public desires affect political decisions. A campaign aimed at the public could target a general community or a specific group such as parents in a particular neighborhood.
- » Advocate for youth peer education about SRH and HIV by sensitizing adults – parents, policymakers, decision-makers, program managers, community leaders, etc. Introduce the goals, objectives and activities of peer education and its expected results for youth and the community. Get community members involved by talking about youth participation.
- » Vary your arguments and tools/means by using cognitive/rational and emotional ones.
- » Approach youth in humanitarian crisis informally and/or formally and build trust relationships.

ACTIVITY 4: ESTABLISHING LINKS WITH SERVICES

Objectives

At the end of this activity, participants should be able to:

- » Identify the role of peer educators in mapping services.
- » Identify what to look for when mapping RH/HIV/GBV services for youth affected by a humanitarian situation.
- » List ways of establishing contact with existing services.

Target group

- » YPE Trainers

Materials

- » Flip chart + paper + markers
- » Copies of Worksheet D2-TT2-A4

Required time

- » 60 minutes

Process

- » Introduce the session by explaining that SRH/HIV/GBV peer education aims to develop and/or change young people knowledge, attitudes, beliefs and skills in order to enable them to be responsible for and protect their own health. Moreover, studies have shown that young people need to have access to youth friendly services in order to act responsibly and protect themselves. For example, how can a youth who is sexually active protect him or herself from catching an STI if he/she does not have access to condoms? Or how can a married girl not become pregnant at the age of 17 if she does not have access to family planning counseling and methods? These examples show how important it is in such times of humanitarian crisis to find out what services exist and refer youth to them as needed.
- » Ask participants the following question, “What do you look for when mapping SRH/HIV and GBV services?”
- » Write the answers on a flip chart.
- » Go over the responses, make corrections, if necessary, add suggestions and discuss the list with participants.
- » Make sure to mention the following considerations: What services are available? Where? Are they accessible to youth? If not, why? Are they utilized by youth? If not, why? Are privacy and confidentiality ensured? Are youth treated honestly? Are the services age-specific? Who offers the services? Are they provided by same-sex counselors or clinicians? If not, is there a same-sex support person present during examinations? Does the agency or clinic or dispensary offer information, counseling, confidential and voluntary HIV testing, family planning methods, STI treatment? Is there a referral to HIV treatment and care, if needed? Where do youth subject to

violence seek help? Are they referred for psychological support? Where and how?

- » Ask participants the following question: “How can we get the information mentioned above?”
- » Write on a piece of flip chart paper all of their answers.
- » Go over the responses, make corrections, if necessary, add more answers, and discuss the list with participants.
- » Show participants the table on Worksheet D2-TT2-A4 and ask them how they would fill it out. Whom would they interview? What would they say?
- » Give participants 15 minutes to prepare, then ask for volunteers to show the rest of the group how they would go about mapping services.
- » After several presentations, sum up the various methods and highlight the best ways to proceed.

Enlightening ideas!

- » If feasible, organize a field visit to health service providers to allow the participants to practice information collection.
- » Depending on the length of the workshop or the implementation modalities, give the group homework to apply what they learnt: Ask them to map services in the surrounding community. Discuss the results and probe for more information if need be.

Take-home messages

- » In some countries and communities, especially in a humanitarian setting, there may not be adequate RH/HIV/GBV services that match the criteria discussed. Nevertheless, it is important to refer youth to services when needed. At the same time we have to advocate for such services to the responsible agencies and institutions in order to improve the situation for our peers.
- » It is important to ask youth in a humanitarian setting about the services available.
- » Service providers may lack the skills to offer youth-friendly services. Avoid being judgmental and refer them to the appropriate agencies and institutions for capacity building, if possible.

Training Topic 3: Experiencing adolescence in humanitarian settings

Aim: To enable very young adolescents affected by a humanitarian crisis to deal positively with the various changes that occur during adolescence.

ACTIVITY 1: I AM GROWING UP

Objectives

At the end of this activity, participants should be able to:

- » Define adolescence.
- » List the various changes that youth undergo during this period.
- » Identify strategies to deal with these changes for youth in a humanitarian setting.

Target groups

- » YPE trainers
- » YPE

Materials

- » Flip chart + paper + markers
- » Colored pens

Required time

- » 120 minutes

Process

- » Ask each participant to draw his or her body on a piece of paper from the flip chart. Then ask them to note the changes that they are experiencing now or went through starting at ages 10-12 until age 19.
- » Ask them to tape the papers to the wall or sit in a circle with their flip charts in front of them.
- » During their presentations, write down on four different flip charts the changes they mention, grouping them according to these categories: “physical,” “emotional,” “social” and “mental.”
- » Explain that the changes are due to the secretion of specific hormones that prepare youth for their RH roles. End this part of the discussion by defining “adolescence phase” and writing it on the flip chart. Differentiate between “adolescence phase” and “puberty phase,” explaining that the first encompasses the second.

- » Divide participants into groups of boys and girls and assign a trainer for each group. Ask each group to draw the female reproductive system, internal and external. When they're done, the trainers will review the drawings and explain how the menstrual cycle occurs. Repeat the same process for the male reproductive organs.
- » Ask participants to return to the drawings each person made about the changes they went through during adolescence. Using a red pen, to write down or draw how these changes could have been affected by a humanitarian crisis.
- » Invite participants who are willing to share their thoughts with the rest of the team.
- » Explain that for some people, the impact of such a crisis could be negative while for others, moving to a different location may be an improvement over their previous living situation. In either case, explain that the upheaval of a humanitarian crisis is likely to have an impact on a psychological level.
- » Discuss with the group what can be done to alleviate the impact of a humanitarian crisis on young people going through adolescence and the importance of doing so.
- » Explain that the youth peer education program could be an opportunity to help youth affected by a humanitarian crisis face this phase of their life in a healthy way.

Enlightening ideas!

- » You may want to divide participants into groups of boys and girls in order to avoid embarrassment and encourage participation during discussions of puberty.
- » In some cultures, adolescents might be embarrassed to talk about the physical changes that occur during puberty. It's important to say that these changes are normal and happen to everybody and also to explain them using scientific words.
- » Refer people who are facing difficulties going through this phase to the available and appropriate services.

Take-home messages

- » Adolescence is a period with many challenges and opportunities. Young people need accurate and appropriate information and skills to go through it in a positive and healthy way.
- » Adolescence is defined as the period between 10 and 19 years of age. It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem and progressive independence from adults. Adolescence can be divided into:
 - › Very young adolescents (10 to 14 years of age), who are just beginning to form their identities. Signs of physical maturation begin to appear during this period.

- › Middle adolescence (15-16 years of age), where adolescents begin to develop ideals and select role models. Peers are very important to adolescents in this age group and they are strongly influenced by them. Sexual orientation develops progressively and non-heterosexual individuals may begin to experience internal conflict, particularly during middle adolescence.
 - › Older adolescents (17 to 19 years of age), who may look and act like adults, but who have still not reached cognitive, behavioral and emotional maturity. While older adolescents may make decisions independently — they may be employed, their sexual identities are solidified and they may even marry and start families — they still benefit from the influence of adult role models as well as family and social structures to help them complete the transition into adulthood.
-
- » Puberty refers to bodily and physical changes by which a child becomes an adult capable of reproduction. This process is initiated by hormone signals from the brain to the sexual glands (testes and ovaries), which then produce a variety of hormones that stimulate the growth and function of various body organs.
 - » Puberty occurs within adolescence and is more time limited. It is linked to physical changes while adolescence encompasses psychological and social changes.
 - » A humanitarian crisis might negatively affect young people during adolescence; however, we need to overcome any such negative impact and try as much as possible to adapt and live with the challenging circumstances.
 - » A humanitarian crisis might affect social development during adolescence by changing the social environment of young people. Parents might put more restrictions on young people, especially girls, because they are afraid of the new environment. This is normal but as young people peers we can reassure adults by acting responsibly. Peer pressure might also play a more important role during a humanitarian crisis.
 - » The psychological effects of a humanitarian crisis might also have an impact on the psychological development of adolescents.
 - » During a humanitarian crisis, parents might be preoccupied by other issues and unable to support their adolescents or talk to them about this phase of their development.

Training Topic 4: Discovering ourselves

Aim: To enable young people affected by a humanitarian crisis to discover themselves and their vision of their future.

ACTIVITY 1: WHO I AM?

Objectives

At the end of this activity, participants should be able to:

- » Identify their characteristics, potential, skills, values and preferences.
- » Describe their dreams and vision of their future.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Small pieces of paper
- » Copies of worksheet D2-TT4-A1

Process

- » Ask participants to draw/write their portrait on the worksheet D2-TT4-A1. You may need to explain various terms in the worksheet and give examples.
- » Divide participants into groups. Distribute small pieces of papers to each group. Each person in the group should have one piece of paper for every member of the group except him or herself.
- » Ask them to write the name of their group members on one side of each piece of paper and on the other side what they like about this person.
- » Collect the papers and distribute them to the individuals whose names are on the paper.
- » Ask the participants to read silently what was written about them.
- » Ask them to share one good trait that others identified about them (ex: I am a faithful person) and discuss whether the traits that other people saw differed from what they wrote about themselves.
- » Explain that while many traits are common to all people, every person is unique. Also explain that people evolve over time; if we look at how we

were five years ago, we would not have been the same as we are now. Similarly if we look at how we will be in five years' time, certainly we will have acquired new traits. The important thing is to always work on strengthening the positive things about ourselves and improving the things we don't like about ourselves and to do this by sharing with and learning from others.

Enlightening ideas!

- » Make sure all participants get positive feedback, especially those who are feeling left out or vulnerable or who have suffered a loss during the humanitarian crisis such as losing a family member.
- » Make sure to maintain confidentiality during the exercise when the participants are describing traits of other members of the group; be prepared to resolve any conflicts that arise if some participants suspect that their peers have written bad things about them.

Take-home messages

- » Every self-portrait is unique.
- » Every person is important because of their unique characteristics, skills, values and potential.
- » Every person evolves over time and acquires more knowledge, skills and attitudes.
- » It is very important to know ourselves because only then can we evolve in life.
- » Our values and attitudes are either inherited from our parents and community or developed based on our experiences and self-evaluation.
- » Sometimes, we do not talk to ourselves in a positive way, or we ignore our merits and are pleased when other people appreciate us.
- » Other people's opinions of us might not always be correct because either they don't know us well or they are not being objective. We need to look critically at their opinions of us and decide what to consider.

ACTIVITY 2: MY SELF-ESTEEM

Objectives

At the end of this activity, participants should be able to:

- » Define the concept of self-esteem.
- » List ways to reinforce their self-esteem.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Flip chart + paper + markers

Process

- » Ask participants to draw their lifeline on a flip chart. Above the line mark the events that made them feel good about themselves and below the line, the events that made them feel bad about themselves. Let them talk about the reasons why they felt that way.
- » Tell them to tape their flip charts on the wall and ask for volunteers to share their lifeline with the group.
- » Define self-esteem, how and when it develops, and the factors that can affect having high or a low self-esteem. Explain that self-esteem changes because of circumstances and according to life domains (work, school, family, hobbies, etc.). Add that sometimes, because of circumstances beyond our control such as a humanitarian crisis and the related threats (being raped, recruited as soldiers, unable to save lives, etc.) we feel bad about ourselves and have low self-esteem. As resilient and courageous youth, however, we need to overcome these feelings because these things were not our fault.
- » Tell participants that they will split up in groups and work for 15 minutes on how to face the reasons that make us have low self-esteem.
- » Divide the participants into groups of five people maximum.
- » Ask all the groups to present their work for a maximum of five minutes each and discuss the solutions, then give your feedback and make additional points, if necessary.
- » Conclude by summarizing the reasons for high or low self-esteem and what can be done to build high self-esteem.

Enlightening ideas!

- » You may want to draw an example of a lifeline on a flip chart as follows:

Age in years	0	5	10	15	20	25
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- » Tell the participants that they should write down only events they wish to reveal about themselves.
- » Be ready to offer support for peers who might feel bad after the exercise.

Take-home messages

- » Self-esteem is built in early childhood.
- » Parents, teachers, peers and others play an important role in building our self-esteem.

- » Low self-esteem leads people to engage in risky behaviors, endangering their health and future.
- » Being in a humanitarian setting may lower our self-esteem. However, there are several ways we can increase our self-esteem; for example, by being actively involved in the response to the crisis, by using our skills to cope positively with the situation, and by helping our peers cope with it as well.
- » We need to learn how to forgive ourselves and consider the errors we make as learning opportunities.
- » We can build our self-esteem by 1) knowing, accepting and respecting ourselves; 2) developing our skills; and 3) being responsible.

ACTIVITY 3: MY VALUES STAY THE SAME!

Objective

At the end of this activity, participants should be able to:

- » Realize that although their situation has changed, their values and attitudes do not have to change in a negative way.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Three signs, each with one of the following words, “agree”, “disagree” and “unsure”, to be hung on the wall.
- » Flip chart + paper + markers

Process

- » Introduce the issue by saying that our lives have changed because of the humanitarian crisis we are experiencing. However, we are going to discover through this activity that not everything has to or should change.
- » Hang three signs on the wall: Agree, disagree, unsure. Explain that you are going to read a series of statements and the group has to decide how they feel about them: They can agree, disagree or not be sure, which they will indicate by standing near the appropriate sign. Tell them that they can change their mind and consequently their position as a result of the discussion and hearing others' points of view.
- » Read the statements from worksheet D2-TT4-A3, then allow time for them to take positions beside the “agree,” “disagree” and “unsure” signs. Provide

opportunities for them to argue for and against each position. Discuss how the positions represent values. Sum up the discussion and highlight the important issues.

- » Discuss the following questions:
 - › What are values and how do we acquire them?
 - › Do we or our peers ever act against our values? When?
 - › Can going through a humanitarian crisis lead us or our peers to act against our values? Why yes? Why no?
 - › What would be the consequences of that?
- » Conclude by emphasizing that although our situation and lives have changed because of the crisis, our values don't have to change. Explain that a solid set of values enhances our self-esteem, influences our decisions and directs our behavior. Also explain that an emergency can make us do things that are against our values. We need not feel guilty about it but on the other hand, we need to seek support and try to find alternative actions and solutions that better fit our values.

Enlightening ideas!

- » Ask participants to imagine they are young people in a humanitarian setting if this is not the case.
- » Ensure respectful and peaceful communication during the “agree–disagree” statement exercise.
- » Make sure to select appropriate statements from the list in worksheet D2-TT4-A3.
- » The number of statements you read depends on the amount of time you have.
- » You may want to write the statement being discussed on a flip chart in front of the group as a reminder.
- » Make sure that when people take their positions, they stand in a way to see each other to allow the discussion to flow easily.
- » During the discussion of the agree-disagree statements, make sure to avoid accusations of “bad” behavior. Explain that some people hold on to their values regardless of the pressure they are under, even in a humanitarian setting, while others may act against their values and engage in risky behaviors. The issue is not to judge our peers but to discuss the consequences of those risky behaviors and how to look for other solutions and seek support.
- » Use hypothetical examples of other young people if no one comes forward to represent the other side of a position.
- » Make sure that participants understand that there are no right-wrong answers for the agree-disagree statements because each one depends on a person's circumstances. However, we need to make sure we don't use a humanitarian setting to justify reckless behavior.

Take-home messages

- » Values are important. To a large extent they influence our attitudes, feelings and behaviors. For example, I value my health, family, friendship, etc.
- » Although values are personal, we learn them from society, religion, culture, etc.
- » Different people have different values.
- » As peer educators, we need not judge our peers if they have different values or if they are obliged to act against theirs. On the contrary, we need to be able to show empathy, support and help them.
- » A humanitarian crisis may change our daily activities, habits and the way we see things; however, it should not change our values.
- » Acting against our values puts us at risk of problems and difficult situations.
- » However, sometimes because of a humanitarian setting, we might act against our values. We need not feel guilty about it, especially if we were forced to do so. But, as young people we have the power to say no, the intelligence to find other alternatives and the courage not to blame a voluntary shift in our values and behavior on a humanitarian crisis.

DAY 3

Training topic 1: Coping well: Positive vs. negative stress; Me Stress? ... No!

Training topic 2: A Window of Hope: Think positive; No more negative thoughts; Always positive; Goals, goals, goals

Training topic 3: Quality Time: What is quality time?

Training topic 4: HIV and AIDS: Testing my Knowledge; Stigma and discrimination

Training Topic 1: Coping well

Aim: To enable peers to cope with their new status and adapt to the new environment caused by the humanitarian crisis.

ACTIVITY 1: POSITIVE VS. NEGATIVE STRESS!

Objectives

At the end of this activity, participants should be able to:

- » Define stress.
- » Differentiate between negative and positive stress.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Divide participants into groups of four to five and ask them to write on a piece of flip chart paper all the words they associate with stress.
- » Post all the flip charts on the wall and ask each group to present its work. As groups present their work, underline with red the repeated words.
- » Once all the groups have presented their work, go over the lists and try to group the responses in these categories: positive stress, negative stress, signs of stress, reactions to stress, etc.
- » Define stress. Note that the word generally has negative connotations. However, explain that occasional moderate stress (excitement before a competition or a trip, agitation before exams, falling in love, etc.) can be positive and challenge people to act in creative and resourceful ways. It gives a person strength and courage and stimulates his or her actions. On the other hand, chronic high levels of stress (bad relationships with parents, friends and other adults, loud noise, living amid a humanitarian setting, a bad economic situation, bad marks, etc.) can be harmful, damage mental health and lead to chronic diseases. This is called negative stress.

Enlightening ideas!

- » You may want to replace the group work with brainstorming on the following question: “What comes to your mind when you hear the word stress?”

Take-home messages

- » Stress is a physical, mental and emotional response to life’s changes and demands.
- » Occasional, moderate stress can be positive while high levels of stress can be harmful and have adverse effects on our mental, social, physical, and emotional health.
- » We can and should manage our stress levels.
- » A humanitarian crisis, regardless of what kind, is a stressful situation.
- » We should not be ashamed to recognize that we have had a stressful reaction to a humanitarian crisis and that we need to ask for help.
- » As young people, we are very resilient and we can face a humanitarian crisis.

ACTIVITY 2: ME STRESS? ... NO!**Objectives**

At the end of this activity, participants should be able to:

- » List the various body signs related to a stressful situation.
- » Identify possibilities for stress relief.

Target groups

- » YPE trainers
- » YPE

Required time

- » 90 minutes

Materials

- » Flip chart + paper + markers
- » Copies of worksheet D3-TT1-A2

Process

- » Remind participants of the definition of stress, noting difference between positive and negative stress.
- » Ask participants to close their eyes and identify a stressful situation they have encountered. Ask them to remember for a few minutes what that felt like.

- » Then ask everybody to open their eyes and see if anyone is willing to share their experience with the group.
- » Write down the symptoms they experienced on the flip chart. Explain that after facing a traumatic event such as combat, terrorist attacks, violent crimes (rape, child abuse or a physical assault), serious accidents or natural disasters, a person can experience post-traumatic stress disorder (PTSD). During the event, you may be afraid that you have lost control and that your life or others' lives are in danger. After the event, you may feel scared, confused and angry. If these feelings don't go away or they get worse, you may have PTSD and need assistance. Explain that in certain less severe cases (other than PTSD), we can resort to different activities to relieve stress.
- » Divide participants into groups of four or six and give them copies of worksheet D3-TT1-A2.
- » Ask participants to think about ways to relieve stress. They should do this alone for about 10 minutes using the worksheet D3-TT1-A2, then share their thoughts within their own small group (15 minutes). The groups should make up one list to present to the whole group.
- » After 25 minutes, ask the small groups to present their work to the whole group and discuss the following:
 - › What techniques are not effective in coping with stress?
 - › What activities are and are not possible in a humanitarian setting?
 - › What can be done realistically to enable young people in a humanitarian setting to undertake stress-relieving activities?
- » Conclude by stressing the importance of implementing stress-relieving techniques to avoid the short-term and long-term impact of a humanitarian crisis.

Enlightening ideas!

- » Be aware that the first part of the activity might trigger very difficult and traumatizing memories for some participants. Thus, be ready to provide assistance.
- » You may want to tell the participants that they are free to participate or not in the first part of the activity.

Take-home messages

- » Stress affects our body, the way we think, act and feel.
- » Physical symptoms and signs of stress include:
 - › A fast heartbeat
 - › A headache
 - › A stiff neck and/or tight shoulders
 - › Back pain
 - › Fast breathing

- › Sweating and sweaty palms
- › An upset stomach, nausea and diarrhea

- » If stress persists, it can affect our immune system, heart, muscles, stomach, reproductive organs, lungs and skin.
- » Psychological and mental symptoms and signs include:
 - › Feel irritable and unable to deal with even small problems.
 - › Feel frustrated, lose your temper more often and yell at others for no reason.
 - › Feel worried or tired all the time.
 - › Find it hard to focus on tasks.
 - › Worry too much about small things.
 - › Feel that you are missing out on things because you can't act quickly.
 - › Imagine that bad things are happening or about to happen.

- » PTSD symptoms include:
 - › Reliving the event through dreams (nightmares) or while awake (flashbacks).
 - › Unable to feel or express emotions toward family, friends and loved ones.
 - › Avoid any reminders of the event.
 - › Easily angered or aroused, on edge or easily startled (hyper arousal).

- » PTSD calls for counseling and medical follow-up. Thus, young people suffering from PTSD need to be referred to specialized services.
- » In a humanitarian crisis everybody is affected differently. Our personality, coping strategies and social support play a role in how stress affects us.
- » Many positive techniques exist, however. These include “breaking the cycle” – for instance, when you feel anxious, you take a brisk walk or plunge into a hobby in order to refocus; you talk to loved ones, especially family members, and join a support group. It's possible to relieve stress even in the midst of a humanitarian crisis so it is important to use and promote these techniques among our peers.
- » Avoid the so-called negative coping responses because they have a negative impact on us, our lives and our communities. These include talking negatively to ourselves, driving fast, chewing our fingernails, becoming aggressive or violent (hitting someone, throwing or kicking something), eating too much or too little or drinking a lot of coffee or other stimulants, sleeping too much, smoking or chewing tobacco, drinking alcohol, using drugs, yelling at family members, friends or peers, and withdrawing from friends, family and activities.

Training Topic 2: A window of hope

Aim: To enable young people living in humanitarian settings to go on with their lives, deal with their situation and be in control.

ACTIVITY 1: THINK POSITIVE

Objectives

At the end of this activity, participants should be able to:

- » Define positive thinking.
- » Justify the importance of positive thinking.
- » List the steps for positive thinking.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Read the following statements aloud, asking the members of the group to describe how they would feel if they were the person in question. Select the statement from the list below:
 - › “I was told by the teacher that I got a failing grade on my math exam.”
 - › “You have just been rejected for the job you applied for.”
 - › “I am a youth in a humanitarian crisis.”
 - › “You were not selected to join the group of volunteers helping to organize recreational activities for children in the camp.”
 - › “You didn’t get into the class on drawing and painting.”
- » Ask those who are willing to share their thoughts with the group.
- » Discuss how some answers display negative thoughts about oneself while others show positive thinking. Give examples of how the same statement can be seen in a negative or positive light.
 - › Example of a statement: “I am a youth in a humanitarian crisis.”

- › Example of a negative thought: “I have no future and I am condemned to live the worst life from now on.”
- › Example of a positive thought: “How can I make this situation positive?” or “This situation will end and it is an opportunity for me to meet new people and learn new things.”
- » Define positive thinking and negative thinking.
- » Tell participants that they are going to work in groups of four to five for 10 minutes to reflect on the impact that positive and negative thinking have on a person’s life, self-esteem, stress level, etc.
- » Divide them into groups; have half work on the impact of negative thinking and half work on the impact of positive thinking.
- » Discuss their presentations.
- » Explain the steps for positive thinking.

Enlightening ideas!

- » In the first part of the activity, comment on the statements and not the participants.
- » You may want to ask participants to role-play their responses to the statements.
- » Before the group work, you may want to ask all the participants to share their feelings about the statements.
- » Intervene when someone has an emotional response. You may request the help of a second trainer.

Take-home messages

- » We can change how we think.
- » The way we think affects our feelings, so if we think negatively we will feel sad, angry, frustrated, etc. This will increase our stress level and consequently our well-being.
- » Positive thinking has a positive effect on our self-esteem. When our self-esteem is high, our behavior is more reliable.
- » What we experience does not matter; it is what we tell ourselves about the experience that affects our feelings and consequently our well-being.
- » Negative thinking includes:
 - › Unrealistic expectations
 - › Exaggerating
 - › Misreading situations
 - › Focusing on negatives
 - › Using self-defeating statements
- » Positive thinking includes:
 - › Preventing or controlling anxiety
 - › Stopping negative thoughts

- › Looking at different explanations for a situation
- › Using self-supporting statements
- » To be able to think positively, we need to learn to:
 - › Identify irrational thoughts about ourselves
 - › Stop these thoughts
 - › Replace the negative thoughts with more positive thoughts

ACTIVITY 2: NO MORE NEGATIVE THOUGHTS

Objective

At the end of this activity, participants should be able to:

- » Apply techniques to stop negative thoughts.

Target groups

- » YPE trainers
- » YPE

Required time

- » 30 minutes

Materials

- » A timer
- » A calm, unofficial setting

Process

- » Remind participants that stopping negative thinking is one of the steps to developing positive thinking.
- » Explain how to stop negative thoughts with the following example.
- » Ask them to pick a negative thought that bothers them.
- » Tell them to close their eyes and imagine a situation where they might have this thought.
- » Set the timer for three minutes and ask them to focus on the thought.
- » When the timer goes off, everybody should shout “stop.” They could also stand or clap their hands or snap their fingers when they shout stop.
- » Ask them to empty their minds for 30 seconds and think of a positive thought or image unrelated to the negative one that makes them feel calmer.
- » Ask the participants to start the process all over again, but this time interrupt the negative thought by saying “stop” in a normal voice. Then repeat the same process but whisper the “stop” command.
- » Tell them that with practice, they will imagine the “stop” in their mind and the thought will stop automatically.

- » Invite them to share their feelings and the results of the “stopping the thought” exercise with the group.

Enlightening ideas!

- » Suggest that they select a negative thought that bothers them in a general manner rather than a specific circumstance.
- » Be aware that some participants might remember a very difficult, traumatizing experience. Thus, be ready to help them by allowing them to talk and focus on positive aspects of the situation.

Take-home messages

- » Thought-stopping is a way to get rid of unwanted thoughts.
- » Negative thought-stopping is easy to learn, but requires some practice on a daily basis. Then it will become automatic.
- » Negative, unwanted thoughts can lead to physical and psychological problems.
- » Negative thought-stopping follows these steps: 1- Imagine the thought; 2- Stop the thought; and 3- Practice.
- » If you cannot stop unwanted thoughts, ask for professional help.

ACTIVITY 3: ALWAYS POSITIVE

Objective

At the end of this activity, participants should be able to:

- » Apply positive thinking techniques.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Remind participants of the steps of positive thinking.
- » Explain that they are going to work for 15 minutes in groups of four to five, identify an unwanted thought about their current situation and role play for five to seven minutes about how they would replace the negative thought with a positive one.
- » Divide the participants into groups and allow time for preparation.

- » Have a discussion after all the groups have presented and conclude by reminding participants of the various techniques of positive thinking and the steps to changing unwanted negative thoughts.

Enlightening ideas!

- » Make sure that each group selects a different unwanted negative thought to change or highlight similarities and differences if the same idea was selected by more than one group.
- » You may need to make up a list of several unwanted negative thoughts to provide to the groups.
- » Stress that we need to identify negative thoughts and not negative situations.

Take-home messages

- » To be able to think positively, we need to learn to:
 - › identify irrational thoughts about ourselves;
 - › stop these thoughts;
 - › replace the negative thoughts with more positive thoughts.
- » Being a young person in a humanitarian setting is not easy; however, we need to maintain positive thinking and spread this idea among our peers. This is the only way to overcome a situation that is bound to change soon and limit its negative consequences in our lives.

ACTIVITY 4: GOALS, GOALS, GOALS

Objectives

At the end of this activity, participants should be able to:

- » Define goal setting as one strategy for survival.
- » Set goals for themselves.
- » List referral institutions and other ways to continue their education, find work, keep interested in different areas of their lives, remain active, etc.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45–60 minutes

Materials

- » Flip chart + paper + markers
- » Copies of worksheet D3-TT2-A4
- » Copies of the list of institutions and organizations for referral

Process

- » Explain that goal setting is one of the strategies to manage stress and endure, especially in a humanitarian crisis. Add that even in a humanitarian setting, every young person should have a goal and work on achieving it. Mention that their goal can be related to their health, their involvement in the response to the crisis, their psychological well-being, their behavior, etc.
- » Explain that they will have 15 minutes to fill out the worksheet D3-TT2-A4 individually.
- » Go over the worksheet and make sure that all the questions are clear to them.
- » Allow them to exchange ideas and provide feedback about the questions dealing with limitations and the people and institutions that may be able to help them.
- » Conclude by inviting them to pursue their goals and reminding them that you are available for support and referrals. Share the list of institutions and organizations that might offer support to help them achieve their goals.

Enlightening ideas!

- » Explain the term “goal” at the beginning to ensure that they understand what you want them to do.
- » You may want to divide the participants into groups to collectively think of actions to take to overcome the limitations they identify.

Take-home messages

- » When we set goals, we feel that we are more in control of our lives. It is important to do so, especially when we are going through a humanitarian crisis.
- » Not having goals and plans is not healthy at all and might negatively affect our self-esteem and stress level, now and in the future.
- » We need to stop from time to time and evaluate our goals and our plans to achieve them, and consequently develop another plan, if necessary.
- » To be able to achieve our goals we need to gather information, ask for others’ support and learn new skills.

Training Topic 3: Quality time

Aim: To enable youth in humanitarian settings improve the quality of their time.

ACTIVITY 1: WHAT IS QUALITY TIME?

Objectives

At the end of this activity, participants should be able to:

- » Define quality time.
- » Analyze how they spend their days and how this affects them and others in the short and long term.
- » List ways of spending their time more efficiently and effectively.
- » Influence their peers to engage in good quality time on a daily basis.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Flip chart + paper + markers
- » A4 paper + pencils

Process

- » Explain that time management skills are considered part of coping and stress management, and ask participants for their thoughts.
- » Ask for three to four volunteers to role-play how they spend their days and weekends.
- » Take the volunteers aside and tell them to act out what they and other youth do during a normal weekday and weekend day (if there is a difference). Give them a few minutes to prepare. Meanwhile, ask the rest of the group to observe the role-play and be prepared for a discussion afterward.
- » Let the volunteers role-play for five to seven minutes. You and the rest of the group should give them a round of applause and thank them.
- » Ask the participants to discuss what they saw, but to comment on the personalities in the performance and not on the peers themselves.

- » Discuss the following questions:
 - › How do youth spend their days? What activities do they do?
 - › How do you feel about spending your days that way?
 - › Did you notice if there is a difference between the activities of young girls and boys? If yes, what is it?
 - › How are these activities affected by the humanitarian setting? Could they be different?
 - › What kind of activities can young people do in the camps?
 - › Would there be a difference between activities for young girls and those for young boys? If yes, what is it?
 - › What do you think about these activities?
 - › Do you think there are ways to improve how young people use their time in humanitarian settings? How can we do so?
- » Make sure that the co-facilitator is writing down the responses and categorizing them on the board.
- » Go over the brainstorming.
- » Distribute sheets of A4 paper and ask the group members to divide the paper into two. On one half, ask them to draw a clock and jot down the various activities they do during the day. Give them 3 minutes.
- » When they are done, ask them to draw a clock on the second half and note on it what they would do to spend their time in a better way. Give them another three minutes.
- » Discuss two to three examples.
- » Have participants reflect on the experience of doing the exercise.
- » Discuss the importance of having quality time, which is defined as a balance of activities that serve a serious goal, other recreational, social and relaxing pursuits, and not doing anything at all. Moreover, stress some of the things that young boys can do so that young girls also have the opportunity for quality time.

Enlightening ideas!

- » During the discussion following the role-play, try to classify the different activities being portrayed as recreational, educational, family support, work, doing nothing, etc. Calculate how much time youth spend in productive activities.
- » During the individual exercise, you may want to walk around the group and see how they are planning to invest their time. Encourage them to find ways to implement their plans.
- » You may want to replace the role-play by reading one of the cases in the worksheet D3-TT3-A1 and discussing the following questions:
 - › What do you think of the way these young people spend their days?
 - › What might they feel?
 - › What impact could this way of spending the day have on these girls and boys?

- › How can they improve the way they spend the day?
- › What barriers exist to doing that, and how can they be overcome?

Take-home messages

- » Quality time is balancing between daily activities that serve a serious goal, recreational and enjoyable ones, and others.
- » Young people in humanitarian settings may have difficulty securing quality time because of the sudden destruction of their previous routines with family and friends, including work and recreational activities.
- » In humanitarian settings the ability to have quality time is easier for some people than others and depends on a number of different factors such as gender, age and disabilities.

Training Topic 4: HIV and AIDS

Aim: To enable peers affected by a humanitarian crisis to be actively involved in protecting themselves from HIV and supporting people living with HIV (PLHIV).

ACTIVITY 1: TESTING MY KNOWLEDGE

Objectives

At the end of this activity, participants should be able to:

- » Define HIV and AIDS.
- » List the various stages of infection with HIV.
- » Identify the risk factors and modes of transmission and prevention.
- » Analyze how being in a humanitarian crisis could increase the risk of HIV.
- » Determine how to know one's status.
- » List what to do if diagnosed positive.
- » Describe where, when and how to get services.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » The series of cards with questions and answers written on them about HIV as per worksheet D3-TT4-A1.
- » A flip chart to keep score
- » A timer
- » A list of available services for voluntary counseling and testing as well as treatment and care
- » Blank postcards and Post-it notes

Process

- » Introduce the issue by saying that it has now been three decades since the start of the HIV pandemic. Many efforts have been made by individuals, institutions, organizations and governments to stop this pandemic. Although we have had successes, (give the updated numbers of people living with HIV worldwide, regionally and nationally), many youth are

infected daily (give updated numbers) for many reasons. Prevention, support, care and treatment remain the key strategies to overcome HIV.

- » Introduce the following game to raise awareness of key issues related to HIV.
- » Divide the participants into four groups. Give each group a number from one to four.
- » This game is based on a series of HIV-related flash cards. Put the cards in a place accessible to everybody.
- » Ask Group 1 to send a member of their group to pick up a card and hand it to someone in Group 2, who will then ask the question on the card to Group 1. They will have only 30 seconds to answer the question. If they give a correct answer, then they get a point, which should be noted on a flip chart. If they don't know the answer, then Group 2 should read the answer written on the card.
- » Now ask Group 2 to do the same but give the card to Group 3. Repeat the same process until all the cards have been selected.
- » Add up the points for each group and give the results.
- » Summarize the responses to the main questions about HIV risk factors, modes of transmission, modes of prevention, effects on the body, and tests and treatment.

Enlightening ideas!

- » Be ready to intervene if the groups show no respect for each other because of a wrong answer.
- » You may decide to simplify answers to various questions in the game or to clarify a difficult concept. For example: the immune system can be compared to an army that protects a country. The army is composed of various types and ranks of soldiers. So is the immune system, which is composed of various kinds of cells that have different roles to play to keep our body protected from microbes.
- » You may want to add other questions to address issues that you have observed among young people in a given community and that are linked to HIV.
- » You may want to substitute the game above with an expert panel, described below:
 - › Ask the groups to write down on cards all the questions they have about HIV and AIDS.
 - › Let each group identify a knowledgeable person to participate in a panel of experts, which will respond to the questions.
 - › Have the experts sit in front of the groups. Start reading the questions. The first expert to respond and give a correct answer earns his or her group a point. If the answer is wrong, you have to give the correct answer without hurting the person's feelings.
 - › Continue with the panel until all the questions have been answered and add other questions, if necessary, to meet the objectives of the exercise.

- » Connect the discussion to the modes of transmission and prevention of STIs.

Take-home messages

- » Being affected by a humanitarian situation increases the vulnerability of youth to HIV. Some contributing factors are:
 - › Poverty
 - › Violence of all kinds including sexual violence and sexual exploitation
 - › Transition to adulthood
 - › Recruitment into armed forces
 - › Lack of availability and accessibility of SRH information, counseling, testing, treatment, prevention means, safe pre/post natal services, etc.
 - › Need to drop out of school, marry or work in order to secure food, shelter and protection
 - › Selling sex to support oneself, one's family
 - › Increase in risk-taking behavior such as unsafe sexual relationships, violence and substance use out of feelings of hopelessness
 - › Drug trafficking, drug use
- » Both men and women, youth and adults, can get infected with HIV if they engage in activities when the virus can be transmitted. However, women and especially young girls are socially and biologically more vulnerable and at risk of getting HIV.
- » HIV is transmitted through:
 - › Unprotected sexual intercourse (vaginal, anal and to a lesser extent oral sex) with an infected person
 - › Sharing drugs injecting equipment
 - › Sharing contaminated sharp instruments
 - › Getting blood transfusions with infected blood
 - › From an HIV-positive mother to her child during pregnancy, childbirth or breastfeeding when the mother is already HIV positive
- » Youth affected by a humanitarian situation can protect themselves from HIV.
- » We can protect ourselves from getting HIV through:
 - › Abstaining from sex
 - › Remaining faithful in a relationship with an uninfected equally faithful partner with no other risk behavior such as injecting drug use
 - › Using male or female condoms correctly each time we have sex
 - › Avoid sharing needles and injecting equipment
 - › Avoid sharing piercing or hijama (cupping) equipment
 - › Making sure that transfused blood and/or transplanted organs are not infected with HIV

- » Abstinence, i.e. not having sexual relationships. This is 100 percent effective in preventing HIV infection through sexual relationships. Consistent and correct condom use is the next-best prevention means for this mode of transmission.
- » If you think you might have been at risk of acquiring HIV, do not hesitate to get an HIV test.
- » HIV infection is becoming a chronic disease because of the availability of antiretroviral therapy (ART).
- » A PLHIV who is getting ART should not interrupt his/her treatment; otherwise, resistance to the treatment will develop. He/she needs to explore ways to continue the treatment.
- » If a person has been raped, she/he should go within the 72 hours following the rape to a health service and request post-exposure prophylaxis (PEP) and emergency contraceptive pills (ECP). The PEP is an emergency medical response for individuals exposed to HIV; it consists of medication, laboratory tests and counseling, and it must be initiated within hours of possible HIV exposure and continue for a period of approximately four weeks. The ECP is a birth control pill that is taken to prevent pregnancy up to five days (120 hours) after unprotected sex.

ACTIVITY 2: STIGMA AND DISCRIMINATION

Objectives

At the end of this activity, participants should be able to:

- » Define stigma and discrimination.
- » Analyze the relationship between stigma and discrimination and HIV spread.
- » Determine their attitudes towards PLHIV.
- » Describe how they can support a peer living with HIV.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Worksheet D3-TT4-A2

Process

- » Remind participants of HIV modes of transmission and prevention. Explain that you are going to focus on the social reaction to people living with HIV.

- » Ask participants to sit in a circle. Explain that you are going to read a statement about someone living with HIV and each of the participants in turn will have to continue the story.
- » Read the statements from the worksheet D3-TT4-A2 and invite them to take turns building on the story.
- » Once the last person has added his/her piece to the story, discuss the following questions:
 - › How did people react to the young girl or boy?
 - › Why in your opinion did they react like this?
 - › What would be the impact of such a reaction on the girl or boy?
 - › Would the reactions be the same or different if this person was from the community and not a refugee or an IDP? How?
- » If time allows, read more statements. Compare the answers and try to find differences among the responses based on the sex of the HIV-positive person, marital status, and mode of getting the infection or other circumstances.
- » Define stigma and discrimination and explain how each plays a role in the spread of HIV.
- » Pick one of the cases in the worksheet and ask volunteers to role-play how they would act to provide positive support. Give them a few minutes to prepare.
- » Let them role-play for five minutes.
- » Applaud the volunteers and thank them.
- » Tell participants that they will discuss what they saw; however, they should comment on the personalities portrayed in the role-play and not on the peers themselves.
- » Discuss the following questions:
 - › How did the characters show their support for the HIV-positive character?
 - › How did this character feel?
 - › What other actions can we do to show support?
 - › Why should we show support to PLHIV?
- » Conclude by summarizing supportive actions for PLHIV.

Enlightening ideas!

- » You may want to omit the role-play and address the questions above directly after discussing the statements.
- » Link the exercise to a discussion of the rights of PLHIV.
- » Pay attention to stigmatizing words that the participants might use during the discussion. Gently ask the peers to reconsider their vocabulary.
- » You can invite a youth living with HIV to make a life testimony. However, you need to prepare with the person in advance. Also you need to ensure the safety of the person during and after the testimony. Moreover, you

might need to provide psychological support to the person during or immediately after he or she speaks.

Take-home messages

- » Stigma and discrimination against people living with HIV have a negative impact on their lives and HIV status. They also encourage the spread of the HIV epidemic.
- » A person in a crisis situation who is HIV positive might face a double stigma.
- » We stigmatize a person when we devalue him/her as well as associated individuals, groups and communities because they live or are presumed to be living with HIV and AIDS.
- » We discriminate when we act instinctively against a person because of his/her HIV status (actual or presumed), or because the person is seen to belong to a particular group because of his/her behaviors or status.
- » We discriminate when we treat a person unfairly and ignore his/her human rights because of his/her HIV status.
- » Youth peers play an important role in alleviating the stigma and discrimination against PLHIV.
- » Many reasons contribute to the stigma and discrimination against people living with HIV, such as fear of getting infected, ignorance, cultural taboos, the knowledge that HIV infection has no cure, prejudice, and lack of laws to protect PLHIV.
- » We need to fight against HIV and for PLHIV.

DAY 4

Training topic 1: Decision making: I should decide

Training topic 2: Assertiveness: Yes, I can say no-1; I can say no-2

FREE AFTERNOON

Training Topic 1: Decision Making

Aim: To enable participants to make appropriate and informed decisions.

ACTIVITY 1: I SHOULD DECIDE!

Objectives

At the end of this activity, participants should be able to:

- » Define decision making.
- » Analyze the importance of making appropriate and timely decisions.
- » List and apply the various steps in the decision making process.

Target groups

- » YPE trainers
- » YPE

Required time

- » 90 minutes

Materials

- » Worksheet
- » Flipchart + papers + Markers
- » Worksheet D4-TT1-A1-W1
- » Copies of the cases from worksheet D4-TT1-A1-W2
- » The process of decision making written on a flipchart paper

Process

- » Introduce by saying that every day we have to take decisions and ask participants to provide examples. Add that some decisions we take on a frequent basis; for example what to eat, how to dress, while others are taken less frequently such as area of study after graduating from school or getting married, etc. Some decisions are easier and quicker to take while others request more time and reflection.
- » Define “a Decision” and differentiate with the process of decision making.
- » Read one of the stories from worksheet D4-TT1-A1-W1 and discuss the following questions:
 - › What decision was taken by the young boy or girl?
 - › What were the consequences of her/his decision?
 - › What factors contributed to her/his decision?

- » Conclude that sometimes we might take decisions that we would not take if the circumstances were different. However, when making decision we need always to decide for those that do not affect our safety and health. Add that young people with low self-esteem tend to take decisions that involve risky behaviors.
- » Introduce and explain the process of decision making by giving a concrete example.
- » Ask the participants that they are going to apply the process in group work.
- » Divide the participants into groups and distribute the cases from worksheet D4-TT1-A1-W2.
- » Comment on the group presentations.
- » Conclude that decision making is a skill that can be learnt through application and reflection.

Enlightening ideas!

- » The story in plenary can be replaced by group work on several stories. However, this would request more time.
- » Choose the story and cases that most fit your context and the situations most appropriate to youth in humanitarian setting making sure to respect confidentiality.
- » You can develop stories and cases based on observations and information on young people in your community.
- » You may opt to provide feedback on the group work presentations, once all groups presented on a condition that all groups worked on the same case.

Take-home messages

- » To protect ourselves we need to make the right decisions.
- » A “Decision” is the result of the “decision making” process that we follow to move from situation A to situation B.
- » Low self-esteem impact negatively our decisions; thus we are more prone to undertake risky behaviors.
- » Most of our decisions have an impact on us and those around.
- » Some decisions influence our lives on the long term.
- » The process of decision making includes the following steps: 1- Define the problem/situation; 2- list the various solution/alternatives; 3- Consider the positive and negative consequences of each alternative; 4- take into consideration your values and aspirations to select an option; 5- Select your option (decision); 6- Implement your decision; and 7- Evaluate it.
- » Two young people might take two different decisions for the same problem or situation depending on their values, aspirations, and other related factors.
- » Our values should guide us in selecting the best option.
- » Collect information from credible and varied sources in order to be able to make the best decision.
- » Don’t hesitate to discuss your decision with people you trust and respect before implementing it.

Training Topic 2: Assertiveness

Aim: To improve young people communication skills when they want to declare their refusal to a situation or a risky behavior.

ACTIVITY 1: YES I CAN SAY NO

Objectives

At the end of this activity, participants should be able to:

- » Define being assertive.
- » Analyze the importance of being assertive.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flipchart + Papers + markers
- » Worksheet D4-TT2-A1

Process

- » Describe a relevant scenario to the participants from Worksheet D4-TT2-A1.
- » Ask them individually to reflect on what would they feel and what would they say.
- » Write on the flipchart the responses.
- » Go over the responses and ask the following questions; note the responses in different colors in front of each option.
 - › What would the other person feels?
 - › How acting like this would affect the relationship?
- » Categorize the first responses under “aggressive”, “passive” and “assertive”.
- » Define each behavior and the consequences it would have on the relationship with the person.
- » Conclude that of the three behaviors, assertiveness is the best, because it help us express our feelings while keeping communication channels open. It is a choice and not a must.

Enlightening ideas!

- » You may want the participants to role play the three behaviors and then discuss the consequence of each.
- » In some cultures assertiveness might not be familiar and may be considered rude especially to adults. Thus, some adaptation might be needed.

Take-home messages

- » Assertiveness is a behavior during which we express positively our feelings and refusals to undertake certain behaviors regardless of how strong or negative these feelings are.
- » Assertiveness is voicing out our decision about an issue that we decided to refuse.
- » Assertiveness is the opposite of being aggressive. It is a way of communicating that respects our personal rights and feelings as well as others.
- » A person having a high self-esteem tends to be more assertive.

ACTIVITY 2: YES I CAN SAY NO-2**Objectives**

At the end of this activity, participants should be able to:

- » Enumerate the steps to follow when being assertive.
- » Apply being assertive and using appropriate arguments.

Target groups

- » YPE trainers
- » YPE

Required time

- » 90 minutes

Materials

- » Flipchart + Papers + markers
- » Flipchart Paper with the steps of being assertive written on it as per worksheet D4-TT2-A2-W1
- » Flipchart with the assertiveness arguments written on it as per worksheet D4-TT2-A2-W2

Process

- » Introduce the participants to the steps of having an assertive behavior (worksheet D4-TT2-A2-W1).
- » Using the scenarios in the previous activity ask participants to prepare in groups an act where they apply the steps of being assertive.
- » Divide the participants into four or five groups and ask them to prepare their play for 15 minutes.
- » The different groups role-play the assertive behavior.
- » Provide comments after each play. Acknowledge the groups' members and ask about their feelings.
- » Ask the participants to get back into their groups and think of how they would respond if they were faced by intimidation, threat, subject change, argumentation, quietude, etc.
- » Get the results from the groups and classify them according to the categories in worksheet D4-TT2-A2-W2.
- » Conclude by summarizing the steps and the arguments to use.

Enlightening ideas!

- » If you have time, you may want the participants to role play the second group work instead of just giving you the answers.
- » Make sure that the comments are on the characters and not on the participants themselves.

Take-home messages

- » We need to be assertive in all situations; though this does not ensure that the results will always be positive.
- » Facing arguments using the various strategies could help in making the person realize your position. However, at some point in time you need to stop giving arguments and keep your position.
- » When we are being assertive a better result is more likely to happen, without harming the relationship as much, and the conflict might be solved without one party feeling guilty, rejected and hurt.

DAY 5

Training topic 1: Drugs: Drugs 101; drugs: reasons and consequences; Freeze Frame: Say no to drugs!

Training topic 2: STIs: SRH password; Discovering STIs – Bingo

Training topic 3: Having equal rights, responsibilities and opportunities: Sex vs. Gender; Exploring attitudes toward gender equality and equity

Training topic 4: Gender-Based Violence: Understanding GBV

Training Topic 1: What about drugs?

Aim: To enable participants to avoid substance use through providing them with information about drugs and equipping them with the necessary skills.

ACTIVITY 1: DRUGS 101

Objectives

At the end of this activity, participants should be able to:

- » Define drugs and drug types.
- » Define addiction.
- » Recognize the various effects of drugs on the human body.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Definition of drugs written on a piece of flip chart paper
- » Postcards with names of drugs from worksheet D5-TT1-A1 written on them
- » Flip chart + paper + markers

Process

- » Ask participants the following question: “What do we mean by drugs?”
- » Note all the answers on a piece of flip chart paper.
- » Go over the answers and try to form a definition from the key words given by participants. The answers might also be categorized according to types of drugs and/or consequences.
- » Before the session, write the definition of drugs on a piece of flip chart paper and read it to the participants once the brainstorming is over.
- » Follow the same procedure to define addiction. Ask the question: “What do we mean by addiction?”
- » After going through the answers, define the word addiction.
- » Ask participants about the different ways of administering and using drugs including inhalation, injection, and by oral and anal means.
- » Draw three columns on a flip chart with these drug categories as the heading titles: Depressants, Stimulants and Hallucinogenic.

- » Distribute previously prepared small cards or Post-it notes with names of drugs written on them for each member of the group.
- » Explain to participants that they will be given postcards with a drug name on it. They will have to put them under one of the categories (Depressants, Stimulants, Hallucinogens) written on the flip chart. Define each type.
- » Distribute the cards and allow five to seven minutes for the participants to put the cards in the appropriate column.

Read the various cards posted under the categories, correct their placement if necessary, and ask the group for the slang or commonly used names of each drug.

Enlightening ideas!

- » You can replace the brainstorming session by writing the questions on the flip chart and asking participants to respond individually in their journals. Then go over their journals, pointing out the correct answers and correcting the others.

Take-home messages

- » Drug: A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical physiological processes of tissues or organisms. Hence, a drug is a substance that is, or could be, listed in a pharmacopoeia. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is nonmedical use in addition to medical use. Professional formulations (e.g. “alcohol and other drugs”) often seek to make the point that caffeine, tobacco, alcohol and other substances in common nonmedical use are also drugs in the sense of being taken at least in part for their psychoactive effects.
- » Drugs can be classified under three types: Stimulants, Depressants and Hallucinogens:
 - › Stimulants: Any agent that activates, enhances, or increases neural activity. Included are: amphetamines, cocaine, caffeine, nicotine, etc. In high doses, antidepressants and certain opioids can have stimulant effect. Stimulants resulting symptoms include: tachycardia, pupillary dilatation, elevated blood pressure, hyper-reflexia, sweating, chills, nausea or vomiting, and abnormal behavior such as fighting, grandiosity, hyper vigilance agitation, and impaired judgment. Chronic misuse commonly induces personality and behavior changes such as impulsivity, aggressively, irritability, and suspiciousness.
 - › Depressants: Any agent that suppresses, inhibits, or decreases some aspects of central nervous system. The main classes are sedatives/ hypnotics, opioids, and neuroleptics. Examples include: alcohol,

barbiturates, anesthetics, benzodiazepines, opiates and their synthetic analogues and anticonvulsants. Symptoms include confusion, decreased focus, anxiety, temporary and unjustified feelings of joy, bad judgment, Drowsiness, adverse consequences for the cognitive functions such as memory and concentration, problems in motor coordination and reactions to sudden events. In addition to memory problems, they may cause coma, nausea, vomiting, and sometimes death due to overdose.

- › Hallucinogenic: A product causing a disorder consisting of persistent or recurrent hallucinations, usually visual or auditory, that occur in clear consciousness and that the individual may or may not recognize as unreal. Delusional elaboration of the hallucinations may occur, but delusions do not dominate the clinical picture. Effects of hallucinogenic include perceptual distortions of time and place, visual hallucinations and synesthesia (a merging of the senses such that sounds are “seen” and colors are “heard”). In comparison to the powerful sensory distortions, the physiological after-effects are relatively slight, but may include dizziness, disorientation, anxiety, depression and distressing flashbacks.
- » Drugs’ short-term and long-term negative effects outweigh the temporary pleasure.
- » Addiction is the repeated use of a psychoactive substance or substances to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance or substances, has great difficulty in voluntarily ceasing or modifying substance use, and exhibits the determination to obtain psychoactive substances by almost any means.

ACTIVITY 2: DRUGS: REASONS AND CONSEQUENCES

Objectives

At the end of this activity, participants should be able to:

- » Analyze the reasons for the use of drugs among young people in general vs. the reasons among those affected by a humanitarian crisis.
- » Analyze the various consequences of using drugs.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Copies of cases from worksheet D5-TT1-A2
- » Four flip chart papers with the drawing of a tree.

Process

- » Introduce the topic by saying that drug use is widespread among youth worldwide. Some youth, however, do not use drugs. Explain that we are going to analyze the reasons for the use of drugs among young people in general and the specific factors that can increase the vulnerability of young people to substance use in humanitarian settings.
- » Divide the participants into three groups and assign a case to each group (worksheet D5-TT1-A2).
- » Explain that you will be using the case statements as a starting point to identify root causes and consequences of substance abuse. The discussion will include completion of a problem tree.
- » Fasten four pieces of flip chart paper on a wall to form a bigger chart and draw a tree on the paper.
- » Allow five to seven minutes for the participants to read the case statements and answer the two questions.
- » Ask participants to sit or stand next to the large flip chart, present their cases and start filling in the tree roots (causes of drug use), branches (consequences) and leaves (impact on the community).
- » Suggest they go beyond the material in the statements and add even more causes, consequences and impacts of drug use until the tree is full.

Enlightening ideas!

- » If possible, you may want to have live testimony from a person who has experience with drugs and its consequences.

Take-home messages

- » A humanitarian crisis increases the vulnerability of young people to risky behaviors, including drug use.
- » Some of the reasons that may lead young people to start using drugs in humanitarian settings: boredom, low self-image and self-esteem, lack of future plans, increased peer pressure, stress and depression, loss of positive role models and a positive support/guidance system and network, lack of youth-oriented counseling, lack of decision making, negotiations and assertiveness skills, etc.
- » Depending on the drug used, the user may not immediately become addicted; however, negative consequences occur even with experimental or occasional use.
- » Drugs' effect differ from one user to another; it depends on the user's health status, sex, body weight, use method, type and quantity of drug used, number of drugs taken simultaneously, etc.
- » Drugs have a negative impact on a young person's life, health, safety, and

physical and psychological development. Drug use can lead to possible accidents, overdose and poisoning. The use of drugs also has legal consequences because it is usually illegal to sell, buy, use or possess these substances.

- » The use of drugs can also increase the risk of adopting other risky behaviors such as reckless driving, unprotected sex, etc.
- » Some of the drug use methods (especially injection) can put the person at risk of transmission of STIs, hepatitis B, HIV and hepatitis C.
- » Addiction to drugs may lead a person to engage in sex work, trafficking and/or criminal activities in order to pay for the drugs.
- » Beyond the impact on users, drug abuse affects peers, family members and community with its emotional, psychological, mental, physical and economic consequences.
- » While detoxification, rehabilitation, counseling, harm reduction, and other support services for drug users may be available under normal circumstances; that is rarely the case in humanitarian settings. That is why it is very important not to start using drugs.

ACTIVITY 3: FREEZE FRAME: SAY NO TO DRUGS!

Objectives

At the end of this activity, participants should be able to:

- » Realize that using drugs is not a solution to their problems.
- » Develop arguments and strategies to avoid drug use.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Process

- » Introduce the session by saying that sometimes young people are pressured by their peers to use drugs. We are going to experience how to resist such pressure in an assertive way.
- » Ask the participants for two volunteers to start the role play and explain that other volunteers can join throughout the acting until the number reaches 10 participants.
- » Ask the volunteer # 1 to role-play a situation in which he or she tries to get volunteer # 2 to use drugs; see the case studies in worksheet D5-TT1-A2 for examples. Volunteer No. 2 gives an argument on why he/she doesn't want to use drugs, then freezes. Volunteer # 3 joins the role-play, and Volunteer

1 pushes the discussion with a counter-argument. Volunteer # 3 also declines to use drugs and gives another anti-drug argument. The role-play continues until 10 participants have passed on stage.

- » Summarize the arguments and counter-arguments highlighting the importance of having strong refusal skills; knowing the possible effects; etc.

Enlightening ideas!

- » A role play between two or three participants can replace the freeze frame to be followed by a discussion.
- » You may want to ask the volunteers who role played how they felt refusing what the other asked.
- » To deepen the discussion following the role play or freeze frame, participants can be asked to think of different ways of saying no.

Take-home messages

- » Using drugs is not a solution to our problems; on the contrary, it will add other problems.
- » It is not always easy to say no. It is normal to feel confused or tempted. But you can learn different ways of refusing to do something you do not like or do not want to do, while remaining true to yourself and to the things you believe.
- » Although resources might be limited, many strategies exist to improve the situation of young people in a humanitarian setting. These include building our skills, taking part in the response to the crisis, continuing our education, and participating in social/cultural/recreational activities.

Training Topic 2: STIs

Aim: To enable young people in humanitarian settings to actively protect themselves from STIs.

ACTIVITY 1: SRH PASSWORD

Objective

At the end of this activity, participants should be able to:

- » Use easily and with confidence terms related to sexual and reproductive health.

Target groups

- » YPE Trainers
- » YPE

Required time

- » 30 minutes

Materials

- » Two rows of chairs for participants to face each other
- » Large index cards with words related to SRH written on them, one word per card. Examples: mucous membranes, penis, HIV/AIDS, vagina, anus, still birth, ovaries, fallopian tubes, sexual relationship, oral sex, etc.

Process

- » Explain that the goal of the exercise is to master the terminology of SRH with a guessing game in which clues are given for a series of key terms written on cards. Explain that the clues can only be one word but the answers may be longer. A clue should not contain any words that are part of the answer.
- » Set up two rows of chairs facing each other for the contestants to sit in. Stand behind one row and tell everyone to look straight ahead. Show the password on the card to the contestants facing you. The first person in line, who has seen the word, gives a one-word clue, and the person sitting directly opposite him or her tries to guess the answer. This continues until someone guesses correctly. Show another word to the second person in the line, who will give a clue to the person sitting opposite him or her. That person will have to guess what it refers to. The contest continues until all the terms have been discussed.

Enlightening ideas!

- » Encourage participants to laugh to help them release stress.
- » Allow the game to get competitive.

Take-home messages

- » As peer educators/trainers, we need to master the words related to sensitive issues and use them with confidence and ease.
- » We need to rehearse these words to feel comfortable using them.
- » We need to find innovative ways to share the information with our target audiences.

ACTIVITY 2: DISCOVERING STIS – BINGO**Objectives**

At the end of this activity, participants should be able to:

- » Define STIs.
- » List the risk factors and modes of transmission and prevention.
- » Analyze how being in a humanitarian crisis could increase their risk to STIs.
- » List what to do if diagnosed with an STI.
- » Describe where, when and how to get services.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Copies of the questions worksheet D5-TT2-A2-W1
- » Cards with the answers to the questions from worksheet D5-TT2-A2-W2
- » A whistler

Process

- » Introduce the objectives of the activity.
- » Explain the game to the participants as follows: You are going to play in teams of three to four people. You will have to respond to a list of questions by searching for answers on flash cards that are hidden somewhere in the place/camp/training room. When you find the answers to a set of questions, you have to come back to the trainer as a team and get his/her signature to verify that all the members of the team know the correct answers. The winning team is the one that finishes all the questions first.
- » Divide the participants into teams and provide them with the questions

sheet. Ask each team to start with a different set of questions; when they are answered correctly, they should advance to another set until all the questions are answered.

- » Sign for the teams when they finish each set of questions correctly. Leave enough time so that all the groups respond to all the questions even after you have a winning team.
- » Once the game is over, go over the different questions and review the answers. Ask participants if they have questions.

Enlightening ideas!

- » Before the game begins, hide the cards with the answers to the questions in different places around the room or camp, trying to pick difficult locations to make the game competitive.
- » Try to make the game fun and competitive.
- » You may want to exchange this game for the card game described in the section about HIV/AIDS. In that case, you will have to change the questions to make them about STIs.
- » You may also want to use Exercise 2: STI Challenges from Day 2 of the Youth Peer Education Toolkit – Training of Trainers Manual, Y-PEER.

Take-home messages

- » Both men and women, youth or adults, can get STIs if they engage in behaviors associated with STI transmission. However, women and especially young girls are socially and biologically more vulnerable and at risk of getting STIs.
- » Abstinence is 100 percent effective in the prevention of an STI through a sexual relationship. Condom use is one of the most efficient prevention means. However, some STIs such as the human papilloma virus (HPV) are not prevented by condoms; HPV, or genital warts, can be transmitted by touching, and such warts can be present on parts of the genitalia that are not covered by a condom.
- » Since some STIs don't have symptoms, anyone who has engaged in risky behavior should get tested.
- » Having an STI increases the risk of being infected with HIV.
- » Being in a humanitarian setting increases the vulnerability of youth to STIs. This is due to:
 - › Limited access to and availability of health care services and prevention methods.
 - › Social structures that normally influence behavior are broken, and power disparities between men and women may increase, which can lead adolescents to engage in consensual or coerced sexual activity at earlier ages.
 - › Adolescents are at greater risk of sexual exploitation and abuse, and although more research is needed on this issue, financial insecurity may lead young people to engage in sex work in order to meet their survival needs.

Training Topic 3: Having equal rights, responsibilities and opportunities

Aim: To address the issue of gender and related concepts and how boys and girls can contribute to the realization of gender equality and equity.

ACTIVITY 1 : SEX VS. GENDER

Objectives

At the end of this activity, participants should be able to:

- » Differentiate between sex and gender.
- » Analyze how the concept of gender is applied in their communities and what effect does the humanitarian context have.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Ask the following questions:
 - › What does it mean to be a young boy or man in your community? What are the personality traits, abilities and roles that are often associated with young boys/men in your community?
 - › What does it mean to be a young girl or woman in your community? What are the personality traits, abilities and roles that are often associated with young girls/women in your community?
- » Divide a sheet of flip chart paper in two and write down the responses.
- » Go over the responses and differentiate between those related to sex and those to gender.
- » Define both of those terms by brainstorming with participants.
- » Discuss the following questions:
 - › Who decides on roles for young boys and girls?

- › What does it entail to have these roles assigned to young boys and young girls?
- › Did these roles change because of the humanitarian crisis? How?
- › If you had a magic wand, what would you change to allow young girls and young boys to realize themselves?

Enlightening ideas!

- » Be aware that the discussion does not turn into judgmental and offensive to the society from where the participants are coming from.

Take-home messages

- » Sex is a physical, biological difference between men and women. It refers to attributes that are not considered interchangeable.
- » Gender refers to the economic, social and cultural attributes and opportunities associated with being male and female (school, family, religious institutions, etc.). It refers to the expectations that society has of people because they are men or women. These expectations (gender norms) reveal what society considers acceptable and appropriate for both sexes and are related to:
 - › Appearance and dress
 - › Roles (activities) and pastimes
 - › Responsibilities
 - › Behavior
 - › Public display of emotions
 - › Intellectual pursuits, education
- » Gender roles and norms change over time, place and circumstances, while sex does not change.
- » The impact of gender norms makes women and especially young girls more vulnerable to certain health problems and less able to address these problems, which increases the severity of the consequences, especially in humanitarian settings. For example, refusing prenatal care for young girls because they are not married will push these girls to resort to nonprofessional health care or none at all. That could lead to complications in their pregnancy and delivery or abortion. Another example would be early marriage and pregnancy for young girls, which would result in their withdrawing from schools. That, in turn, would affect their ability to learn the skills needed to take care of their own health and the health of their newborn and family members. Young boys also suffer from the negative impact of gender norms. For example, encouraging boys to have sexual relationships might put them at risk of HIV and other STIs.

ACTIVITY 2: EXPLORING ATTITUDES TOWARD GENDER EQUALITY AND EQUITY

Objectives

At the end of this activity, participants should be able to:

- » Define gender equality and gender equity.
- » Analyze the consequences of gender-based discrimination.
- » Identify the role young people can play to promote equal rights, responsibilities and opportunities for boys and girls, men and women.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers
- » Three signs, each with one of the following words, “agree”, “disagree” and “unsure”, to be hung on the wall.
- » Statements from worksheet D5-TT3-A2

Process

- » Explain to participants that you are going to read aloud statements and they must select one of the following opinions: “agree”, “disagree” or “unsure”. Tell them they can change their mind after hearing other points of view.
- » Read statements from worksheet D5-TT3-A2; allow participants time to gather near the sign they agree with. Provide opportunities for them to give their arguments with respect to the different positions. Sum up the discussion and highlight important issues.
- » Define gender equality and equity using examples that are relevant to humanitarian settings.
- » Conclude by saying that every person has a role in promoting gender equality and equity. We need to start with ourselves; exploring our own attitudes can help us promote gender equity and equality.

Enlightening ideas!

- » You need to ensure respectful and peaceful communication during the agree–disagree statement exercise.
- » Make sure to select and adapt, if necessary, the statements for the agree–disagree exercise from the list in the worksheet.
- » Depending on the time you have, you may want to select only a few statements for the agree–disagree exercise.

- » You may want to write the statement being discussed on the flip chart in front of everybody as a reminder.

Take-home messages

- » Gender equality means no discrimination on the basis of sex and equal treatment and rights of women and men on the social, economic, civil and political levels. For example, girls as well as boys can go to school, enjoy appropriate health services, and have recreational and cultural activities.
- » Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men and their access to and management of resources. For example, suppose the camp committee is formed of an equal number of men and women – this is gender equality. The committee discusses the monthly plan to respond to the humanitarian crisis; the participation of women in these discussions will affect what resources are to be used, and how and who is responsible for expenses and benefits. If appropriate resources are allocated to respond to the real needs of men and women, both men and women will be treated fairly.
- » Young boys and girls can play an important role in promoting gender equality and equity.

Training Topic 4: Gender-Based Violence (GBV)

Aim: To understand gender-based violence, its causes and consequences.

ACTIVITY 1: UNDERSTANDING GBV

Objectives

At the end of this activity, participants should be able to:

- » Identify the many forms of GBV.
- » Understand the causes and consequences of GBV.
- » Recognize that gender inequality is the root cause of GBV.
- » Understand that GBV increases during a humanitarian crisis.
- » Identify the role of peer educators in preventing and responding to GBV.

Target groups

- » YPE trainers
- » YPE

Required Time

- » 120 minutes

Materials

- » Flip chart + papers + markers
- » Copies of worksheet D5-TT4-A1

Process

- » Ask participants what we mean when we say GBV. Explain that gender-based violence is physical, mental or social abuse which is directed against a person on the basis of gender or sex.
- » Ask participants to identify some forms of GBV. Draw a simple tree on the flip chart. Use only the top two-thirds of the page and leave the bottom third for contributing factors/causes, which will be filled in later. As participants identify different forms of GBV, list each example at the trunk of the tree.
- » Explain that the consequences of GBV can be organized into four general areas: 1) Health; 2) Emotional, social and psychosocial; 3) Legal/justice system; and 4) Community and physical safety and security.
- » Divide participants into 4 groups representing each of the 4 areas and ask the groups to:

- › Review the various forms of GBV noted on the tree.
 - › List and discuss all of the consequences/outcomes of GBV in their area. Include individual consequences for the victim and also outcomes for others (community, family, government, etc.)
 - › Prepare a flip chart paper to list the consequences.
- » As each group reads their list aloud, write down the examples at the top of the tree, forming the branches.
 - » Correct and add if need be.
 - » Ask the group to identify the causes and contributing factors of gender-based violence. Using the bottom third of the page below the tree, list the causes and contributing factors as they mention them.
 - » Correct and add if need be.
 - » Brainstorm with participants on what they think would be the role of peer educators to prevent and respond to GBV in a humanitarian setting.
 - » Emphasize the fact that the peer educators' role is limited. GBV-related issues should be taken care of by well-trained and experienced professionals. However, the role of peer educators is important when it comes to informing their peers about sexual violence for example and the availability of services.
 - » Distribute worksheet D5-TT4-A1 as additional reading material for participants.

Enlightening ideas

- » Encourage all ideas and examples. Make sure that all forms of gender-based violence are covered. It is also important to explain that men and boys can also be the target of sexual abuse, usually committed by other men, but that women and girls are affected disproportionately.
- » Observe and be ready to act if a participant does not feel well during the activity because of bad memories.
- » Ensure that most of the potential causes/contributing factors are highlighted.

Take-home messages

- » Gender-based violence includes any physical, mental or social abuse which is directed against a person on the basis of gender or sex and has its roots in gender inequality.
- » Forms of GBV are: Sexual assault, rape, attempted rape, trafficking, prostitution, sexual harassment, domestic violence, battery, confinement, emotional abuse, harmful traditional practices (i.e. Female Genital Mutilation; FGM), early/forced marriage, dowry abuse, punishments directed at women for defying cultural norms, denial of education, food and clothing to girls/women by virtue of their sex.
- » Overt violence and assault need not always be present. Threats and coercion are also forms of violence.

- » Potential causes/contributing factors to GBV are: Gender inequality and power imbalances between men and women; male attitudes of disrespect towards women including lack of respect for the human rights of women and girls; unquestioned assumptions about appropriate male and female behavior; desire for power and control; political motives, including as a weapon of war to instil fear; collapse of traditional society and family supports; cultural and traditional practices and religious beliefs; poverty; alcohol/drug abuse; boredom and lack of services, activities and programs; loss of male power/role in family and community; desire to regain and/or assert power; legal/justice system silently condones violence against women and girls with insufficient laws against GBV; and impunity for perpetrators.
- » The impact of gender-based violence is far-reaching both for the victim and for society at large. Four general areas are impacted:
 - › Health:
 - Consequences at individual level (victims): Injury, disability or death; STIs and AIDS; injury to the reproductive system including menstrual disorders, childbearing problems, infections, miscarriages, unwanted pregnancies and unsafe abortions, difficult pregnancy and labour, chronic pain and infection, infertility; FGM, resulting in shock, infection, excessive bleeding or death, and longer-term effects such as emotional damage including anger, fear, resentment, self-hatred and confusion; and loss of desire for sex and painful sexual intercourse.
 - Impact on wider society includes strain on medical system.
 - › Emotional/psychological:
 - Consequences at individual level (victims): emotional damage including anger, fear, feeling of shame, insecurity, resentment and self-hatred; loss of ability to function and carry out daily activities; depression leading to chronic physical complaints and illnesses and isolation; problems sleeping and eating; mental illness and thoughts of hopelessness and suicide; gossip, judgments against victim, blame directed at victim, treatment of victim as social outcast.
 - Impact on wider society: Expensive drain on community resources including family, neighbors, friends, schools, community leaders, social service agencies, etc.; victim unable to continue as contributing member of society, keep up with child care or earn an income; normalisation of the behaviour; if perpetrators not apprehended or arrested, this sends a strong message that the behavior is somehow acceptable, leading to further incidents of violence.
 - › Legal/Justice System: Victims' lack of access to legal system; lack of knowledge of existing laws; confusion regarding the most appropriate

- channels to seek justice, i.e. criminal, traditional etc.; victims reluctant to report due to heavy stigma attached to sexual abuse; strain on police/court resources already challenged and overburdened; lack of sensitivity to issues expressed by judges and costs incurred by victims.
- › Community and Physical Safety and Security: victims feel insecure, threatened, afraid; climate of fear and insecurity affects women's freedom and perception of personal safety; lack of female participation in community life; and fear of travelling to school and work.
 - » Although culture is often used to justify the use of violence toward women, the right to be free from abuse is a fundamental and universal right.
 - » In humanitarian crisis and settings, norms regulating social behavior are weakened and traditional social systems often break down. Women, young people and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age and dependence on others for help and safe passage.
 - » During a humanitarian crisis, incidents of sexual violence, including rape, sexual abuse and sexual exploitation, are likely to increase. Adolescents who are faced with poverty, economic hardship, or separation from their families or communities are at risk of sexual violence. They may be raped, coerced to provide sex in exchange for food, clothing, security or other necessities, or forced into early marriage or trafficking by their families, or they may sell sex to earn money for what they or their families need. Adolescent girls, especially if they are unaccompanied or have the responsibility of caring for younger siblings, are most at risk because of their 1- dependence on others for survival; 2- limited decision-making power; and 3- limited ability to protect themselves.
 - » Despite the social upheaval that occurs during a crisis, adolescent girls may be expected to conform to cultural norms, such as modesty and virginity; if they fail to do so, they are at risk of violence from men within their homes or the community.
 - » Adolescent girls and women are particularly vulnerable to sexual violence: during conflict, when rape may be used as a method of war or when they may be forced to become child soldiers or sex slaves; during displacement from their homes of origin; while collecting water or firewood; in unsecured or unprotected sanitation or bathing facilities; at the hands of military, peacekeepers, humanitarian workers or community members. (This includes both sexual assault and sexual exploitation.)
 - » Although the majority of GBV survivors are women and girls, men and boys can also be subjected to sexual violence. Marginalized adolescents, such as those with disabilities, migrants and indigenous adolescents, among others, are also at risk of sexual exploitation and abuse.
 - » Young people can play an important role in informing their peers about GBV and the services in place for GBV survivors. They can also advocate for better prevention and response to GBV.

- » Peer educators should be aware of the multi-sectoral services available for GBV by obtaining copies of referral pathways that should be developed by GBV actors or through a GBV Sub-cluster or Working Group.
- » Peer educators should also be aware that there are specific guidelines in place for supporting GBV survivors, and particularly child and adolescent survivors. The role of the peer educator should be to refer survivors to appropriate services and to accompany them according to the survivor's preferences but not to try to deliver services and direct support him/herself.

DAY 6

Training topic 1: Sexual and Reproductive Health rights: It's our right to know and protect ourselves; Advocating for our rights

Training topic 2: Early marriage: What does it mean to get married early? How to say no

Training topic 3: Early pregnancy: Being pregnant before reaching 20; Family planning; Negotiation

Training topic 4: TOT on Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings: discovering the manual

Training Topic 1: Sexual and reproductive health rights

Aim: To enable young people affected by a humanitarian crisis to ask for the respect, protection and promotion of their rights and those of their peers.

ACTIVITY 1: IT'S OUR RIGHT TO KNOW AND PROTECT OURSELVES

Objectives

At the end of this activity, participants should be able to:

- » Define sexual and reproductive health (SRH).
- » Define their rights including SRH rights.
- » Acknowledge the importance of the realization of these rights.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Material

- » Copies of worksheet D6-TT1-A1-W1
- » A4 postcards with various rights written on them from worksheet D6-TT1-A1-W2
- » Flip chart + paper + markers

Process

- » Introduce participants to the objectives of the activity.
- » Before the session, ask eight participants to volunteer to perform in a play during the session. Share the scenario (worksheet D6-TT1-A1-W1) with them and do a reading and simulation. It should not take more than 15-20 minutes.
- » Ask the volunteers to present the play to the entire group.
- » Once the play is over, thank the actors and applaud. Remind the rest of the participants that their comments should be on the roles and subject matter and not on the actors themselves or their performances.
- » Discuss the following questions:
 - › What was the play about? What issues were highlighted in the play?

- › What did Aida face? How did this affect her?
 - › What did Hamida face? How did this affect her?
 - › What about Aida's husband: What does he do? How could this affect him, now and in the long run?
 - › In your opinion, why did the youth in this play have to endure all of this?
 - › How could the community protect them?
- » Define sexual and reproductive health and introduce the topic of the rights of adolescents and youth. Post the cards and explain the various rights, showing how they are related. Give examples of the rights that were not respected in the play.
 - » Tell the group that most countries have ratified the Convention on the Rights of the Child (CRC) and agreed to implement the International Conference on Population and Development (ICPD) Programme of Action, which commits them to supporting reproductive rights and health and promoting gender equality even in a humanitarian crisis.

Enlightening ideas!

- » Make sure that the names used in the play are not the same as those of the participants. If they are, change the names.
- » You may change the scenario and use a real story of a youth affected by a humanitarian crisis if it also illustrates the topic of basic human and SRH rights. Be sure to keep the real name and contact details of the young person confidential.

Take-home messages

- » Human rights violations are common in both natural and man-made crisis situations. States are responsible for protecting the human rights of their citizens, but during crises, states may be temporarily incapable of providing protection (in the case of a natural disaster, for example) or they may fail to do so (in the case of an armed conflict). The right to health — including sexual and reproductive health — is not suspended during an emergency, and it is the responsibility of states to ensure that those who are marginalized or most at risk in the population are provided with safe access to shelter, water, food, cooking fuel and health care.
- » SRH is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the sexual and reproductive system and its functions and processes (1994 Cairo ICPD). This implies the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go through pregnancy and childbirth safely and provide couples with the best chance of having a healthy infant.

- » Under international law, adolescents have rights through the CRC until they reach 18 years of age. These include the right to reproductive health information and services and protection from discrimination, abuse and exploitation. Health staff, adolescents, community members (including parents) and humanitarian workers should be aware of the rights of adolescents and work together to ensure that these rights are protected even in times of crisis.

ACTIVITY 2: ADVOCATING FOR OUR RIGHTS

Objectives

At the end of this activity, participants should be able to:

- » Define the steps in an advocacy process to realize their rights.
- » Develop a plan of action to advocate for their rights.

Target group

- » YPE Trainers

Materials

- » Flip charts + different color markers
- » Sticky notes + flash cards
- » Newspapers, magazines and posters
- » Copies of worksheet D6-TT1-A2

Required time

- » 120 minutes

Process

- » Remind participants of the definition of advocacy.
- » Explain to participants that the advocacy planning part of the session will last for an hour and a half.
- » Ask participants to advocate on behalf of a right that young people in the camps are lacking; brainstorm how to do this; decide through a vote on one right to work on.
- » Divide participants into four different groups; each group will work on developing an advocacy action (worksheet D6-TT1-A2). Groups will have 45 minutes to make a presentation, using stories, pictures and drawings from magazines, posters and newspapers or their own drawings. They should refer to information in the worksheet to make the presentation.
- » The plan should be based on their resources, time and capacities in the community. Use concrete examples.
- » All work should center on advocating for the right selected by the participants.

- » Give each group 10–15 minutes to present their plan.
- » Wrap up the session by focusing on the importance of advocacy actions in humanitarian settings.

Enlightening ideas!

- » Link this activity to the one entitled “Peer Educators Advocates” to show the skill acquisition component in YPE roles.
- » Have some of the participants share their experiences related to the issues suggested in this activity.

Take-home messages

- » The process to advocate for the realization of the rights can be long and we need to be realistic about what we want to realize.
- » Youth can be involved in the various steps of the advocacy process.
- » Although in a humanitarian crisis, the priority is to ensure basic needs, we have to work on identifying unmet rights and play a role to realize them.
- » An action plan need to include the objective(s) to be realized, the activities, the people/institutions/organizations to target, tasks, the people that should be involved, the resources needed, the time frame, etc.

Training Topic 2: Early marriage

Aim: To empower youth peers especially girls to reconsider early marriages.

ACTIVITY 1: WHAT DOES IT MEAN TO GET MARRIED EARLY?

Objectives

At the end of this activity, participants should be able to:

- » Define early marriage.
- » Analyze the consequences of early marriage.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Stories from worksheet D6-TT2-A1
- » Flip chart + paper + markers
- » A ball

Process

- » Ask the participants to stand in a circle. Tell them that you are going to throw a ball to one of them, and they will have to answer this question: “What does early marriage mean to you?” Then he/she has to throw the ball to another person, and the game will continue until everybody has expressed an opinion.
- » Begin the game.
- » Review their responses without mentioning who said what, and then define early marriage as one in which a young boy or girl marries before the age of 18 (the age of majority in most countries). Mention that in some countries young people are pushed to get married as early as 10 years of age. Some countries have laws that specify the legal age of marriage. However, although such laws exist, sometimes they are not enforced.
- » Explain to participants that they are going to work in groups of four to five for 10 minutes to finish stories (worksheet D6-TT2-A1) that you will distribute to them.
- » Divide them into groups and allow time for group discussions.

- » Have them present their work and then discuss it.
- » On a flip chart note their responses to the stories and categorize the consequences of early marriage as personal or at the community or national level. Personal consequences can be broken down into the following categories: physical health, emotional health, mental health, social health, developmental, economic or educational.
- » Discuss the following questions:
 - › What is the marriage age in your society? Is there a difference in the accepted age between boys and girls? Why? Did it change because you are in a humanitarian crisis?
 - › In your opinion, why do people usually marry early in your society? Did these reasons change because of the humanitarian crisis?
 - › What do youth affected by a humanitarian situation feel if they are to be married early? How would they react?
 - › When would you like to marry? Why?
- » Conclude by reminding the participants of the negative consequences of early marriages on various stages of development of the individual and the fact that a humanitarian setting might add to the problems. Explain that early marriage is related not just to age but to a boy and girl's level of maturity and to what they want out of life. Explain also that life is not just about marriage, child-rearing and related tasks.

Enlightening ideas!

- » Ask a colleague to note on the flip chart paper the responses of the participants to the question, "What does early marriage mean to you?" This will help the group remember the responses, which will facilitate a better discussion.
- » You may want to inquire about the legal age of marriage in the country from which your participants come.
- » Make sure during the discussion to cover the various consequences of early marriage, especially for girls.

Take-home messages

- » Early marriage has various health risks for young people.
- » We have the right to freely decide when and whom to marry. In some societies, the age of marriage has increased due to the economic situation and the changing goals and beliefs of youth and society.
- » In some cultures, a young girl is forced into early marriage because she is kidnapped and raped, then obliged to marry the person who did it.
- » Early marriage becomes risky when a young girl becomes pregnant.
- » An early marriage jeopardizes the continuation of schooling for youth, especially girls, which will have a negative effect on their future. The long-term consequences will affect the family's well-being, resources, and the health and education of their children.

- » An early marriage deprives youth, especially girls, of the opportunity to fully experience their childhood and explore all of their potential.
- » Some people look at early marriage as a way to protect youth, especially girls. But is it really so?
- » A humanitarian crisis imposes strains on a society and might add complications to the marriage of youth.

ACTIVITY 2: HOW TO SAY NO?

Objective

At the end of this activity, participants should be able to:

- » Practice communication strategies to avoid early marriage.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Review issues introduced during the previous activities related to the issue.
- » Tell participants they are going to work in groups of three to practice communications skills to avoid an early marriage. One of the three in each group should play the role of a young girl or boy who must marry at an early age. The second plays the role of the father/mother/future husband and the third person is an observer. Let them play the roles for 5-7 minutes.
- » Stop the role-plays and ask the groups to share their experiences.
 - › Ask participants who played roles to talk about their feelings.
 - › Ask observers to report what they saw, what arguments they heard from the other two, and if they were convincing.
- » Ask the participants to exchange roles.
- » Continue until every participant has had the chance to play the role of the young girl/boy.
- » Conclude by summarizing the various arguments to use against early marriage. Emphasize the need to be assertive and use nonverbal communication skills without resorting to being aggressive or passive.

Enlightening ideas!

- » Use the stories in the previous activity and ask volunteers to role-play the communication among family members, and then facilitate a discussion.
- » If the group is mixed, let the girls play the role of the youth being forced to marry early and the boys the role of the fathers. Then have the girls play the role of mothers forcing the boys to marry early. Or have the boys role-play together scenes where fathers force the young boys to marry.

Take-home messages

- » We need to have the courage and communication skills to face adults forcing us to marry early.
- » It is our right to decide when and whom to marry.
- » Marriage is a personal issue.
- » As youth, we need to know ourselves and develop our views, values and expectations about marriage before we get married.
- » Although a humanitarian situation puts families under stress, we can use the situation to our advantage and argue about the importance of delaying marriage in such circumstances.
- » You will convince the other person of your cause if you are assertive; you will lose your case if you are aggressive and also damage the relationship. A win – win situation should be our aim.
- » We can ask another adult who believes in the importance of not getting married early and who is credible to our father, mother or uncle to help us persuade them.

Training Topic 3: Early pregnancy

Aim: To empower youth peers, especially girls, to reconsider early pregnancies.

ACTIVITY 1: BEING PREGNANT BEFORE REACHING 20

Objectives

At the end of this activity, participants should be able to:

- » Define early pregnancy.
- » Describe how pregnancy occurs.
- » Determine the health, economic, social, emotional, mental and educational consequences of early pregnancies on girls and boys as well as on the community itself.
- » Analyze how a humanitarian setting might affect an early pregnancy.

Target groups

- » YPE trainers
- » YPE

Required time

- » 90 minutes

Materials

- » The game grid from worksheet D6-TT3-A1-W1 drawn on flip chart paper or on a large board
- » Worksheet D6-TT3-A1-W2
- » Worksheet D6-TT3-A1-W3
- » Flip chart + paper + markers

Process

- » Introduce the issue by saying that in most marriages, couples start having children in the first year. When girls marry early and get pregnant before reaching age 20, this is called early pregnancy. In some cases, girls affected by a humanitarian crisis can get pregnant outside marriage for various reasons: They were raped while fleeing, they had a sexual relationship without using contraceptives or they were obliged, because of their situation, to sell sex.
- » Explain to the participants that they are going to split into two teams. Everyone on a team will get to pick a question under one of the topics listed at the top of the grid and then answer the question. If he/she responds

correctly, he/she will be awarded the corresponding number of points; otherwise, the question will go to the member of the second team whose turn has come up. If he/she replies correctly, then the opposing team will score the points. If neither side gets it right, the facilitator will give the answer.

- » Split the participants into two teams with an equal number of players and ask them to select a name for their team. Mark the names of both teams on the flip chart to keep score.
- » Call on the first player; let him/her select a topic and a question, then cross off the question on the grid so that it will not be chosen again.
- » Ask him/her the question and proceed in this manner until all the questions have been answered.
- » Count up the points each team received and announce the winner. The winning team should sit together at the end of the session and decide on a nice thing to do for the other team, which they will announce during the morning update the next day.
- » Review all the questions to make sure that the participants understand the information they need to know about early pregnancy.

Enlightening ideas!

- » Before the session, you may want to write the correct answers on flip chart paper and show them to the participants after they answer a question.
- » If they are available and permissible, you may want to bring drawings/ pictures of the male and female reproductive systems and other aspects of pregnancy to illustrate the process.
- » The participants will have more fun if you adopt a lively and supportive attitude during the game.
- » Ensure that the competition remains friendly by emphasizing the positive nature of the activity and reminding the group of the ground rules for the training sessions.

Take-home messages

- » An early pregnancy is a pregnancy that occurs before young girls reach age 20.
- » Pregnancy is a leading cause of death for young women aged 15 to 19 worldwide, with complications of childbirth and unsafe abortion being the major factors. Girls who are not fully developed physically encounter difficulties in sex, pregnancy and labor.
- » An early pregnancy might have negative, lifelong consequences for the physical and emotional health of youth, especially girls.
- » A pregnancy might occur outside the framework of marriage. Because of the resulting social taboo, including stigma, discrimination and rejection, the young mother may not get the health care and follow-up treatment she needs, putting her and the baby at risk.

- » A pregnancy outside marriage often pushes a young girl to abort, which, if not done in a proper clinical setting, might put her life and health at risk.
- » The emergency contraceptive pill (ECP) is a birth control pill taken to prevent pregnancy up to five days (120 hours) after unprotected sex.
- » A pregnancy, especially for young girls, needs follow-up care, which might not always be possible in a humanitarian crisis.
- » Newborns need a great deal of care, including a safe, quiet and peaceful setting. These services may not be available during a humanitarian crisis.
- » Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes.
- » Reproductive health has many components. These are as follows: 1- High-quality education, awareness and counseling related to family planning; 2- Education and services related to prenatal and postnatal care and safe delivery; 3- Treatment of birth complications and emergency cases; 4- Abortion services including prevention, treatment of complications and post abortion care; 5- Prevention of reproductive diseases and sexually transmitted infections including AIDS; 6- Services to prevent and address gender-based violence; 7- Involvement of men in RH issues; 8- Education about and promotion of exclusive breastfeeding; 9- Provision of information, education, counseling and services related to sexual and reproductive health and responsible parenthood to protect and promote the health and well-being of families; 10- Prevention and treatment of infertility and sterility; 11- Early detection of breast cancer and cancers related to male and female reproductive systems; 12- Sexual and reproductive health for adolescents; 13- Effective campaign against harmful practices such as female genital mutilation; and 14- Education and awareness about menopause.

ACTIVITY 2: FAMILY PLANNING

Objectives

At the end of this activity, participants should be able to:

- » Define family planning.
- » Recognize the importance of FP.
- » Enumerate the locally available FP methods.

Target groups

- » YPE trainers
- » YPE

Required time

- » 60 minutes

Materials

- » Worksheet D6-TT3-A2-W1
- » Masking tape, stones and ropes
- » Samples of family planning methods
- » Worksheet D6-TT3-A2-W2
- » Flip chart + paper + markers
- » Addresses of available RH and FP services

Process

- » Remind participants of RH concept and components.
- » Explain to participants that they are going to play/act the story of two couples.
- » Ask volunteers to create, using masking tape, stones and ropes, two houses of the same size to fit four people each.
- » Ask for four volunteers, two boys and two girls if the group is mixed. Otherwise, one person in each couple should play the role of the mother and the other one the role of the father. Ask each couple to stand in one of the houses. Let them select names for themselves.
- » Start by telling the story on the worksheet D6-TT3-A2-W1
- » When the story ends, give the father or mother (depending on who is the head of the family), a loaf of bread or a similar portion of a basic food. Ask them to distribute it among the family members, and let everyone see the amount each family member got.
- » Applaud and thank the volunteers.
- » Discuss the following questions:
 - › How many children each family had?
 - › Ask the volunteers to talk about what they experienced during the skit. How did they feel? Were they content with the number of children they had?
 - › Ask the other members of the group how they would feel if they were the couple with the large number of children.
 - › Suppose the loaf of bread or portion of food stood for all the resources of a family. What lesson do we learn from seeing the amount of food each family member got at the end of the skit? Was the amount of food sufficient for a family with a large number of children? What would be the consequences if members of the community did not have enough food, clothing, education, medical care, etc.?
 - › What can be done to avoid this?
 - › Do you believe people should decide the number of children they want and the spacing?
 - › How can they manage their fertility?
 - › How are such decisions for young people in humanitarian setting?

- » Review the tenets of reproductive health and introduce the concept of FP.
- » Ask the participants the following question: “What are the family planning methods you know about?”
- » Briefly explain the various methods of FP (worksheet D6-TT3-A2-W2) Tell them which methods are available in the community and/or at the camp dispensary or health centers to which they have access.
- » Conclude by saying that every couple needs to select the FP method most appropriate for them after consulting with a health care professional.

Enlightening ideas!

- » Make sure the audience comments on the roles the actors play and not on the volunteers themselves.
- » You may want to divide the group into boys and girls, if the session is mixed, in order to avoid embarrassment during the discussion related to FP methods.
- » You may want a health professional from the community to talk about FP methods. However, you need to brief him or her in advance to ensure that the information provided is appropriate for the group.

Take-home messages

- » The situation in our country of origin is an important factor influencing our expectations and perceived needs and demand for FP. Laws, infrastructure, religious and ethical values, cultural backgrounds and the training of health care providers from the host country also have an important effect on the services that can be offered. We may want to continue using the contraceptive method that we used before displacement.
- » Family planning is one component of reproductive health.
- » Family planning does not necessarily mean limiting the number of children to one or two or not having children. It could mean spacing the desired number of children by two to three years, depending on the couple's wishes and their health and living circumstances.
- » Every couple needs to select the most appropriate FP methods after consulting with a health professional.
- » It is our right to decide how many children to have and when to have them.
- » It is our right to have access to information, counseling and services in relation to FP.
- » There are a variety of family planning methods; however, they all might not be available because of the humanitarian situation.
- » As the number of children increases in a family, more resources are needed to ensure appropriate education, health care and quality family time.
- » Recurrent pregnancies with short intervals affect the health of the mother and consequently that of the fetus and newborn.
- » Men/boys should put themselves in the place of a woman/girl and imagine how they would feel if they were pregnant for nine months and only had three months free before they got pregnant again.

- » Young boys and men are essential partners in family planning.
- » Deciding on a family planning method should be a joint responsibility between women/girls and men/boys, though most methods are used by women/girls.

ACTIVITY 3: NEGOTIATIONS!

Objectives

At the end of this activity, participants should be able to:

- » Negotiate delaying pregnancy.
- » Analyze the role that boys and men can play in delaying early pregnancies.
- » Realize the importance of discussing the issue of pregnancy and FP with partners.

Target groups

- » YPE trainers
- » YPE

Required time

- » 45 minutes

Materials

- » Flip chart + paper + markers

Process

- » Ask participants about the consequences of early pregnancies and write the answers on the flip chart.
- » Ask for two volunteers to role-play a discussion between a wife and her husband regarding having a child. Explain that during the role-play additional characters will join the role-play. Ask volunteers to join the role-play after you announce each new role.
- » Step away from the larger group and explain to the volunteers that you want them to role-play a situation where the husband wants his 15-year-old wife to have a baby. The wife is trying to postpone this. Give them a few minutes to prepare. Meanwhile, ask the rest of the participants to observe the role-play and be prepared to step up when a character is added to the drama.
- » Let the volunteers playing the husband and wife role-play for one to two minutes. Then ask for a mother-in-law to join the discussion and state that she wants to have grandsons. Let the three interact for another two minutes.
- » Applaud the volunteers and thank them for their work.

- » Tell the group that you are going to discuss the role play; however, they need to comment on the characters portrayed and not on the peers themselves.
- » Discuss the following questions:
 - › What did the husband want?
 - › What was the response of the young wife?
 - › What arguments did she use?
 - › Whom did the mother-in-law support?
 - › What was the reaction of the person who was not supported? Did he/she advance any arguments? If no, why not? If yes, what were these?
 - › What is/will be the end result in your opinion?
 - › What additional arguments could be used?
- » Continue the role-play; this time, ask for other volunteers and tell the volunteer playing the wife to be more convincing and to explain why she can't have babies now. Also, tell the volunteer playing the husband to be more supportive of his wife and listen more.
- » Stop the role-play after five minutes and discuss the following questions:
 - › Why did the husband change his attitude?
 - › How did the wife feel?
 - › What other arguments can be used to persuade other people, such as the mother-in-law?
 - › What do you think of the supportive role of the husband?
- » Conclude by summarizing the various arguments that can be used to delay pregnancy and emphasizing the importance of the supportive role of the husband.

Enlightening ideas!

- » You may want to use a life testimony to show the negative consequences of early pregnancies or the positive effects when girls succeed in convincing their husbands or in-laws to postpone childbirth until they are older and the humanitarian crisis is over. If you use life testimonies, you still need to coach participants on argument strategies to be sure they know when and how to use them.
- » You may want to replace the role-play with a performance. If you do, then prepare a script based on your observations of the IDPs/refugees or the stories that you have heard in their community about early marriages and pregnancies.

Take-home messages

- » If we want to convince another person, we need to convince ourselves first.
- » We have to gather information and facts that support our position; we can ask health professionals, other adults, refer to books, etc., in order to do this.

- » Being in a humanitarian setting could be used to our advantage.
- » Try to stay polite, calm and communicative during a discussion. Avoid accusing the other party and use “I” phrases.
- » Ask the help of another adult who supports your position to help convince your partner of the importance of delaying pregnancy.

Training Topic 4: TOT on Peer Education on Youth SRH in Humanitarian Settings

Aim: To enable the participants to use efficiently the TOT manual.

ACTIVITY 1: DISCOVERING THE MANUAL

Objectives

At the end of this activity, participants should be able to:

- » Differentiate between the various parts of the manual.
- » List the various training topics being addressed.
- » List the titles of the session plans.

Target group

- » YPE trainers

Required time

- » 60 minutes

Materials

- » Copies of worksheet D6-TT4-A1
- » Copies of the TOT manual

Process

- » Explain the purpose of the exercise.
- » Ask participants to divide into groups of 4 members and try to answer the questions of worksheet D6-TT4-A1.
- » After 30 minutes, ask the groups to present the results of their work.
- » Add more details if need be.
- » Conclude by saying that participants should look at the manual individually after the training day and that you would allow additional time for further questions. Specify the time.

Enlightening ideas!

- » During the presentations, ask each group to respond to a different set of questions from the worksheet D6-TT4-A1.

Take-home messages

- » The manual is divided into three parts.
- » Some of the activities can be applied with both youth peer educators trainers and youth peer educators themselves.
- » The training topics are as follows: 1- Peer education; 2- Discovering how young people are affected by humanitarian crisis; 3- Effective communication; 4- Knowing the risks and protecting ourselves; 5- Role of PE when working with young people in humanitarian settings; 6- Experiencing adolescence in humanitarian settings; 7- Discovering ourselves, Coping well; 7- Quality Time; 8- HIV and AIDS; 9- Decision making; 10- Assertiveness; 11- Drugs; 12- STIs; 13- Having equal rights, responsibilities and opportunities; 14 Gender-Based Violence; 15- Sexual and Reproductive Health rights; 16- Early marriage; 17 Early pregnancy; 18- Youth-adult partnership; 19- Planning, monitoring and evaluating a peer education session; and 20- simulating Peer education sessions.
- » Each session plan includes the following items: 1- Objectives; 2- Target groups; 3- required time; 4- materials; 5- process; 6- enlightening ideas; and 7- take-home messages.
- » The worksheets for the different sessions are compiled in one section entitled “Worksheets”.
- » Annex 1 includes reference documents to review prior to the training.

DAY 7

Training topic 1: Youth-adult partnership: Introduction of Spectrum of Attitudes Theory; Applying the spectrum of attitudes

Training topic 2: Planning, monitoring and evaluating a peer education session: What is our session plan?, How to monitor and evaluate a PE session

Training topic 3: Simulating Peer education sessions: preparing for a youth peer education session; mentoring YPE, I am a YPE/Trainer.

Training Topic 1: Youth-adult partnership

Aim: To promote attitudes that increase the participants' ability to work as partners with both young people and adults in joint efforts to promote young people's health and development.

ACTIVITY 1: INTRODUCTION OF SPECTRUM OF ATTITUDES THEORY

Objectives

At the end of this activity, participants should be able to:

- » Define the concept of youth adult partnerships.
- » Identify the theoretical framework for the fundamental change in attitude needed for effective youth-adult partnerships.

Target group

- » YPE

Required time

- » 30 minutes

Materials

- » Flipchart + papers + markers
- » Three flipchart papers with one question of worksheet D7-TT1-A1 written on each.
- » Flip chart papers having the definition of 'youth as objects', 'youth as recipients' and 'youth as partners' (please refer to page in Part 1)

Process

- » Introduce the concept of youth-adult partnership as "collaboration in which adults work in full partnership with young people on issues facing youth and/or on programs and policies affecting youth".
- » Stress that, in order for this partnership to be fully effective certain skills (such as communication skills) are important. Even more important, however, are the attitudes people have. Explain that a researcher, William Loftquist, developed the spectrum of attitudes theory, which determines whether youth-adult partnerships will be successful. These attitudes are "youth as objects", "youth as recipients" and "youth as partners".
- » Explain to the participants that you have taped three flipchart papers on the wall at different places in the room. Add that they have to pass

by the flipchart papers and write down their answers to the questions, individually without discussion with their peers.

- » After 10 minutes, assemble the flipcharts and put them in order.
- » Start reading the flipcharts having similar questions (if you have used more than one flipchart per question because of the number of participants), discuss with the participants, introduce respectively the various attitudes “youth as objects”, “youth as recipients” and “youth as partners” and give examples.
- » Stress the fact that these attitudes affect adults’ ability to believe that young people can make good decisions and also determine the extent to which adults will be willing to involve young people as partners in decisions about program design, development, implementation and evaluation.

Enlightening ideas!

- » Double the number of each wall journal (flipchart with a question) if needed so that every 5-6 participants has one journal.

Take-home messages

- » Youth are caring and capable individuals.
- » Youth are individuals with the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills.
- » Programs are more sustainable and effective when youth are partners in their design, development and implementation and assert that evaluation results are more honest and realistic when young people assist in gathering and providing the data on which evaluation is based.
- » In peer education young people are given the opportunity to take responsibility for their own health in accordance with their capacities. In partnerships with adults, they are given ownership of the work being accomplished.
- » The attitudes of adults towards youth determine whether youth-adult partnerships will be successful. These attitudes are “youth as objects”, “youth as recipients” and “youth as partners”.
- » **Spectrum of attitudes:** According to the ‘spectrum of attitudes’ theory, adults may have one of three types of attitudes about young people’s ability to make good decisions. These attitudes also determine the extent to which adults will be willing to involve young people as significant partners in decisions about programme design, development, implementation, and evaluation.
 - › **Youth as objects.** Adults who have this attitude believe they know what is best for young people, attempt to control situations involving youth, and believe that young people have little to contribute. These adults seldom permit youth more than token involvement. For example, an adult might write a letter to an elected official about an issue pertinent

to youth and use a young person's name and signature for impact. Adults may feel the need to protect youth from the consequences of potential mistakes.

- › **Youth as recipients.** Adults who have this attitude believe they must help youth adapt to adult society. They permit young people to take part in making decisions because they think the experience will be good for them, but they also assume that youth are not yet self-sufficient and need practice to learn to think like adults. These adults usually delegate to young people responsibilities and tasks that the adults themselves do not want to undertake. The adults usually dictate the terms of youth's involvement and expect young people to adhere to those terms; the adults might deliberately retain all power and control. For example, adults who view youth as recipients might extend an invitation to one young person to join a board of directors that is otherwise comprised solely of adults. In such a setting, a young person's voice is seldom raised and little heard – adults do not expect the young person to contribute, and the young person knows it.
- › **Youth as partners.** Adults who have this attitude respect young people and believe they have significant contributions to make. These adults encourage youth to become involved and firmly believe that youth involvement is critical to a programme's success. They accept youth having an equal voice in many decisions. They recognize that both youth and adults have abilities, strengths, and experience to contribute. These adults are as comfortable working with youth as with adults and enjoy an environment where youth and adults work together. They believe that genuine participation by young people enriches adults just as adults' participation enriches youth. For example, adults who view youth as partners might hire young people to participate at the very beginning of a programme's design.

ACTIVITY 2: APPLYING THE SPECTRUM OF ATTITUDES

Objective

At the end of this activity, participants should be able to:

- » Practice some of the theoretical attitudes towards building skills around partnership.

Target group

- » YPE

Required time

- » 45 minutes

Materials

- » Index cards with statements from worksheet D7-TT1-A2
- » Flipchart + papers + markers

Process

- » Introduce this session by referring to the spectrum of attitudes theory, and to how many adults and youth get stuck in attitudes that inhibit their efforts to work together.
- » Explain that they will experiment a little by role playing in different attitudes. Add that each group has to plan a big campaign event that involves peer education activities.
- » Ask them to make two to four groups of eight people each (depending on the size of the whole group). Once they have formed their groups, hand out the cards (prepared prior to the activity) to random individuals. The participants read the directions, and then tape the card to their chest so that the youth/adult side is showing and ask them to begin their role play.
- » Give them 10 minutes to come up with a plan, and remind them that they must all agree with the plan they propose. Also, tell them to prepare a short presentation of their plan to give to the entire group.
- » After ten minutes, ask each group what plan they have come up with (even though, obviously, they will not have had enough time to finalize a plan). Ask them to share the plan, but be sure to ask if all members of the group agree with it.
- » Once they have finished, ask them to share their roles with everyone in their small group. Keep participants seated in their groups and ask several people from each group to describe the process that they went through. Following each group reflection, ask the entire group the following questions:
 - › Who was hardest person to work with?
 - › What did people do to reach out to this person?
 - › Did the adults or young people dominate?
 - › How did it feel to play your role?
 - › Some people had the same role. Did you find yourself reacting differently according to whether they were labeled as youth or as adults?
 - › What were the most effective strategies for working together to come up with a new plan?

Enlightening ideas!

- » Try to ensure that the groups are as equal as possible in terms of age, gender, etc.
- » Prepare in advance the index cards.

Take-home messages

- » Some adults still believe that the opinions of young people do not matter, that youth are not capable of contributing in a valuable way, and that adults have nothing to learn from youth. These types of attitudes about

youth might be viewed from the perspective of cultural diversity, where firsthand experience can be an effective strategy for changing attitudes. For example, involving young people at high levels of responsibility and decision-making enables adults to see that youth can be thoughtful and make important contributions. When someone comes to see a formerly undifferentiated group as diverse, that person becomes more likely to value the individuals within the group and let go of stereotypes. Power dynamics, usually rooted in cultural norms, may contribute to challenges of youth-adult partnerships. Formal instruction in school often teaches youth to expect adults to provide answers and to ignore, deride, or veto youth ideas. Adults frequently underestimate the knowledge and creativity of young people and may be accustomed to making decisions without input from youth, even when youth are directly affected by the decisions. Therefore, successful partnerships require deliberate effort on the part of both adults and youth.

Training Topic 2: Planning, monitoring and evaluating a peer education session

Aim: To plan for a youth peer education session for young people in a humanitarian crisis.

ACTIVITY 1: WHAT IS OUR SESSION PLAN?

Objective

At the end of this activity, participants should be able to:

- » Plan for a youth peer education session.

Target group

- » YPE

Required time

- » 120 minutes

Materials

- » Flip chart + paper + markers
- » Copies of worksheet D7-TT2-A1

Process

- » Introduce the session by saying, “Now that you are familiar with your target group and its needs and skills, you will work in groups to develop a plan for your PE session.”
- » Go over the worksheet Divide participants into groups and distribute worksheet D7-TT2-A1.
- » Allow groups to work for 60 minutes.
- » Ask them to visualize their session plan on flip chart paper and tape the plan to the wall.
- » Circulate through the groups and comment on the plans.

Enlightening ideas!

- » Provide a list of issues needed or of interest to the youth in the humanitarian setting. This list should be based on needs of the young people.

Take-home messages

- » An effective session plan needs to be based on the needs of our target groups.
- » A session can include more than one activity serving the same topic.

ACTIVITY 2: HOW TO MONITOR AND EVALUATE A PE SESSION?

Objectives

At the end of this activity, participants should be able to:

- » Remind participants of the basic principles of monitoring and evaluation.
- » Identify strategies to conduct monitoring and evaluation of peer education sessions in humanitarian settings.

Target group

- » YPE trainers

Required time

- » 60 minutes

Materials

- » Flip chart + paper + pen
- » Copies of worksheet D7-TT2-A2

Process

- » Remind participants of the definitions and principles of monitoring and evaluation.
- » Explain to participants that they are going to work in groups of four to five to identify strategies to conduct monitoring and evaluation of peer education programs in humanitarian settings. This will be done by discussing and responding to questions in Worksheet D7-TT2-A2.
- » Divide the participants into groups and allow 20 minutes of group work.
- » Go over each question and review the responses of the groups.
- » Summarize and make additional points, if necessary.
- » Conclude by emphasizing that a well-conducted evaluation can make a big difference in the following ways:
 - › It is cost-effective: It allows decision makers to continue successful programs and improve or abandon unsuccessful ones.
 - › It can provide support for future funding requests.
 - › It can contribute to the development of new programs.
 - › It can help explain why a program failed to meet its objects; for example, poor project design, poor implementation or unreasonable expectations.

Enlightening ideas!

- » The monitoring and evaluation plan may need to be tailored to the humanitarian setting.
- » You can replace working in groups with a general brainstorming followed by a discussion.

Take-home messages

- » Monitoring is the routine and systematic process of collecting data and the measurement of progress toward program objectives. Questions that monitoring activities seek to answer include: Are activities occurring as planned? Are services being provided as planned? Are the objectives being met? Monitoring supports evaluation, as the two are closely related.
- » Evaluation is the process of systematically assessing a project's merit, worth or effectiveness. In this process, the relevance, performance and achievements of a program are assessed. The evaluation process addresses the question: Does the program make a difference? The common types of evaluation include process evaluation, outcome evaluation and impact evaluation.
 - › Process evaluation:
 - Consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of components of a program or project.
 - Answers questions such as: Are we implementing the program as planned? What aspects of the program are strong? Which ones are weak? Does the program reach the intended target group? What can we do to strengthen the program? Are we running into unanticipated problems? Have remedial actions been developed? Have those actions been implemented?
 - › Outcome evaluation:
 - Consists of quantitative and qualitative assessment of the achievement of specific program/project outcomes or objectives.
 - Usually conducted at the project level, it assesses the results of the project.
 - Addresses questions such as: Were outcomes achieved? How well were they achieved? If any outcomes were not achieved, why were they not? What factors contributed to the outcomes? How are target groups and their respective communities affected by the project? Are there any unintended consequences? What recommendations can be offered to improve future implementation? What are the lessons learned?

- › Impact evaluation:
 - This is the systematic identification of a program's effects – positive or negative, intended or unintended – on individuals, households, institutions and the environment.
 - Unlike an outcome evaluation, which is focused at the program level, impact evaluation is typically carried out at the population level and refers to longer-term effects than does the outcome-level evaluation.

Training Topic 3: Simulating Peer Education Sessions

Aim: To enable participants to provide good-quality peer education sessions.

ACTIVITY 1: PREPARING A YOUTH PEER EDUCATION SESSION

Objective

At the end of this activity, participants should be able to:

- » Simulate youth peer education sessions.

Target groups

- » YPE
- » YPE trainers

Required time

- » 60 minutes

Materials

- » Flip chart + paper + markers
- » Copies of selected sessions/activities from the manual.
- » Other materials needed for the implementation of selected sessions/activities.

Process

- » Explain to participants that they are going to select activities from the manual and prepare them to present to their peers.
- » Give them time limits: 30 minutes to prepare and 15 minutes to simulate the role of YPE trainer or a YPE.
- » Let them prepare their simulation and ensure support and guidance.

Enlightening ideas!

- » Circulate among the participants to make sure that they are preparing their activity properly.
- » Make sure that the participants selects a variety of activities.
- » You may want to select in advance the training topics and issues for the simulations.
- » Ask participants to shorten the activity so it only takes 15 minutes.

Take-home messages

- » Good preparation is essential.
- » While you are preparing activities, you may want to do extra readings about the issue that is the focus of the training/session.

ACTIVITY 2: MENTORING A YPE

Objectives

At the end of this activity, participants should be able to:

- » Define mentoring.
- » Apply the peer educators' assessment tool during mentoring activities.

Required time

- » 30 minutes

Target group

- » YPE trainers

Materials

- » Flip chart + paper + pen
- » Copies of worksheet D7-TT3-A2

Process

- » Ask participants, "What is mentoring?"
- » Define the term and discuss who can do it and how can it be done.
- » Distribute to every participant a copy of the assessment worksheet D7-TT3-A2 and go over the sections.
- » Wrap up by saying that the assessment tool can be used to objectively measure the knowledge, attitudes and skills of peer educators during a peer education session.
- » Emphasize the importance of providing positive feedback to the peer educator, always starting by saying positive comments and then moving on to items that can be improved.

Enlightening ideas!

- » You need to tailor the mentoring plan to the humanitarian setting.
- » You can resort to the group work if you have time.

Take-home messages

- » Mentoring provides support and follow-up for newly formed peer educators from those with more experience; it ensures better-quality peer education and allows peer educators to build their skills and capacities.

- » Mentoring requires good communication skills on the part of mentors as well as a positive, encouraging attitude toward new peer educators.

ACTIVITY 3: I AM A YPE/TRAINER

Objective

At the end of this activity, participants should be able to:

- » Identify their strengths as a YPE or a trainer and those skills still in need of improvement.

Target groups

- » YPE trainers
- » YPE

Required time

- » 30 minutes per person

Materials

- » Flip chart + paper + markers

Process

- » Explain to the participants the simulation exercise, as follows:
 - › Every participant will simulate for 15 minutes the role of a YPE or a YPE trainer.
 - › He/she will do a self-evaluation.
 - › Volunteers will then comment on the performance of the person doing the simulation, noting one positive thing and one thing that still needs improvement.
 - › The trainer will then offer positive suggestions about the performance.
- » Each participant will simulate and receive feedback.
- » End the various simulations by congratulating the YPE or YPE trainers and acknowledging their efforts.

Enlightening ideas!

- » Make sure that during the self-evaluation, the participants mention at least one positive item about their performance and one item to improve on.
- » Make sure that participants evaluating their peers use positive language.
- » You will need to comment on the participants' verbal and nonverbal communication skills, and the process of the activity as well as the content.

Take-home messages

- » Evaluation of our own performance is a crucial step in improving our skills.
- » Start by identifying your strengths and then the items to improve. Develop your own plan to improve your performance.
- » Consider others' points of view regarding your performance but do not be demoralized by them. Everyone is capable of improving his or her performance, if he/she is willing to do so.

DAY 8

Training topic: Simulating Peer education sessions – continued: I am a YPE/trainer

Closure; Post test questionnaire. (Please refer to the Youth Peer Education Toolkit – TOT manual, Y-PEER).



Y-PEER | A YOUTH PEER
EDUCATION TOOLKIT

WORKSHEETS



DAY 1

Training Topic 1: Peer Education

WORKSHEET ACTIVITY 3: STANDARDS OF PE AND CODE OF ETHICS

1. Respect, promote and protect human rights.
2. Show cultural sensitivity.
3. Respect diversity.
4. Promote gender equality and equity.
5. Assure and protect confidentiality.
6. Promote self-examination of values; do not impose values.
7. Avoid personal misrepresentation while respecting disclosure boundaries.
8. Provide updated, correct and unbiased information.
9. Be aware of individual limits and how behavior affects peers.
10. Refrain from abusing one's position with peers or the peer education program.

Training Topic 2: Discovering how young people are affected by humanitarian crisis

WORKSHEET ACTIVITY 1: YOUNG PEOPLE AND HUMANITARIAN CRISIS

CASE STUDY-1

A school-age youth girl, had to flee her community because of a war. The girl had lost her parents and had to travel with her uncle and his family. She had to take care of her younger two brothers and three sisters. They had to walk for several days to cross borders seeking refuge in another country. One night on the road, the girl was raped by her cousin. She did not say anything because she was afraid to be left behind by her uncle. They arrived in a community and were directed to a school to settle in temporarily while they searched for a place to live in. In the school, large numbers of people were living in small rooms. Food and clothing were brought to them by an NGO. One week after their arrival, the uncle told the girl that she needed to look for a job because he could not support both families. One month later, the girl found work as a housemaid. Her sisters and brothers were left alone during the day. They needed to be enrolled in a school, but she did not have enough time and money to do so. One day, she got sick, went to the health dispensary and discovered that she was pregnant. The service provider asked her to bring her husband so she could obtain services. She was not married. She got pregnant because she was raped twice by her cousin and then by her boss, with whom she was having a forced sexual relationship. She thought of leaving her job but could not do so because she had to feed her very young sisters and brothers.

Her brothers were depressed, spending their time hanging out around the school. Sometimes they would join their peers to play football. Recently, one of them was approached by a youth who suggested he would feel better if they shared a cigarette.

Discussion questions:

1. What is the humanitarian crisis described in this case?
2. How were the youth affected by the humanitarian crisis?
3. How did young people react to the crisis?

CASE STUDY-2

We fled our houses to a neighboring city because of an earthquake. We live in a big camp that hosts hundreds of families. Many organizations are taking care of the camp. They brought tents and water tanks and constructed toilets on the other side of the camp. They established a health dispensary managed by a doctor who is helped by a nurse. The camp is situated outside the city and has no secure fences. Children and very young girls and boys go to a school within the camp. However, other youth cannot because secondary education is not available. As young girls, we have to go fetch wood every other day. We are afraid of kidnapping because there are a lot of armed people when we go to fetch wood. Once a girl told us that she was approached by an armed man. She started running back to the camp. In the camp most men do not work; they sit around all day, chew khat and do nothing. Women take care of the younger children, cleaning and cooking. We young girls help them but in the afternoon we have nothing to do. We heard that a 12-year-old girl was married off by her father in exchange for the groom's sister. As for boys, many young boys are used as traffickers on the borders with the neighboring states; sometimes they are caught and put in jail. Some of the young boys will go to the city and have sex or buy khat.

Discussion questions:

1. What is the humanitarian crisis described in this case?
2. How were the youth affected by the humanitarian crisis and at what level?
3. How did they act?

CASE STUDY-3

During the floods people in affected communities were moved to schools for temporary shelter. Four to five families had to share a single room, with men and women living together. This put the women in a very awkward situation. Women and girls could not sleep properly because of the arrangement. Other people stayed in their houses, pitching tents on the roof or in an undamaged room. People were facing a lot of difficulties. Month to month, they did not get enough food and other basic items from the government. Winter set in and the weather was very cold; there weren't enough warm clothes and blankets. People were getting aggressive, agitated and frustrated, which led to increased violence against women and among men and boys. In the camps, there was no proper shelter – no roofs, walls or proper toilets. Girls felt very uncomfortable, especially during the menstrual cycle; they did not have proper sanitary napkins and panties. Moreover, they were insecure and unsafe, at risk of being raped or sexually abused anytime. They spent their days and night in the open. There were no more health dispensaries and many other systems – schools, markets, society, etc. – were disrupted. Many young women were pregnant, with some expecting to deliver soon.

Discussion questions:

1. What is the humanitarian crisis described in this case?
2. How were the youth affected by the humanitarian crisis and at what level?
3. How did they act?

CASE STUDY-4

A 20-year-old youth left her country because of war and was living with her husband's family in a very small place. She says, "My husband and I sleep in the kitchen; our financial situation does not allow us to afford better. This is the main problem – work opportunities are lacking, and we cannot go back to our country because of the war. Refugees are living all over the host country. My peers are facing difficulties getting work permits ... They have a lot of free time but no constructive use for their talents. They also have psychological problems stemming from repression, deadly routines, nostalgia, the unknown future, etc. Thus alcohol use, loneliness and aggressive behavior are widespread among the refugees. The neighboring youth get drunk every night, then go to sleep. Some of them have become the head of the family or parents. Other youth refugees are continuing their studies but are not allowed much liberty; their parents are becoming more protective of them, especially the girls. Girls don't feel safe and have difficulty adapting to the surrounding community. Others spend their time doing nothing; they were promised that they could travel abroad and are still waiting. Most young women work as housemaids or in health centers or shops. Sometimes they face harassment from employers. They cannot stand up for their rights because their work status is illegal.

Discussion questions:

1. What is the humanitarian crisis described in this case?
2. How were the youth affected by the humanitarian crisis and at what level?
3. How did they act?

Training Topic 3: Effective communication

WORKSHEET ACTIVITY 4 : PUSH-PULL

1. “Push” group
 - a. Magic words: use positive and good words.
 - b. Filter words: get rid of threatening and humiliating words.
 - c. Purpose statement: show your reasons and intentions behind your request. Ex: I am requesting this....because.... or my intention from doing this is....
 - d. I-message: express your frustration from others behavior in a clear, non-blaming and non-threatening way. Use the “I” instead of the “you”, show your emotions as a result of the problematic behavior of the other person, and the impact it had. Ex: I felt offended when you (the behavior) because (the impact or value that has been affected).
 - e. Facts instead of opinion: use facts in your arguments and not generalities. Ex. Instead of saying “You always don’t listen to me” say “yesterday when I was talking to you, you kept busy cleaning the room.”
2. “Pull” group
 - a. Active listening: show how to listen actively to a person
 - b. Paraphrasing: reformulate what has been said in your own words to make sure that you understood the person correctly avoiding any misunderstanding.
 - c. Probing questions: use open questions to have more details, information, etc.
 - d. Agreement statements: acknowledge where you agree in the middle of a disagreement. Ex: “I agree with you that...”
 - e. Encouragement: use words or non-verbal communication that encourages the person to continue speaking.
 - f. Alternatives: Ask the person what he/she proposes as other options.

DAY 2

Training Topic 1: Knowing the risks and protecting ourselves

WORKSHEET ACTIVITY 1: KNOWING AND FACING

Cases of boys and girls engaged in risky behaviors and/or risky situations

- “She was only 12 and her father exchanged her for the sister of a man who became her husband.” – a 15-year-old Yemeni girl.
- “Many of us accept unprotected sexual relationships with men because they promise to marry us and give us a better life ... the life here in the camp is miserable.” – a Somali young woman in a camp in Djibouti.
- “I get drunk every night and sleep.” – a 19-year-old Iraqi refugee in Lebanon.
- “Some are involved in trafficking and sometimes they are caught and put in jail in Saudi Arabia.” – a Yemeni IDP.
- “We had to flee our house because of the war. I was running with my two younger sisters, leaving behind the bodies of my parents. We joined a convoy and had to walk for long distances for several days ... I had to take care of both my sisters. Now I was responsible for them.” – a Lebanese young IDP.
- “Many young boys were used as traffickers on the borders.” – a 19-year-old Yemeni boy.
- “In my camp square, a 12-year-old girl was married to a 15-year-old boy in exchange for the boy’s sister, who married the father.” – a Yemeni girl.
- “Young people couldn’t leave so they participated in the fighting to defend themselves and their communities.” – a social worker in Lebanon.
- “Here in the camp there are several girls who became single mothers; they were raped on the road as they were fleeing to a safer place.” – a young Somali refugee in Djibouti.

- “Parents push their girls to go to work in the capital as housemaids, but there they are raped by their employers.” – a young Yemeni girl.
- “My family rejected me because I became pregnant. I was raped on our way to a safer place.” – a young Somali refugee in Djibouti.
- “People got aggressive, agitated and frustrated, which has led to increased violence against women and among men and boys.” – a young Pakistani girl survivor of the flood.
- “Girls felt uncomfortable, especially during the menstrual cycle, when they did not have proper sanitary napkins and panties.” – Pakistani flood survivor.

Training Topic: the role of PE when working with youth affected by a humanitarian crisis

WORKSHEET ACTIVITY 1: SNOWBALL FIGHT

	Peer information	Peer education	Peer counselling
Objectives	Awareness Information Attitude change	Awareness Information Attitude change Skills building	Information Attitude change Prevention skills Problem-solving/ coping skills Self-esteem Psychosocial support
Coverage	High	Medium	Low
Intensity	Low	Medium/high	High
Confidentiality	None	Important	Essential
Focus	Community Large groups	Small groups	Individual
Training required	Brief	Structured work-shops and refresher courses	Intense and long
Examples of activities	Distribution of material in public events (sports events, youth concerts) World AIDS Day	Repeated group events based on a curriculum	Counselling of young people living with AIDS Clinic-based youth counselling on reproductive health

Training Topic 2: Role of PE when working with young people in humanitarian settings

WORKSHEET 1 ACTIVITY 2: OUR ROLES IN RELATION TO A PE SESSION

Before:

1. Approaching young people in a humanitarian crisis
2. Mapping available services, establishing contact and links
3. Preparing the material needed for the sessions
4. Identifying and agreeing on a place
5. Making sure the venue is tidy and clean
6. Ensuring the content is well prepared
7. Bringing refreshments
8. Inviting participants
9. Identifying priority RH/HIV issues
10. Creating a group of peers

During :

1. Building trust relationships with the youth
2. Constituting a group of peer focal points
3. Welcoming the peers
4. Seating the peers
5. Getting acquainted
6. Peers' expectations and concerns
7. Introducing the session, objectives, methodologies
8. Setting ground rules
9. Keeping peers interested and active
10. Using interactive techniques
11. Using communication skills
12. Dealing with various personalities in the group
13. Discussing sensitive issues
14. Administering the pre/posttest evaluation as well as the session evaluation

After:

1. Analyzing the results of the evaluation and introducing amendments to the sessions
2. Advocating for youth peer education about SRH and HIV
3. Following up with the peers on agreed-upon issues

4. Reminding the peers of the next session venue, date and timing
5. Keeping up-to-date about referrals among peers
6. Sharing references with peers requesting extra readings
7. Undertaking individual discussions with peers

Training Topic 2: Role of PE when working with young people in humanitarian settings

WORKSHEET 2 ACTIVITY 2: OUR ROLES IN RELATION TO A PE SESSION

1. Advocating for Youth Peer Education about SRH and HIV
2. Approaching young people in humanitarian crisis
3. Building a trust relationships with the youth
4. Constituting a group of peers focal points
5. Creating the group of peers
6. Using our Communication skills
7. Dealing with the various characters among the group
8. Discussing sensitive issues
9. Updating ourselves on some referrals among peers
10. Sharing references with peers requesting extra readings
11. Analyzing the results of the evaluation and introducing amendments to the session(s)

Training Topic 2: Role of PE when working with young people in humanitarian settings

WORKSHEET ACTIVITY 4: ESTABLISHING LINKS WITH SERVICES

Sample list to map available adolescent and youth SRH services (4 W's MAPPING)

WHO (institution/ organization)	WHAT (type of services/ supplies)	WHERE (location)	WHEN (opening hours)	REMARKS (incl. costs, personnel, etc.)

Training Topic 4: Discovering ourselves

WORKSHEET ACTIVITY 1: WHO I AM?

My appearance	My character
My skills	My favorite hobby/interests
My values (general)	My wishes/dreams
Things I like	Things I dislike

Training Topic 4: Discovering ourselves

WORKSHEET ACTIVITY 3: MY VALUES STAY THE SAME!

"Agree-Disagree" statements

As a young person affected by a humanitarian crisis:

- » I will keep on taking care of my health.
- » I will keep on taking care of my family.
- » I will keep on valuing friendship.
- » I would have a sexual relationship with a sex worker.
- » I would kill to feed my family, if there is no other way to do so.
- » I would agree to undertake a sexual relationship for money.
- » I would engage in drug trafficking to get money.
- » I would do anything to get food.

Training Topic 1: Coping well

WORKSHEET ACTIVITY 2: ME STRESS? ... NO!

Please select the stress-relief techniques you have used in the past or are now using. Consider adding other techniques, including any that have been successful in helping you cope with the humanitarian crisis.

<input type="checkbox"/> Listening to music	<input type="checkbox"/> Laughing or crying to express anger, sadness and frustration	<input type="checkbox"/> Playing with and caring for pets
<input type="checkbox"/> Reading books	<input type="checkbox"/> Talking with close friends, family members, counselor, health provider, sheikh/clergy, etc.	<input type="checkbox"/> Writing stories/poetry
<input type="checkbox"/> Writing about things bothering you	<input type="checkbox"/> Relaxation exercises	<input type="checkbox"/> Team games and sports
<input type="checkbox"/> Taking a bath or shower	<input type="checkbox"/> Use guided imagery (imagine yourself in any setting that helps you feel calm and relaxed)	<input type="checkbox"/> Thinking positively
<input type="checkbox"/> Praying	<input type="checkbox"/> Deep breathing exercises	<input type="checkbox"/> Time management
<input type="checkbox"/> Exercising	<input type="checkbox"/> Meditation	<input type="checkbox"/>
<input type="checkbox"/> Getting outdoors to enjoy nature	<input type="checkbox"/> Volunteer work	<input type="checkbox"/>
<input type="checkbox"/> Gardening or making repairs	<input type="checkbox"/> Practicing a hobby or a creative activity (crafts, painting, drawing, etc.)	<input type="checkbox"/>

Training Topic 2: A window of hope

WORKSHEET ACTIVITY 4: GOALS, GOALS, GOALS

Please read the questions carefully and respond individually. Ask for clarifications if needed.

1. What do I want in the short term?

2. By when do I want to achieve this?

3. What needs to change to get what I want?

4. What are the changes that are easy to do and those that are difficult to do?

5. What are the limitations to my reaching what I want?

6. What actions should be done to overcome these limitations? When should these be done?

7. Who and what are the people/institutions/organizations that can help?

Training Topic 3: Quality time

WORKSHEET ACTIVITY 1: WHAT IS QUALITY TIME?

- “Girls spend their days inside their tents or homes. There is no healthy activity for girls. All they do is get up in the morning, pray, make breakfast with their mothers, clean dishes and their surroundings, and that is how they keep themselves busy. They are so needy and desperate to fulfill the basic necessities of life that they don’t even think about playing and having fun with their peers.” – a young Pakistani girl survivor of the flood.
- “Most of us do not work.” “I sleep during the day and wake up at night to watch TV or smoke the nargileh or pass my night on the Internet.” “I work from 6:00 a.m. until 4:00 p.m. and study at the Amel (Association) center.” – Iraqi youth refugees in Lebanon.
- “We have nothing to do, we hang around in the camp, we wake up, spend some time in the tent, some go to school. In the afternoon we play football and come back to the tent to sleep at 19:00 because we have no electricity.” – a Somali refugee in Djibouti.
- “I do the cleaning and wash clothes, go for wood and water collection, take care of my younger sisters and brothers.” “There’s nothing to do.” – Somali refugees in Djibouti.
- “I go in the morning to the university and come back around 3:00 p.m. I am not allowed to go out in the evening because my parents are afraid.” – a 20-year-old Iraqi girl.
- “The last five years since we left my country were not productive for me. I am not studying nor working ... I am not studying because we were promised we could travel abroad.” – a 20-year-old Iraqi woman.
- “Our youth are facing difficulties getting work permits ... They have a lot of free time and non-constructive use of their talents, psychological problems because of repression, routine, nostalgia, the unknown future ...” – an Iraqi parent.

Training Topic 4: HIV and AIDS

WORKSHEET ACTIVITY 1: TESTING MY KNOWLEDGE

HIV and AIDS questions for the card game

1. What does HIV stands for?	Human immunodeficiency virus, which is a virus that infects cells of the human immune system and destroys or impairs their function. Infection with this virus results in the progressive deterioration of the immune system, leading to immune deficiency.
2. What does AIDS stands for?	Acquired immunodeficiency syndrome. It refers to the signs, symptoms, infections and cancers associated with the deficiency of the immune system that stems from infection with HIV.
3. True or False: We can get HIV from mosquitoes or biting insects.	False. Even if the virus enters a mosquito or another sucking or biting insect, it cannot reproduce. Since the insect cannot be infected with HIV, it cannot transmit HIV to the next human it feeds on or bites.
4. True or False: I cannot get HIV from shaking hands or other forms of social contact.	True. HIV is not transmitted through non sexual day-to-day contact. You cannot be infected by: <ul style="list-style-type: none"> • shaking someone's hand • hugging someone • using the same toilet • drinking from the same glass as a person living with HIV • HIV is not transmitted through coughing or sneezing like some other diseases
5. How can HIV be transmitted? (Please identify at least three ways.)	<ul style="list-style-type: none"> • Unprotected sexual intercourse (vaginal, anal and to a lesser extent oral sex) with an infected person. • Sharing injecting equipment. • Sharing contaminated sharp instruments. • Being transfused with infected blood. • Getting infected organ transplants. • From an HIV-positive mother to her child during pregnancy, childbirth or breastfeeding when the mother is already HIV positive.

6. List 5 ways to protect yourself against HIV.	<ul style="list-style-type: none"> • Abstain from sex. • Remain faithful in a relationship with an uninfected equally faithful partner with no other risk behavior such as injecting drug use. • Use male or female condoms correctly each time you have sex. • Don't share needles and injecting equipment. • Don't share piercing or hijama equipment.
7. True or False: Two PLHIV can have unprotected sexual intercourse with each other.	<p>False.</p> <p>They can transmit to each other another subtype of HIV, which would create complications and affect their response to treatment.</p>
8. True or False: A person can have HIV and not know.	<p>True.</p> <p>It takes several years for symptoms to appear.</p>
9. True or False: HIV can be cured.	<p>False.</p> <p>However, with good, uninterrupted adherence to treatment the progression of HIV in the body can be slowed down and almost halted.</p> <p>Increasingly, people living with HIV anywhere are being kept well and productive for very extended periods.</p>
10. How quickly do people infected with HIV develop AIDS?	<p>It varies widely between individuals. The majority of people infected with HIV, if not treated, develop signs of HIV-related illness within 5-10 years, but the time between infection with HIV and being diagnosed with AIDS can be 10–15 years, sometimes longer.</p>
11. What are the symptoms of HIV Infection? (Please give at least 3)	<p>HIV attacks the immune system, and over time it can no longer defend the body from various infections, including opportunistic ones.</p> <ol style="list-style-type: none"> 1. Primary HIV infection may be asymptomatic or experienced as acute retroviral syndrome (flulike symptoms). 2. Clinical stage 1 – asymptomatic or generalized swelling of the lymph nodes. 3. Clinical stage 2 – includes minor weight loss, minor infected mucous membranes and recurrent upper respiratory tract infections. 4. Clinical stage 3 – includes unexplained chronic diarrhea, unexplained persistent fever, oral candidiasis or leukoplakia, severe bacterial infections, pulmonary tuberculosis and acute necrotizing inflammation in the mouth. Some persons with clinical stage 3 have AIDS. 5. Clinical stage 4 – includes 22 opportunistic infections or cancers related to HIV. All persons with clinical stage 4 have AIDS.

12. Why should a person get an HIV test?	<p>If a person is found to be HIV positive, he/she can take:</p> <ul style="list-style-type: none"> • necessary steps before symptoms appear to access treatment, care and support services, thereby potentially prolonging her/his life for many years • all the necessary precautions to prevent the spread of HIV to others
13. How long after possible exposure should I wait to be tested for HIV?	<p>3 months after possible exposure before being tested for HIV. Although HIV antibody tests are very sensitive, there is a “window period” of 3 to 12 weeks when tests may give false negatives. In the case of the most sensitive anti-HIV tests currently recommended, the window period is about three weeks. This period may be longer if less sensitive tests are used.</p>
14. What does it mean if I test negative for HIV?	<p>It means that no HIV antibodies were found in your blood at the time of testing. If you are negative, make sure you stay that way.</p> <p>However, given the window period, it is advisable to be retested at a later date, and to take appropriate precautions in the meantime. During the window period, a person is highly infectious and should therefore take measures to prevent any possible transmission.</p>
15. True or False: A window period is the time between infection with HIV and the appearance of detectable antibodies to the virus.	<p>True.</p> <p>HIV can be passed on to another person during the window period even though an HIV test may not show that the first person is infected with HIV.</p>
16. True or False: I can tell someone has HIV just by looking at them.	<p>False.</p> <p>A person living with HIV may look healthy and feel good just like you. A blood test is the only way a person can find out if he or she is infected with HIV.</p>
17. True or False: I can only know if I am infected with HIV by doing an HIV test.	<p>True.</p> <p>An HIV test reveals whether HIV is present in the body. Commonly used HIV tests detect the antibodies produced by the immune system in response to HIV. For most people, it takes three months for these antibodies to develop. In rare cases, it can take up to six months.</p>
18. True or False: HIV is found in the bodily fluids of a person who has been infected: blood, semen, vaginal fluids and breast milk.	<p>True.</p>

19. True or False: HIV only affects certain risk groups such as men who have sex with men, drug users and sex workers.	<p>False. These groups are at risk:</p> <ul style="list-style-type: none"> • Anyone who has unprotected sex with a person living with HIV can become infected. • Anyone who shares contaminated injecting equipment with a person infected with HIV. • Anyone who has a transfusion with contaminated blood can become infected with HIV. • Infants can be infected with HIV from their mothers during pregnancy, labor or after delivery through breastfeeding.
20. What should you do if you think you have been exposed to HIV?	Immediately seek advice from a local health provider.
21. What is the risk of getting HIV through body piercing or from a tattoo?	A risk of HIV transmission exists if nonsterile instruments are used. Instruments that penetrate the skin should be sterilized, used once, then disposed of or sterilized again.
22. List 3 ways to prevent mother-to-child transmission.	<ul style="list-style-type: none"> • A short treatment of antiretroviral drugs administered to the pregnant mother before the birth and to the child after birth. • Cesarean section. • Seek advice from a health professional on breastfeeding and avoid it if replacement feeding is acceptable, feasible, affordable, sustainable and safe.
23. Give 3 ways people who inject drugs can reduce their HIV risk.	<ul style="list-style-type: none"> • Stop taking drugs completely; if that is not possible, then change from injecting to noninjecting drug use (e.g. smoke or take the drugs orally). • Never reuse needles, syringes and drug-preparation equipment and never share equipment with other people. • Use a new, sterile syringe to prepare and inject drugs each time. • Use a fresh alcohol swab to clean the skin prior to injection.
24. List two side effects of HIV treatment.	<ul style="list-style-type: none"> • Nausea and vomiting or headaches. • Usually most side effects are not serious and improve once the patient gets used to the medicines. • However, as with all medicines, sometimes unpleasant or dangerous side effects appear. Some specific ARV (antiretroviral) medicines cause longer term changes in body shape and the distribution of fat within the body, which can be upsetting for the patient. • Usually changing the ARV medicines will lead to improvement in the patient's well-being.

25. Explain how HIV treatment or antiretroviral therapy works.	<p>ARVs inhibit:</p> <ul style="list-style-type: none"> • the multiplication of the virus. • the entrance of the virus to the cells. • the mechanism by which the virus RNA transforms into DNA to be compatible with the human body.
26. What do PLHIV need in addition to ARV drugs to stay healthy?	<p>In addition to ARV, they need:</p> <ul style="list-style-type: none"> • good nutrition, safe water, basic hygiene • Psychosocial support and counseling • Other kinds of medical care
27. What should PLHIV on ARV treatment in a humanitarian crisis do if the ARV drugs are out of stock?	<p>PLHIV who are on ARV treatment should never interrupt their treatment, otherwise they will develop resistance. Thus, they should:</p> <ul style="list-style-type: none"> • Seek ARV supplies from dispensaries and other supply points. • Ask neighbors to bring them the treatment if they are not able to move. • Share with or ask other PLHIV to split the remaining treatment until they can obtain fresh supplies. • Always keep additional doses of ARV.
28. Give 5 reasons why a humanitarian crisis may increase youth vulnerability to HIV.	<ul style="list-style-type: none"> • Poverty. • Violence of all kinds including sexual; sexual exploitation. • Assuming adult roles earlier than appropriate due to circumstances of crisis. • Recruitment into armed forces. • Lack of availability of SRH information, counseling, testing, treatment, prevention, safe pre/post natal services. • Youth may be forced to drop out of school, marry or work in order to meet their needs for food, shelter or protection. • They may resort to selling sex to meet their own or their families' needs. • They may increase their risk-taking behavior such as unsafe sexual relationships, violence, substance use, etc. because they have lost hope for a better life. • They may engage into drug trafficking and use.

Training Topic 4: HIV and AIDS

WORKSHEET ACTIVITY 2: STIGMA AND DISCRIMINATION

- Statement 1:** A young girl who is HIV positive lives in the camp next to your tent ...
- Statement 2:** A refugee boy who is HIV positive joins a school in the city where he and his family fled ...
- Statement 3:** A young girl who was raped by the military when fleeing her village was told by a health worker that she has HIV...
- Statement 4:** A young married girl got HIV from her husband and infected her newborn. The doctor told the husband ...
- Statement 5:** A young boy engaged in drug trafficking and drug use discovers his HIV-positive status ...

Training Topic 1: Decision Making

WORKSHEET 1 ACTIVITY 1: I SHOULD DECIDE!

Story A

A 20 year old youth is living in a camp since two years. He is facing financial problems as he is not able to find work. He is in charge of his mother, two sisters, and brother as his father died in the flood. One of his friends suggested involving him in drug-trafficking. He reflected over his friends' suggestion and decided to accept. He started drug-trafficking. At the beginning everything went on well. However, one day he got caught and sent to jail. His family had no means to bring him out of jail. In need of money, his 16 year old sister started working in house cleaning in the city. One evening, she got back crying and confessed that her boss raped her.

Story B

A 13 year old refugee living in a host community has decided to leave school for work. He totally ignored his family's insisting request to finish his schooling. He starts work at 5 a.m. and gets back home around 7:00 p.m. He lost a lot of weight and was often sick. His mother worried about him asked him, unsuccessfully, to abandon his work. Few months later, he lost his work. From that moment, he spent his days sleeping and his nights out drinking alcohol and getting back home drunk.

Story C

A young IDP girl aged 16 was in love with a boy her age. His father refused to marry her to him. So she decides to run away with her lover. They found a place away from her parents host community. Few months later she becomes pregnant. One day, she woke up; the boy had left her a note saying that he does not want her anymore and asking her to go back to her parents.

Story D

A 19 years old refugee girl accepted to have an unprotected sexual relationship with a man from the host community who promised to marry her and offer her a better life. One day she discovers that she got an STI. When she talked about it to her man, he insulted her and threatened her to tell everybody of their relationships if she contacts him again. She is poor and don't know where to get treated.

Training Topic 1: Decision Making

WORKSHEET 2 ACTIVITY 1: I SHOULD DECIDE!

- Case 1:** A young 18 years boy in a loving relation with a young 16 years old girl, is pressuring her to have a sexual relationship. What should she decide?
- Case 2:** A young boy is being pressured by his peers to start having sex, What should he decide?
- Case 3:** A friend is trying to convince a young 15 year old boy to chew Kat or use drugs, saying that this will help him overcome the difficulties and sadness because of the humanitarian crisis. What should he decide?
- Case 4:** A friend is pressuring a young girl to smoke cigarettes or Nargilleh (shisha), saying that this will help her overcome her sadness because of the humanitarian crisis. What should she decide?
- Case 5:** 16 years old married girl is being pressured by her husband and his family to get pregnant. What should she decide?
- Case 6:** A father wants his adolescent girl aged 14 to get married in exchange of the future husband's sister, what decision should she make?
- Case 7:** A young boy is asking his friend to drop out of school, without telling their parents, and search for work to help their families affected by the humanitarian crisis. What decision should he take?
- Case 8:** A Youth Peer Education program is being developed for youth in humanitarian setting in country x. The program is recruiting youth to train them to become peer educators. What should be the decision of a young girl living in the camp where the activity is going to take place?

Training topic 2: Assertiveness

WORKSHEET ACTIVITY 2: YES I CAN SAY NO-1

- Scenario 1:** Your friend is telling the remaining of your friends that your father is forbidding you from attending school in the host community, what would you feel? What would you say?
- Scenario 2:** Your peer is mocking you because you refused to smoke a cigarette. You have decided not to smoke. What would you feel? What would you say?
- Scenario 3:** Your peer is insisting that you chew Kat. You have decided not to chew. What would you feel? What would you say?
- Scenario 4:** You asked your brother to replace you for fetching the wood. He returns home after several hours saying that he forgot to do so. Your mother had asked you to prepare lunch. What would you feel? What would you say?
- Scenario 5:** Your friend arrives one hour late. You have been waiting for her to bring the bottles to be filled with drinking water. What would you feel? What would you say?
- Scenario 6:** Your father is pressuring you to get married with his friend's son. You want to finish your studies first. What would you feel? What would you say?

Training topic 2: Assertiveness

WORKSHEET 1 ACTIVITY 2: YES I CAN SAY NO-2

Steps for being assertive

1. State the action or behavior that led to the conflict or refusal: “when you were pressuring me to smoke the marijuana cigarette”
2. Tell the person how it made you feel without blaming them (the I statement): “I felt very angry because pressuring and mocking me meant that you don’t respect my decision not to use drugs”
3. Offer a suggestion of how you would like the person to act or to solve the problem showing the positive consequences or outcomes that could result: “In the future, I would appreciate that you don’t pressure and mock me to undertake a risky behavior because then we will stay friends and using drugs would put us at various risk and dependence.
4. Ask the person for a feedback on what you are proposing: “What is your opinion” or “what do you think?”.
5. Thank him/her if he agrees with you.
6. Remain assertive if he refuses by:
 - a. Saying NO
 - b. Bargaining: “why don’t we discuss this outside and decide what to do”
 - c. Postponing: “I am not ready today”

Training topic 2: Assertiveness

WORKSHEET 2 ACTIVITY 2: YES I CAN SAY NO-2

Facing resistance

1. Refusing:
 - a. No, thank you
 - b. No, I am leaving
 - c. No, I really mean what I am saying
2. Bargaining:
 - a. Let us do....instead of...
 - b. I will not do...but what if we do....
 - c. Let us search for an idea or a solution that we all agree on
3. Postponing:
 - a. No, I will not do this, I am not ready
 - b. I prefer to ask the opinion of another person
 - c. Let us discuss the issue further and decide later
4. Go back to the issue:
 - a. Please, let me finish what I have to say
 - b. Please don't interrupt me
 - c. I respect what you are saying but now is my turn to explain my point of view
 - d. I listened to you so please listen to what I have to say.

DAY 5

D5-TT1-A1

Training Topic 1: Drugs

WORKSHEET ACTIVITY 1: DRUGS 101

Names of drugs:

Codeine
Cannabis
Heroin
Cocaine
Ecstasy
Marijuana
Methadone
Opium
Caffeine
Morphine
Amphetamine
LSD
Captagon
Nicotine
Alcohol
Kat
Glue
Volatile substances

Training Topic 1: Drugs

WORKSHEET ACTIVITY 2: DRUGS: REASONS AND CONSEQUENCES

Case 1

A young boy, who is a refugee because of the war in his country, describes his life as follows: I wake up at 2:00 in the afternoon, I have nothing to do, no work, no school. I go out to see my peers. We play football in the afternoon. In the evening, I stay out late. We drink alcohol and sometimes my friends accompany me home because I can't walk. Alcohol helps me forget my problems...

- a. What do you think is the reason for drug use in this case?
- b. What are the potential consequences of drug use in this case (on the person, the family and the community)?

Case 2

A young girl living in a refugee camp says: We do not eat very well because my father sells part of the monthly food portion to buy his khat. He is not working and we are five living in a small tent with my grandmother and grandfather.

- a. What do you think is the reason for drug use in this case?
- b. What are the potential consequences of drug use in this case (on the person, the family and the community)?

Case 3

We smoke marijuana because it helps us accept our tragedy. There is no school for young people our age; there are only elementary schools. There is no work, nothing to do all day long. The marijuana is available and affordable. Some mix it with locally made alcohol.

- › What do you think is the reason for drug use in this case?
- › What are the potential consequences of drug use in this case (on the person, the family and the community)?

Training Topic 2: What are STIs?

WORKSHEET 1 ACTIVITY 2: DISCOVERING STIS – BINGO

	Questions	Signature
Set 1		
1	What are STIs?	
2	How many STIs are there?	
3	Give examples of STIs	
4	How are STIs transmitted?	
Set 2		
5	List 3 risky behaviors for STIs	
6	List 5 ways to prevent getting STIs from sexual activity	
7	List another 3 ways to prevent STIs	
Set 3		
8	Explain how having an STI increases the risk of getting HIV	
9	Who is more at risk of acquiring an STI from a sexual relationship: men or women? Why?	
10	What are the symptoms of STIs?	
11	What is the most effective protection against STIs?	
Set 4		
12	What should a person do if he/she has an STI?	
13	Are all STIs curable?	
14	Do all family planning methods protect against STIs?	

Training Topic 2: What are STIs?

WORKSHEET 2 ACTIVITY 2: DISCOVERING STIS – BINGO

Game answers

1. **What are STIs?**

Sexually transmitted infections (STIs) are infections that spread from person to person through intimate contact. They can affect boys and girls of all ages and backgrounds who are having sex — it doesn't matter if they're rich or poor. They are serious health problems. If untreated, some STIs can cause permanent damage, such as infertility (the inability to have a baby) and even death (in the case of HIV/AIDS).

2. **How many STIs are there?**

There are more than 30 different sexually transmissible bacteria, viruses and parasites.

3. **Give examples of STIs.**

The most common conditions are gonorrhea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, HIV infection and hepatitis B infection.

4. **How are STIs transmitted?**

- › The main mode of transmission is unprotected sexual intercourse (vaginal, anal and to a lesser extent oral sex) with an infected person.
- › Other modes of transmission exist such as through blood and from an infected mother to her newborn.

5. **Give 3 risky behaviors for STIs**

- › Having unprotected sexual relationships with sex workers.
- › Having sexual contact — not just intercourse, but any form of intimate activity — with multiple partners rather than the same partner.
- › Having sexual activity at a young age; the younger a person starts having sex, the greater his or her chances of becoming infected with an STI.
- › Sharing drug-injecting equipment (risk factors for HIV and hepatitis B).
- › Sharing contaminated sharp instruments.
- › Receiving a transfusion of infected blood or a transplant with an infected organ.

6. **Give 5 ways to prevent getting STIs from sexual activity**

- › Abstain from oral, vaginal or anal sex. (This is the most effective way.)
- › Remain faithful in a relationship with an uninfected partner who is equally faithful and has no other risk factor such as injecting drug use.
- › Use male or female condoms correctly each time you have sex.
- › Avoid sex if your partner is suffering from itching, discharge, genital ulcers and/or lower abdominal pain.
- › Avoid sharing underwear, towels and/or bedsheets.

7. **Give 3 other ways to prevent STIs**

- › Don't share needles and injecting equipment.
- › Don't share piercing or hijama equipment.
- › Avoid sharing personal hygiene instruments such as shaving equipment and toothbrushes.
- › Make sure that blood and transplanted organs are not infected.
- › Pregnant women should undergo appropriate tests.

8. **Explain how having an STI increases the risk of getting HIV**

The presence of untreated STIs increases the risk of both acquisition and transmission of HIV by a factor of up to 10. Prompt treatment for STIs is thus important to reduce the risk of HIV infection. Controlling STIs is important for preventing HIV infection, particularly in people with high-risk sexual behaviors.

9. **Who is more at risk of acquiring an STI from a sexual relationship: men or women? Why?**

Women are considered to be more at risk of getting STIs from a sexual relationship because the area of the mucous membranes is larger and more sensitive.

10. **What are the symptoms of STIs?**

People with STIs might not know they have them because STIs don't always have symptoms. But it is possible to carry and spread the pathogens causing these infections. For example, up to 70 percent of women and a significant proportion of men with gonococcal and/or chlamydial infections experience no symptoms at all. Both symptomatic and asymptomatic infections can lead to the development of serious complications.

The main symptoms and complications of common STIs are:

	Young boys/men	Young girls/women	Children
Symptoms/ signs	<ul style="list-style-type: none"> • urethral discharge • unusual pus secretion from penis or anus • painful ejaculation • redness of penis and scrotal swelling • genital and/or anal ulcers • painful urination • itching of genitalia 	<ul style="list-style-type: none"> • vaginal discharge • unusual vaginal secretions with or without bad smell • lower abdominal pain • painful coitus • burning and pain when urinating • itching on external genital organs • menstrual irregularities • lower back pain • painful ulcers and redness on or surrounding genital organs 	<ul style="list-style-type: none"> • newborn conjunctivitis • developmental problems • ulcers on different parts of the body
Complications of STIs if not treated	<ul style="list-style-type: none"> • infertility • damage to heart arteries and nerves • death 	<ul style="list-style-type: none"> • spontaneous abortion • premature deliveries • ectopic pregnancy (pregnancy outside the uterus) • infertility • cervical cancer • death 	<ul style="list-style-type: none"> • blindness for newborn if mother is infected with syphilis or gonorrhea • stillbirth and neonatal death • infection with HIV

11. What is the most effective protection against STIs?

The most effective means to avoid becoming infected with or transmitting an STI is to abstain from sexual intercourse (i.e., oral, vaginal or anal sex) or to have sexual intercourse only within a long-term, mutually monogamous relationship with an uninfected partner.

12. What should a person do if he/she has an STI?

- › Seek medical care.
- › Use a condom.
- › Advise your partner to seek medical care even if he/she does not have signs and symptoms.

13. Are all STIs curable?

All STIs are treatable and most of them are curable with the exception of HIV infection and herpes. But both are controllable. It is important during treatment to comply with the prescribed quantity of medication and duration of the treatment. Moreover, sexual partners should be advised to seek diagnosis and treatment because any STI, if left untreated, could be a source of re-infection for you and contribute to the failure of your treatment.

14. Do all family planning methods protect against STIs?

Male and female condoms are the only form of birth control that reduce the risk of getting an STI, and they must be used every time. Spermicides, diaphragms and other family planning methods may help prevent pregnancy, but they don't protect a person against STIs.

Training Topic: Having equal rights, responsibilities and opportunities

WORKSHEET ACTIVITY 2: EXPLORING ATTITUDES TOWARD GENDER EQUALITY AND EQUITY

Agree-disagree statements

- Girls should marry early, especially in a humanitarian crisis.
- In a humanitarian crisis, girls should stay inside their tents/houses to keep them safe.
- It is normal that young girls fetch water and wood while boys stay home with nothing to do.
- In a humanitarian crisis there is no need for boys to continue their education; they should work to support the family economically. Their education is not a priority.
- In a humanitarian crisis, a girl cannot participate in the community response to the crisis.
- It is acceptable for boys to have sexual relationships. That is not the case for girls.
- A boy even younger than his sister can have a say about her life and should protect her.
- Women should not have a say on how to spend the family's monthly income.

Training Topic 4: Gender-Based Violence (GBV)

WORKSHEET ACTIVITY 1: UNDERSTANDING GBV

Guiding Principles and the corresponding survivor-centered skills

The set of survivor-centered skills has been developed based on the four guiding principles developed by the United Nations High Commissioner for Refugees (UNHCR).

Guiding Principles	Survivor-centred Skills
1. Ensure the physical safety of the victim(s) / survivor(s).	<ul style="list-style-type: none"> • <i>Consider the safety of the survivor:</i> Always be aware of the security risks a survivor might be exposed to after sexual violence. Hold all conversations, assessments and interviews in a safe setting. Try, as much as the context and your position allow you, to assess the safety the survivor (Does the survivor has a safe place to go to? Will the survivor be confronted with the perpetrator? ...). Inform yourself about all options for referral available to the survivor. If possible, take action to ensure the safety of the survivor.
2. Guarantee confidentiality.	<ul style="list-style-type: none"> • <i>Ensure Confidentiality:</i> Do not share the story of the survivor with others. If you need to share information with professionals, for instance to organise referral, you can only do so if the survivor understands what this implies and has given his/her consent beforehand.
3. Respect the wishes, the rights, and the dignity of the victim(s)/ survivor(s) and consider the best interests of the child, when making any decision on the most appropriate course of action to prevent or respond to an incident of gender-based violence.	<ul style="list-style-type: none"> • <i>Respect the wishes, needs and capacities of the survivor:</i> Every action you take should be guided by the wishes, needs and capacities of the survivor. Ensure attention for all needs of the survivor: medical and psychosocial needs as well as material needs and the need for justice. Respect the strength and capacities of the survivor to cope with what happened to her/him. After the survivor is informed about all options for support and referral, s/he has the right to make the choices s/he wants. For children, the best interests of the child should be a primary consideration and children should be able to participate in decisions relating to their lives. However, adults must take into account the child's age and capacities when determining the weight that should be given to their wishes. • <i>Treat the survivor with dignity:</i> Show that you believe the survivor, that you don't question the story or blame the survivor and that you respect her/his privacy.

Guiding Principles	Survivor-centred Skills
	<ul style="list-style-type: none"> • <i>Assure a supportive attitude:</i> Provide emotional support to the survivor. Show sensitivity, understanding and willingness to listen to the concerns and story of the survivor. Retain a caring attitude, regardless of the type of intervention you make. • <i>Provide information and manage expectations</i> Provide the survivor with information about available services and their quality to enable them s/he needs to make a choice about the care and support s/he wants. Check whether the survivor fully understands all the information, and if necessary adapt the presentation of the information to the capacity of the survivor at that time. Be aware of the fact that when a survivor discloses her/his story to you, s/he trusts you and might have high expectations about what you can do to help. Always be clear about your role and about the type of support and assistance you can offer to a survivor. Never make promises that you can't keep. Always refer the survivor to the appropriate services. Respect also the limitations of what you can do (see as well Module 8). • <i>Ensure referral and accompaniment:</i> Make sure you are well-informed about the options for referral (medical, psychosocial, economic, judicial) and available services, along with their quality and safety. Inform the survivor about these options. Ensure that the survivor has access to the appropriate services s/he would like to consult. Consider the possibility of accompaniment of the survivor throughout the process – that is, having a supportive, trusted person who is informed about the process accompany the survivor to different services.
4. Ensure non-discrimination.	<ul style="list-style-type: none"> • <i>Treat every survivor in a dignified way, independent of her/his sex, background, race, ethnicity or the circumstances of the incident(s).</i> Treat all survivors equally. Do not make assumptions about the history or background of the survivor. Be aware of your own prejudices and opinions about sexual violence and do not let them influence the way you treat a survivor.

DAY 6

Training Topic 1: Sexual and reproductive health and rights

WORKSHEET 1 ACTIVITY 1: IT IS OUR RIGHT TO KNOW AND PROTECT OURSELVES

D6-TT1-A1-W1

Script

Scene 1: In a secondary class in a girls' school, the teacher is explaining to her class the female reproductive system.

One youth asks: "What about the male reproductive system?"
Everybody in the class laughs.

Another girl asks: "How do we get pregnant?"
More laughter...The teacher's face becomes red and in an angry voice she shouts:
"This is none of your business."

Scene 2: Aida, a 16-year-old girl, is on her way back from school accompanied by her friend Hamida.

Aida: "Stop seeing him, otherwise you are going to get into trouble. To make matters worse, he will not marry you. How can he? We are in this humanitarian crisis, he doesn't work and he even left school."

Hamida: "I can't leave him. I believe him when he says he will take me away from this mess."

Scene 3: As Aida was entering her tent (apartment), her father called out to her.

Father: "Aida, come here. I need to tell you something."

Aida: "Yes, father?" Her mother is sitting at the rear of the tent (room) crying.

Aida: "What happened?" She runs to her mother, who pushes her toward her father and leaves the tent/room.

Father: "Good things will happen to you and to us, my girl. Today I talked with our neighbor Oum Malek. She has a handsome boy 2 years older than you and we

agreed to marry you both. I will also have her older girl. The marriage is next week so stop going to school and get ready.”

Aida, in tears: “But Father, I am too young to get married. In our situation, how shall I marry? We have nothing left ...”

Father: “I don’t want to hear anything – get ready!” He leaves the tent/room.

Scene 4: Aida sits with her mother-in-law and husband.

Mother-in-law: “It has been three months since you are married and you are not pregnant yet. There must be a problem.”

Aida looks at her husband, who seems perplexed and not sure what to say.

Mother-in-law: “Make sure your wife gets pregnant soon.” She leaves the room.

Husband: “Let us have a baby for her.”

Aida: “But you are not even working, and I am too young ... Let us postpone this.”

Husband: “No, no. I don’t want to have problems with her ... I will find a solution.”

Scene 5: Aida is visiting her mother. Suddenly a friend of hers enters the tent and bursts into tears.

The friend: “Do you know that Hamida died yesterday?”

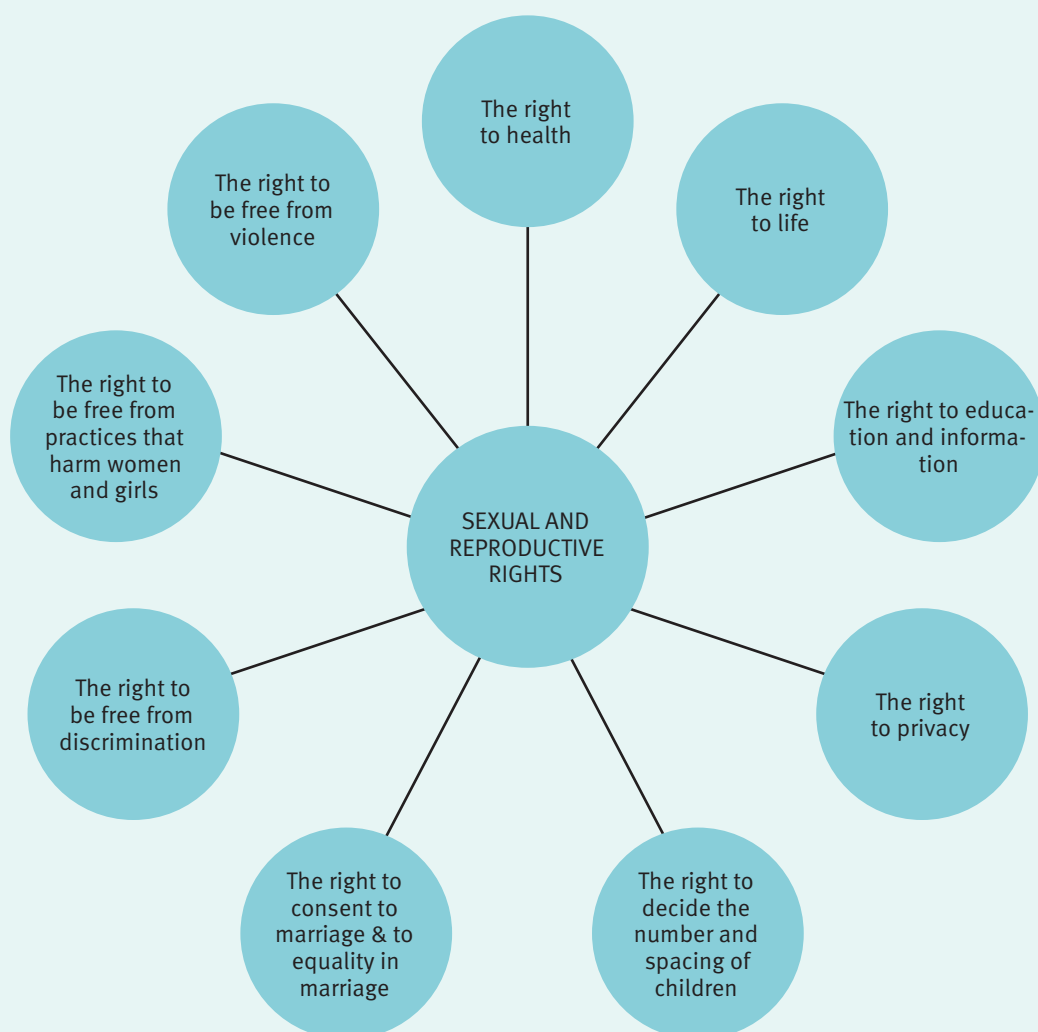
Aida (screaming): “What?! Why?!”

The friend: “You know that she had this relationship with a guy. She got pregnant and went to the camp dispensary and she was refused services because she is under 18. Anyway, he told her to get rid of the baby, otherwise he would leave her. So we found a lady in the village near the camp and she agreed to abort her. She was not feeling well after this and she was bleeding a lot ...”

Scene 6: All the young actors stand and say: “Why are these things happening to us??? It is not right because we have rights.”

Training Topic 1: Sexual and Reproductive Health Rights

WORKSHEET 2 ACTIVITY 1: IT IS OUR RIGHT TO KNOW AND PROTECT OURSELVES



Training Topic 1: Sexual and reproductive health rights

WORKSHEET ACTIVITY 2: ADVOCATING FOR OUR RIGHTS

Unrealized right:

Rational: Why this right is not realized?:

Concerned people: who are the affected? Who is responsible? Who are the allies?

Objective(s)/Results:				
Activities (What?)	Target group (to Whom?)	Time (When?)	Partners (Who can help?)	Needed resources (what & how much?)

Objective(s)/Results:				
Activities (What?)	Target group (to Whom?)	Time (When?)	Partners (Who can help?)	Needed resources (what & how much?)

Training Topic 2: Early marriage

WORKSHEET ACTIVITY 1: WHAT DOES IT MEAN TO GET MARRIED EARLY?

Please finish the stories by describing the consequences:

- Story 1:** A young, 12-year-old girl flees her community to another country because of a war; she arrives in a camp with her family. Her father wants to marry her to a 50-year-old man who lives in the next tent in exchange for the man's daughter, who will become his wife. In your opinion, what would be the consequences of this arrangement? Continue the story ...
- Story 2:** A young, 13-year-old girl moves into another community because hers was hit by an earthquake. She falls in love with a young boy aged 16. They decide to run away and get married. In your opinion, what would be the consequences? Continue the story ...
- Story 3:** A young refugee boy, approaching 17 years old, is doing nothing but sleeping all day long and going out with his friend at night. His mother wants him to marry because she thinks this will protect him from risky behaviors. In your opinion, what would be the consequences? Continue the story ...
- Story 4:** A beautiful young refugee aged 15 is told by her father that at the end of the week she must stop going to school because he wants her to marry a wealthy man from the city where they moved to escape a drought. He explains that he is not finding work and the family really needs the money to support her 5 sisters and brother. In your opinion, what would be the consequences? Continue the story ...

Training Topic 3: Early pregnancy

WORKSHEET 1 ACTIVITY 1: BEING PREGNANT BEFORE REACHING 20

Game Grid

RH	Anatomy & Physiology	Pregnancy	Safe Motherhood	Impact of early pregnancies
10 points	10 points	10 points	10 points	10 points
20 points	20 points	20 points	20 points	20 points
30 points	30 points	30 points	30 points	30 points
40 points	40 points	40 points	40 points	40 points
50 points	50 points	50 points	50 points	50 points
60 points	60 points	60 points	60 points	60 points

Training Topic 3: Early pregnancy

WORKSHEET 2 ACTIVITY 1: BEING PREGNANT BEFORE REACHING 20

Facilitator's Questions

RH	Anatomy & Physiology	Pregnancy	Safe Motherhood	Impact of early pregnancies
What is RH? 10 points	State all the organs of the external female reproductive system. 10 points	What is a pregnancy? 10 points	How many times should a pregnant youth visit the ante-natal clinic? 10 points	How can a humanitarian crisis impact an early pregnancy? 10 points
Bonus 20 points	State all the organs of the internal female reproductive system. 20 points	Where does a baby grow? 20 points	State 5 things a pregnant youth should avoid. 20 points	State 2 consequences of an early pregnancy on the physical health of a youth girl. 20 points
State 3 RH rights. 30 points	State all the organs of the male reproductive system. 30 points	Where does fertilization occur? 30 points	State 6 things a pregnant youth should do during pregnancy. 30 points	State 2 consequences of an early pregnancy on the psychological health of a young girl. 30 points
Does a young girl have the right to refuse a sexual relationship? 40 points	Where is the semen (male sex fluid) produced? 40 points	What are the names of the cells involved in pregnancy? 40 points	Where should a delivery take place? 40 points	State 2 consequences of an early pregnancy on the psychological health of a young boy. 40 points
What are the components of RH? 50 points	Where is an egg produced? 50 points	What happens after the egg is fertilized? 50 points	Where should an abortion, if any, take place? 50 points	State 2 economic consequences of early pregnancy on couple. 50 points
What year was the International Conference on Population & Development held in Cairo, Egypt? 60 points	What do we call it when the ovary produces an egg? 60 points	What is the organ that provides the fertilized egg with needed substances for its development? 60 points	When is a cesarean section recommended? 60 points	State 2 consequences of youth pregnancy on the development of a community. 60 points

Training Topic 3: Early pregnancy

WORKSHEET 3 ACTIVITY 1: BEING PREGNANT BEFORE REACHING 20

Game answers

RH

Q: What is RH?

A: Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes.

Q: State three RH rights.

A:

- The right to life and survival.
- The right to voluntarily marry and establish a family.
- The right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.
- The right to attain the highest standard of sexual and reproductive health throughout the life cycle, for both men and women.
- The right to sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy.
- The right to make free and informed decisions concerning reproduction free of discrimination based on gender, coercion and violence, as expressed in human rights documents.
- The right to the benefits of scientific progress in relation to family planning methods and care.

- The right to non discrimination and equality in education and employment.

Q: Does a young girl have the right to refuse a sexual relationship?

A: Yes. Engaging in sexual relationships is a personal decision that is made based on one's values, needs, expectations, etc. Everyone, including girls and women, has the right to decide whether or not to engage in sexual relationships. Forcing someone, verbally or physically or psychologically, into a sexual relationship is considered to be an act of sexual violence.

Q: What are the components of RH?

A: RH components are:

1. High-quality education and counseling related to family planning;
2. Education and services related to prenatal and postnatal care, safe delivery;
3. Ability to treat birth complications and emergency cases;
4. Abortion prevention, treatment of abortion complications and postabortion care;
5. Prevention of reproductive system diseases and sexually transmitted diseases including AIDS;
6. Prevention and management of gender-based violence;
7. Involvement of men in RH issues;
8. Education about and promotion of exclusive breastfeeding;
9. Provision of information, education, counseling and services related to sexual and reproductive health and responsible parenthood to protect and promote the health and well-being of families;
10. Prevention and treatment of infertility and sterility;
11. Early detection of breast cancer and cancers related to male and female reproductive systems;
12. Sexual and reproductive health for adolescents;
13. Effective campaign against harmful practices such as female genital mutilation.
14. Education and awareness about menopause.

Q: What year was the first International Conference on Population & Development held in Cairo, Egypt?

A: 1994

ANATOMY & PHYSIOLOGY

Q: State all the organs of the external female reproductive system.

A: The organs of the external female reproductive system, also called the vulva, are as follows:

- Mons pubis: the fleshy area located just above the top of the vaginal opening, which is covered with hair when a girl reaches puberty
- Labia majora (outer): exterior pair of skin flaps that surrounds the vaginal opening
- Labia minora (inner): interior pair of skin flaps that surrounds the vaginal opening
- Clitoris: a small sensory organ located where the folds of the labia join.
- Urethral opening: opening of the canal that carries urine from the bladder to the outside of the body
- Vaginal opening

Q: State all the organs of the internal female reproductive system.

A: The organs of the internal female reproductive system are as follows:

- Ovaries: two oval-shaped organs that lie to the upper right and left of the uterus. They produce, store and release eggs into the fallopian tubes in the process called ovulation. They also produce female sex hormones such as estrogen and progesterone.
- Fallopian tubes: two tubes, each attached to a side of the uterus, that connect the uterus to the ovaries. When an egg pops out of an ovary, it enters the fallopian tube. Once the egg is in the fallopian tube, tiny hairs in the tube's lining help push it down the narrow passageway toward the uterus.
- Uterus: hollow organ shaped like an upside-down pear, with a thick lining and muscular walls able to expand and contract to accommodate a growing fetus and then help push the baby out during labor.
- Cervix: connects the vagina with the uterus. It has strong, thick walls. The opening of the cervix is very small and it expands during childbirth to allow a baby to pass.
- Vagina: a muscular, hollow tube that extends from the vaginal opening to the uterus. It can expand and contract. It is lined with mucous membranes, which

keep it protected and moist. It has several functions:

- » sexual intercourse
 - » pathway that a baby takes out during childbirth
 - » route for the menstrual blood (period) to leave the body from the uterus.
- Hymen: a thin sheet of tissue with one or more holes, different from person to person, that partially covers the opening of the vagina. Most girls and women find that their hymens have been stretched or torn after their first sexual experience. They may observe a little bleeding and some pain. Other women will not have much of a change in their hymens after their first sexual experience.

Q: State all the organs of the male reproductive system.

A: The organs of the male reproductive system are:

- Penis: sexual organ made of a spongy tissue that can expand and contract. It has two parts: the shaft and the glans. The shaft is the main part of the penis and the glans is the tip/head. At the end of the glans is a small slit or opening, allowing semen and urine to exit the body through the urethra. All boys are born with a foreskin, a fold of skin at the end of the penis covering the glans. Some boys have a procedure called circumcision, during which the foreskin is cut away.
- Epididymis and the vas deferens make up the duct system of the male reproductive organ:
 - » vas deferens is a muscular tube that passes upward alongside the testicles and transports the sperm-containing fluid called semen.
 - » epididymis is a set of coiled tubes (one for each testicle) that connects to the vas deferens.
- The epididymis and the testicles hang in a pouchlike structure outside the pelvis called the scrotum.
- Urethra is a channel that has a double function: it carries semen to the outside of the body through the penis and it is also the channel through which urine passes as it leaves the bladder and exits the body.
- Testicles: two oval-shaped sex glands that produce and store millions of tiny sperm cells when a boy reaches sexual maturity. They produce hormones, including testosterone, which plays a major role when boys go through puberty. It is the hormone that causes deeper voices, bigger muscles, and the development of body and facial hair; it also stimulates the production of sperm.

- **Scrotum:** a bag of skin outside the body that includes the epididymis and the testicles. It helps regulate the temperature of testicles, which need to be kept cooler than body temperature to produce sperm. The scrotum changes size to maintain the right temperature. When the body is cold, the scrotum shrinks and becomes tighter to hold in body heat. When it's warm, the scrotum becomes larger and more floppy to get rid of extra heat. This happens without a man ever having to think about it. The brain and the nervous system give the scrotum the cue to change size.
- **Accessory glands,** including the seminal vesicles and the prostate gland, provide fluids that lubricate the duct system and nourish the sperm. The seminal vesicles are saclike structures attached to the vas deferens on either side of the bladder. The prostate gland, which helps produce semen, surrounds the ejaculatory ducts at the base of the urethra, just below the bladder.

Q: Where is the semen (male sex fluid) produced?

A: In the testicles and the prostate gland

Q: Where is the egg produced?

A: In the ovaries

Q: What do we call it when the ovary produces an egg?

A: Ovulation

PREGNANCY

Q: How does pregnancy occur?

A:

- Normally an egg is released from a woman or girl's ovary (ovulation) during the first two weeks of her menstrual cycle. This occurs after she has her period, which usually lasts 3–7 days. After that, hormones make eggs mature in her ovaries, and the lining of her uterus thickens. Ovulation happens mid-cycle, about two weeks before a woman's next period takes place. The egg enters a fallopian tube and starts moving toward the uterus.
- After vaginal intercourse or other types of insemination, several hundred sperm travel up through the cervix into the uterus and into the fallopian tubes. If an egg is present in one of the tubes, the sperm may fertilize it. The joining of egg and sperm is called fertilization. It is most likely to occur

from sexual intercourse that happens during the five days before the egg is released or on the day of ovulation.

- Pregnancy begins when and if the fertilized egg attaches to a woman's uterus and begins to grow — this is called implantation.
- It is also possible — but less likely — for a woman or girl to become pregnant through any kind of sex in which semen, or ejaculate, comes in contact with the vulva.

Q: Where does the baby grow?

A: In the uterus

Q: Where does fertilization occur?

A: In the fallopian tubes

Q: What are the names of the cells involved in pregnancy?

A: The egg or ovum (female gamete) and the sperm (male gamete)

Q: What happens after the egg is fertilized?

A: The fertilized egg moves down the fallopian tube and divides into more and more cells, forming a ball. The ball of cells reaches the uterus and attaches to the lining of the uterus. This is called implantation.

Q: What is the organ that provides the fertilized egg with needed substances for its development?

A: The umbilical cord

SAFE MOTHERHOOD

Q: How many times should a pregnant youth visit the antenatal clinic?

A:

- As soon as possible after she finds out she is pregnant. The sooner she starts to get medical care, the better her chances that she and the baby will be healthy.

- Ideally, once each month for the first 28 weeks of pregnancy, then every two weeks until 36 weeks, then once a week until delivery. A youth with a medical condition might be requested to see the doctor more often.

Q: State five things a pregnant youth should avoid

A:

- Eating raw meat because it might transmit E. coli, salmonella or toxoplasmosis
- Alcoholic beverages because alcohol will affect the proper development of the fetus, putting a baby at risk for birth defects and mental problems
- Using drugs such as cocaine or marijuana during pregnancy can cause miscarriage, prematurity and other medical problems. Babies can also be born addicted to certain drugs.
- Smoking: The risks of smoking during pregnancy include:
 - » Stillbirths – the baby dies while inside the mother
 - » Low birth weight, which carries a higher risk for the baby of having health problems later
 - » Prematurity: baby is born earlier than 37 weeks
 - » Sudden infant death syndrome, which is the unexplained sudden death of an infant who is younger than 1 year old.
- Unsafe sex because it puts the pregnant youth at risk of sexually transmitted infections (STIs). Some STIs can cause blindness, pneumonia or meningitis in newborns, so it's important to use protection. Your doctors can advise you on whether you can have sexual intercourse and how to protect yourself.

Q: State six things a pregnant youth should do during pregnancy

A:

- Have periodic medical exams and regular medical tests
- Eat healthy and varied food
- Drink adequate quantities of water
- Be active; regular exercise such as walking is appropriate as long as you do not have a complicated pregnancy.
- Avoid lifting heavy objects
- Get plenty of sleep

- See a doctor immediately if you notice:
 - » No weight gain or excessive weight gain
 - » Unusual or smelly vaginal secretions
 - » Vaginal bleeding
 - » Headache, fatigue and difficulty breathing
 - » Swelling of hands, feet and face
 - » Early labor

Q: Where should a delivery take place?

A: In an appropriate health care setting, performed by a health care professional

Q: Where should an abortion, if any, take place?

A: In an appropriate health care setting, performed by a health care professional

Q: When is a cesarean recommended?

A: Usually, about 280 days after a woman's last menstrual period, when the baby is ready to be born, it turns and presses its head on the cervix. The cervix begins to relax and widen to get ready for the baby to pass into and through the vagina. In some cases, the baby's position does not change, and that's when a cesarean is recommended. Also, if the mother has HIV, a cesarean is recommended to reduce the chances of the newborn getting infected with the virus.

IMPACT OF EARLY PREGNANCIES

Q: How can a humanitarian crisis affect an early pregnancy?

A: Here are some of the ways a humanitarian crisis can affect an early pregnancy:

- Necessary services are unavailable, at least at the beginning of the crisis
- Additional stress related to the crisis
- Loss or decrease of familial support
- Inability to care for oneself and respond appropriately to the crisis
- Lack of financial resources to pay for expenses related to pregnancy and newborn

Q: State two consequences of an early pregnancy on the physical health of a young girl.

A: Young girls' reproductive organs are not completely developed; thus, they are more at risk of:

- Difficulties during labor and delivery
- Complications such as anemia, high blood pressure and others
- Complications during delivery that might lead to death or chronic health problems
- Premature delivery (delivering earlier than usual)

Q: State two consequences of an early pregnancy on the psychological health of the youth girl.

A:

- It's common for pregnant girls to feel a range of emotions such as fear, anger, guilt, confusion, sadness and worries about being able to handle the new responsibilities. These feelings are related to the support the girl gets from the baby's father, her parents and others, and to the reality that she is going to have a baby.
- Each girl's situation is different. She may need to seek more support from people outside the family such as the doctor, nurse, counselor, etc.

Q: State two consequences of an early pregnancy on the psychological health of the young boy.

A: Young boys might feel stressed and worry about the new responsibilities they will have. They also might feel guilt, anger, confusion, etc. depending on the circumstances in which the pregnancy occurred.

Q: State two economic consequences for the couple.

A:

- The couple will have additional expenses associated with the pregnancy and the newborn.
- In the long run, both parents might have to quit school, which could lower their income.

Q: State two consequences of youth pregnancy on the development of the community.

A: The community might face:

- Economic constraints because its population has grown larger than the available resources
- Greater demand for specialized health services to respond to the needs of ill newborns
- Decrease in the educational level of its members
- More rapid depletion of community resources

Training Topic 3: Early pregnancy

WORKSHEET 1 ACTIVITY 2: FAMILY PLANNING

The story of two families

Both couples married on the same day. Call out the names of the husband and wife in each couple and ask them to dance inside their houses.

During the first year of marriage, both couples had their first child. Ask a volunteer from the group to go inside each house to represent that child.

During their second year of marriage, the first couple – say their names out loud – had their second child. Ask another volunteer to go inside their house.

In their third year of marriage, the first couple – say their names – had their third child. Ask a volunteer to go inside their house.

In their fourth year of marriage, both couples had a child. Ask volunteers to go inside each house. This is the fourth child for the first couple (say their names) and the second for the second couple (say their names).

In their fifth year of marriage, the first couple (say their names) had their fifth child. Ask a volunteer to go inside their house.

In their sixth year of marriage, the first couple (say the names) had their sixth child. Ask a volunteer to go inside their house.

In their seven year of marriage, both couples had a child. Ask two volunteers to go inside each house. This is the seventh child for the first couple (say their names) and the third for the second couple (say the names).

Training Topic 3: Early pregnancy

WORKSHEET 2 ACTIVITY 2: FAMILY PLANNING METHODS

Examples of Methods That May Be Provided in Refugee Settings

Providers and users must be aware of the particularities of each method, its effectiveness, safety, side effects. They should also know its effect on the risk of STI transmission, its appropriateness for breastfeeding women and the usual length of time between discontinuation of the method and return to normal fertility. Information on the most common methods is presented here. “In no cases should abortion be promoted as a method of family planning.” (ICPD para 8.25).

Barrier Methods

In most refugee situations, the most important barrier method will be male latex condoms. Consistent and correct use of condoms can play the dual role of protection against STI and HIV infection and prevention of conception. They can be used alone or in combination with another method to increase effectiveness. Only water-based lubricants should be used with condoms.

Other barrier methods, such as spermicides and female condoms, may be requested by refugees who are familiar with these methods from their country of origin. If requested, every effort should be made to supply these methods.

Hormonal Contraceptives

Oral contraceptive pills should include at least:

- one combined oral contraceptive (COC): ethinyl oestradiol < 0.035 mg and levonorgestrel 0.15 mg;
- one progestogen-only oral contraceptive (POP): levonorgestrel 0.03 mg or norethisterone 0.35 mg.

Injectable contraceptives could include depot-medroxyprogesterone acetate (DMPA, Depo-provera), one injection every three months; norethisterone enanthem (NET-EN) one injection every 2 months; or Cyclofem, one injection per month. Trained health professionals should administer injectables. It is recommended that only one injectable method should be used to avoid confusion and misunderstanding over the schedule for reinjection.

Supportive counseling during follow-up visits will help clients tolerate common side effects, such as changed patterns of menstrual bleeding.

See *Chapter Four* for details about the provision of emergency contraceptive pills (ECPs). National policies and the demands of well-informed users should guide the use of ECPs in refugee situations.

Copper IUDs (Intra-Uterine Devices)

IUD insertion, like sterilisation and implants, requires special training, facilities and equipment that must be in place before it can be provided.

Women known to be infected or at high risk for an STI, including HIV, should not have an IUD inserted. For women who have never given birth, an IUD is not the first method of choice.

Natural Family Planning Methods

Natural family planning methods include the basal body temperature method, the cervical mucus method or ovulation method, the calendar method and the sympto-thermal method. These methods are particularly appropriate for people who do not wish to use other methods for medical reasons or because of religious or personal beliefs. Both partners will need counseling when choosing and practicing these methods. The techniques require training and regular follow-up until the partners are confident they can detect fertility signs. Teaching these methods to potential users is relatively time-consuming and requires separate sessions for those refugees who wish to use them.

Breastfeeding

Breastfeeding is effective as a contraceptive method if a woman is exclusively breastfeeding on demand from her infant – that means the baby is eating no other food – and if she is not menstruating and her infant is less than 6 months old. If any one of these three criteria are not met, then an additional method of contraception is advised.

Family planning methods recommended for breastfeeding mothers:

- From delivery to up to six weeks postpartum, barrier methods, postpartum IUD insertion and sterilisation;
- From six weeks to six months postpartum, barrier methods, progestin-only methods (pills, injectables, implants), IUDs and sterilisation;
- After six months postpartum, COCs and combined injectables.

Hormonal Implants

An implant is a long-lasting progestogen-only contraceptive. The most widely used types (Norplant and Norplant 2) consist, respectively, of six or two silastic (soft plastic) capsules containing the progestogen levonorgestrel. The capsules, inserted under the skin of the arm, slowly release the progestogen. These implants are effective for five years. They should only be inserted or removed by properly trained personnel.

Before prescribing any long-term contraceptive within a refugee situation, service providers must be sure that there are facilities and skilled personnel in the country of origin to reverse or remove the method, since refugees may return home at any time. If such facilities do not exist in the country of origin, the method should not be used.

Voluntary Surgical Contraception

Both male (vasectomy) and female sterilisation are desirable methods of contraception for some clients. As a surgical method, sterilisation should only be performed in safe conditions, with the formal consent of the user and by trained personnel with the necessary equipment. Sterilisation is an option if it is familiar to the refugees from their country of origin and is allowed within the host country.

Training Topic 4: The TOT on Peer Education on Youth Sexual and Reproductive Health in Humanitarian Settings

WORKSHEET ACTIVITY 1: DISCOVERING THE MANUAL

1. How many parts does the manual have? Please specify the titles
2. What issues are covered under part 1?
3. What are the different subtitles of the session plans?
4. Please list the training topics addressed in the manual.
5. How many activities does the training topic “HIV/AIDS” have?
6. Give two of the take-home messages on GBV.
7. Who is the target group of Activity 5, training topic 3 on Day 1?
8. What does D3-TT1-A2 stand for?
9. What does D2-TT2-A2-W1 stand for?
10. What is the purpose of the “enlightening ideas” section in the different sessions’ plans?
11. Please give one of the objectives on “decision making”.
12. What are the 4 humanitarian principles described in this manual? Please specify their placement in the manual (title of the related part and page number).

Training Topic 1: Youth-adult partnerships

WORKSHEET ACTIVITY 1: INTRODUCTION OF SPECTRUM OF ATTITUDES THEORY

1. What does it mean to you “Youth as objects”?
2. What does it mean to you “Youth as recipients”?
3. What does it mean to you “Youth as partners”?

Training topic 1: Youth-adult partnerships

WORKSHEET ACTIVITY 2: APPLYING THE SPECTRUM OF ATTITUDES

- On one side of the index cards, write either the word ‘youth’ or the word ‘adult’. On the other side of the cards, write the following statements, one on each adult card and one on each youth card:
 - » Adult: You want to control everything.
 - » Adult: You are a committed leader who cares about this and wants it to be a success.
 - » Adult: You patronize youth.
 - » Adult: You ignore youth.
 - » Youth: You want to control everything.
 - » Youth: You are a committed leader who cares about this and wants it to be a success.
 - » Youth: You are negative about everything that is suggested.
 - » Youth: You are bored and don’t want to be here.

Make sure you have three to four sets of these cards, depending on the size of your total group.

Training Topic 2: Planning, monitoring and evaluating a peer education session

WORKSHEET ACTIVITY 1: WHAT IS OUR SESSION PLAN?

A plan format

What topic are we dealing with?	
Whom are we targeting?	
What do we want to achieve?	At the end of this activity, participants should be able to:
How much time is needed?	<ul style="list-style-type: none"> minutes
What do we need?	<ul style="list-style-type: none"> Flip chart + paper + markers
What steps to follow?	
Enlightening ideas!	
What should be remembered?	
What and how are we going to evaluate?	

Training Topic 2: Planning, monitoring and evaluating a peer education session

WORKSHEET ACTIVITY 2: HOW TO MONITOR AND EVALUATE A PE SESSION?

Reflexion questions :

1. What should we monitor in our intervention (implementation of PE sessions by the YPE)? Why? How? Where? When?
2. What should we evaluate in our intervention (implementation of PE sessions by the YPE)? Why? How? Where? When? With whom do we evaluate? And For whom do we evaluate?

Training Topic 3: Simulating Peer Education Sessions

WORKSHEET ACTIVITY 2: MENTORING A YPE

Peer Education rating form

Title of the session:

Date of the session:

Venue of the session:

Name of the YPE:

Skills/Information/Attitudes	Observations			
	Poor	Average	Good	To improve
Communication Skills				
Words used are understandable				
Statements are short				
Clarifying issues				
Using positive encouraging words				
Nonverbal Communication Skills				
Eye Contact				
Way of standing or sitting				
Frequency of movement				
Facial expressions				
Gestures				

Skills/Information/Attitudes	Observations			
	Poor	Average	Good	To improve
Voice				
Intonation				
Volume				
Listening Skills				
Concentrating				
Questioning to understand or clarify issues				
Using nonverbal communication				
Not interrupting				
Information				
Correctness				
Clear				
Interrelated				
Managing Participants				
Creating a safe learning environment				
Organizing the discussion				
Dealing with various characters among the participants				
Team Work				
Co-operation with co-facilitator				
Practical assistance				

Skills/Information/Attitudes	Observations			
	Poor	Average	Good	To improve
Sharing the training space				
Respecting each other				
Training techniques and tools				
Explaining the purpose and steps of the activity/exercise				
Implementation of the activity/exercise				
Use of visual aids, e.g., flip chart				
YPE attitudes				
Motivating the participants				
Giving feedback and acknowledging participation				
Respecting the participants				
Responding to participants' concerns				
Enthusiastic				
Training venue				
Seating of participants				
Size of the room fits the training activities				
Room size appropriate to the number of participants				
Physical requirements (ventilation, lighting, safety, etc.)				

ANNEXES



Annex 1: Peer education references and resource list

A participatory handbook for youth drug abuse prevention programmes - A guide for development and improvement, UNODC, Youth Network, 2002.

Available online in English at: http://www.unodc.org/documents/drug-prevention-and-treatment/E_handbook.pdf and in Arabic at http://www.unodc.org/pdf/youthnet/youth%20initiative%20/handbook_A.pdf

A youth Activist's Guide to Sexual and Reproductive Health. Ahumda C and Kowalski-Morten S. The youth coalition, 2006

Available online at: http://www.youthcoalition.org/wp-content/uploads/SRR_Guide_-FINAL_VERSION.pdf

Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings – A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, Save the Children and UNFPA, 2009

Available online in Arabic, English and French at: <http://www.unfpa.org/sites/default/files/pub-pdf/ASRH%20toolkit.pdf> (Arabic version); http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_ASRHtoolkit_english.pdf

Advocates For Youth: Advocacy Toolkit, Advocates for youth

Available online at: <http://www.advocatesforyouth.org/storage/advfy/documents/advocacykit.pdf>

Caring for Survivors of Sexual Violence in Emergencies: Training Guide, IASC, Global Protection Cluster-GBV Prevention and Response, 2010

Available online at: <http://www.unicefinemergencies.com/downloads/ere-source/docs/GBV/Caring%20for%20Survivors.pdf>

Children's Participation in Humanitarian Action: learning from zones of armed conflict, Jason Hart, Refugee Studies Centre, University of Oxford for Canadian International Development Agency (CIDA), 2004

Convention on the Rights of the Child (CRC) http://www.unicef.org/crc/files/Rights_overview.pdf

CyberPeer: A computer-based learning tool for Peer Educators, Y-PEER, USAID, YouthNet, fhi, UNFPA, UNAIDS, 2006

Available at: [//38.121.140.176/web/guest/cyberpeer](http://38.121.140.176/web/guest/cyberpeer)

Distance Learning on Population Issues – Course 1: Sexual and Reproductive Health Source, DLPI UNFPA

Available on line at: <http://www.hlsp.org/LinkClick.aspx?fileticket=gyxZ87CsM2l%3D&tabid=1852&mid=3583>

Games for Adolescent Reproductive Health, PATH 2002

Get the Facts about Drugs, UNODC, 2008

Available online at: http://www.unodc.org/documents/drugs/getthefacts_E.pdf

Glossary of Humanitarian terms

Available at: <http://www.who.int/hac/about/definitions/en>

Guided imagery exercises, WebMD Medical Reference from Healthwise, August 2011.

Available online at: www.webmd.com

Guiding principles on internal displacement, OCHA, 2004

Available online at: <http://www.unhcr.org/43ce1cff2.html>

Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies; <http://www.refworld.org/docid/439474c74.html>

International standards on drugs prevention, UNODC, 2013

Available online at: <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

IRC's GBV Responders Network provides an extensive list of tools and resources that may be helpful: <http://gbvresponders.org/resources/>

HIV/AIDS interventions in emergency settings, United Nations Inter-Agency Standing Committee (IASC)

Available online at: http://data.unaids.org/publications/External-Documents/iasc_guidelines-emergency-settings_en.pdf

Managing Gender-based violence programmes in Emergencies, e-learning module

Available at <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>

Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module, Women's Commission for Refugee Women and Children, 2006

Available online at: <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf>

MISP distance learning module, 2011

Available at: <http://www.misp.rhrc.org> www.misp.rhrc.org

Protecting children during emergencies in Nigeria, A toolkit for trainers, Save the Children

Refugees and Displaced Persons, several languages, http://www.hrea.org/index.php?doc_id=418

Refugee Girls: The invisible Faces of War, Women's Refugees Commission, 2009

Reproductive Health for All, A training manual. EC, UNFPA, University of the Witwatersrand, AIDOS, February 2001.

Available online at : http://agi.ac.za/sites/agi.ac.za/files/attachments_news/reproductive_health_for_all_-_a_training_manual.pdf Sexual violence against refugees: guidelines on prevention and response, UNHC , 1995

Sexually Transmitted Infection, WHO Fact sheets, 2013, <http://www.who.int/mediacentre/factsheets/fs110/en/index.html>

State of the World Population Report- Making 1 Billion Count: Investing in Adolescents' Health and Rights, UNFPA

Available online at: <http://www.unfpa.org/publications/state-world-population-2003#sthash.S4qp2faH.dpuf>, 2003

Terminology and Information on Drugs, United Nations Office on Drugs and Crime, Second edition, 2003

Available online at: http://www.unodc.org/pdf/publications/report_2003-09-01_1.pdf

The need for HIV/AIDS interventions in emergency settings, IASC, 2005

2009, UNISDR terminology: disaster risk reduction, United Nations International Strategy for Disaster Reduction

Available online in several languages at: <http://www.unisdr.org/we/inform/terminology>

UNAIDS Fact sheets, April 2011

Available online at: www.unaids.org

Training of Trainers on Gender-Based Violence: Focusing on Sexual Abuse and Exploitation, UNICEF http://www.un.org/en/pseataforce/docs/unicef_training_of_trainers_on_sea_participant_manual.pdf

UNFPA Framework for Action on Adolescents and Youth – Opening Doors with Young People: 4 Keys.

Available online at: http://www.unfpa.org/sites/default/files/pub-pdf/framework_youth.pdf

WHO Lexicon on Alcohol and Drugs, WHO, 1994, Available online at: http://www.who.int/substance_abuse/terminology/who_ladt/en/

World Food Programme, News release, 29 April 2005; <http://www.wfp.org/news/news-release/djibouti-drought-threatens-30000-grave-food-shortages>

World report on violence and health: summary, WHO, 2002

Available online at: http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

Youth Participation Guide: Assessment, Planning, and Implementation, Family Health International, UNFPA, 2008

Available online at: <http://www.advocatesforyouth.org/publications/publications-a-z/1652-youth-participation-guide-assessment-planning-and-implementation>

Youth Peer Education Toolkit – Training of Trainers Manual, United Nations Population Fund and Youth Peer Education Network (Y-PEER), Family Health International/YouthNet, 2005

Available online at: www.unfpa.org/resources/peer-education-toolkit

Youth Peer Education Toolkit – Standards for Peer Education Programmes, Youth Peer Education Toolkit, Y-PEER, FHI, UNFPA, 2005

Available online at: https://www.iywg.org/sites/iywg/files/standards_for_pe_programmes.pdf

Youth Program report, Women Refugees Commission, 2010

Available online at: <http://womensrefugeecommission.org/search?q=Youth+Program+report%2C+Women+Refugees+Commission%2C+2010>

Youth Zones: Voices from Emergencies, UNFPA, 2011

Available online at: <http://video.unfpa.org/video/0-1070860474001-youth-zones-voices-from-emergencies>

Available online at : http://www.unodc.org/pdf/youthnet/youth%20initiative%20/handbook_A.pdf

WEBSITES

1. www.fhi.org/en/Youth/YouthNet/ProgramsAreas/YouthFriendlyServices/index.htm
2. www.internal-displacement.org
3. www.kidshealth.org
4. www.unaids.org
5. www.unfpa.org
6. www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html
7. www.webrelief.int

Annex 2: A sample pre-post evaluation test

DEAR PARTICIPANT,

To be able to evaluate the training, we would like you to fill in this questionnaire at the beginning and end of the training. You do not need to give your name or address. Please use the number you got as this will enable us to track improvement per participant. Tick also the appropriate box depending if you are taking the pre or posttest questionnaire. Thank you!

◇ Pre-test

Today's date:

◇ Post-test

Training location:

1. Please answer the following statements by "True" or "False":

		True	False
1.	Wars or accidents, floods or earthquakes or tremors may cause humanitarian crises		
2.	Humanitarian crisis means a situation that threatens the health, lives, safety, security, livelihoods and well-being of large numbers of a population		
3.	The Humanitarian Response Guiding Principles are humanity, neutrality, impartiality and do no harm		
4.	Peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their parents		
5.	The role of a peer educator is relationship oriented and addresses motivation, denial and resistance on a personal level		
6.	The role of a peer counselor is goal oriented aiming to improve knowledge, attitudes and skills to facilitate behavior change of peers		
7.	Youth affected by humanitarian crisis have multiple and varied needs that can be responded to through the YPE program		

Please circle the correct answer:

2. A successful peer education program includes:
- Providing information and building behavioral skills
 - Creating motivation
 - Referring young people to appropriate resources
 - All of the above
 - A+C

3. To be able to undertake youth peer education programs with young people living in a humanitarian setting, we need to:
 - a. Identify where do young people reside; in host community, camps, etc.
 - b. Get in contact with organisations that can access youth
 - c. Learn about the living conditions of young people and available services
 - d. Learn about the available services to young people
 - e. All of the above
4. When mapping available services for youth living in humanitarian settings:
 - a. Identify the name of the institution or organization and its address
 - b. Identify the services available
 - c. Find out the working hours
 - d. Define who are the service providers and add some of the important observations
 - e. All of the above
5. Please answer the following statements by “True” or “False”:

		True	False
1.	HIV is present in blood, sexual fluids and sweat		
2.	When a person has AIDS, his or her body cannot easily defend itself from infections		
3.	AIDS can be cured if treated early		
4.	If a pregnant woman has HIV, there is a chance it may harm her baby		
5.	A person can get HIV infection from sharing needles used to inject drugs		
6.	Many people with sexually transmitted infections, including HIV, do not have symptoms		
7.	An effective vaccine is available to protect people from HIV infection		
8.	A person can be infected with HIV for 10 or more years without developing AIDS		
9.	You can get HIV by kissing an HIV infected person on the cheek		
10.	A person can be infected with HIV by giving blood in an approved health facility		
11.	Ear-piercing and tattooing with unsterilized instruments are possible ways of becoming infected with HIV		

12.	A person can get HIV by being bitten by a mosquito		
13.	A person can avoid getting HIV by eating well and exercising regularly		
14.	One can know if a person is infected with HIV by looking at his/her physical appearance		

6. Spread of HIV can be prevented by:

- Abstinence
- Practicing mutual monogamy with an uninfected partner
- Correct and consistent use of condoms
- Avoiding sharing of cutting and piercing tools
- All of the above

7. Risk of contracting HIV is increased by:

- Being infected with another sexually transmitted infection (STI)
- Drinking from the same glass as an infected person
- Shaking hands with someone who is infected
- All of the above
- B+C

8. Please answer the following statements by “True” or “False”:

		True	False
1.	Drugs are any natural or manufactured agent that can, when taken, affect the feelings, functioning, and behavior of a person		
2.	Stimulants are drugs that suppress, inhibit, or decrease some aspects of central nervous system		
3.	Hallucinogens are drugs that activate, enhance, or increase neural activity		
4.	Depressants are products causing a disorder consisting of persistent or recurrent hallucinations, usually visual or auditory, that occur in clear consciousness and that the individual may or may not recognize as unreal		
5.	Addiction is the repeated use of a psychoactive substance(s) to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance or substances, has great difficulty in voluntarily ceasing or modifying substance use, and exhibits the determination to obtain psychoactive substances by almost any means.		

9. Physical symptoms and signs of stress include:
 - a. Fast heartbeat and breathing
 - b. Headache
 - c. Stiff neck and/or tight shoulders
 - d. An upset stomach, nausea and diarrhea
 - e. All of the above
10. Psychological and mental symptoms and signs of stress include:
 - a. Feel irritable and unable to deal with even small problems
 - b. Feel frustrated, lose your temper more often and yell at others for no reason
 - c. Feel worried or tired all the time
 - d. Find it hard to focus on a task
 - e. All of the above
11. Gender:
 - a. Refers to being a male or a female
 - b. Is learnt at a young age
 - c. Changes with time and differs from one society to another
 - d. Refers to the economic, social and cultural attributes and opportunities associated with being male and female
 - e. B+c+d

12. Please answer the following statements by “True” or “False”:

		True	False
1.	Gender norms makes women and especially young girls more vulnerable to certain health problems and less able to address these problems		
2.	Gender equality means no discrimination on the basis of sex and equal treatment and rights of women and men on the social, economic, civil and political levels		
3.	Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men and their access to and management of resources		
4.	Early/forced marriage is one form of GBV		

13. Gender-based violence includes any physical, _____ or _____ abuse which is directed against a person on the basis of _____ or _____ and has its roots in gender inequality.
14. GBV can impact the:
 - a. Physical and emotional health of the individual

- b. Medical system in a society
- c. Society because victims are unable to continue as contributing member
- d. Community and Physical Safety and Security
- e. All of the above

15. Put in order the decision making steps:

- a. Evaluate the decision
- b. List the possible options/solutions
- c. Think of your values
- d. Identify the situation/problem
- e. Implement the decision
- f. Select the appropriate option
- g. Analyze the advantages and disadvantages of each option

16. List for each stage 4 things you need to do:

Before a PE session	During a PE session	After a PE session

17. Give the names of 4 STIs:

- a.
- b.
- c.
- d.

18. Please answer the following statements by “True” or “False”:

		True	False
1.	Both men and women, youth or adults, can get STIs if they engage in behaviors associated with STI transmission		
2.	Women and especially young girls are socially and biologically more vulnerable and at risk of getting STIs		
3.	Abstinence is 50 percent effective in the prevention of an STI through a sexual relationship		
4.	Some STIs don't have symptoms		
5.	Reproductive health means reducing the number of children		

		True	False
6.	Family planning means a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the sexual and reproductive system and its functions and processes		
7.	Early pregnancy occurs is when a girl get pregnant before the age of 19		
8.	Early pregnancy might result in long-term psychological and physical problems, especially among girls		

19. List 4 of the RH rights for young people:

- a.
- b.
- c.
- d.

20. Specify you attitude by selecting the appropriate answer “Agree”, “Unsure”, or “Do not agree”:

	Agree	Unsure	Don't Agree
Low self-esteem may push young people to adopt risky behaviors affecting their lives and their future			
It is normal that the values of young people change because they are encountering a humanitarian crisis			
Women and girls are the ones spreading HIV			
Isolating people living with HIV ensures that the infection will not spread			
HIV infection is a punishment from God			
It is only normal that our parents decide at what age we should marry and have children			
Young people who are experiencing a humanitarian crisis can protect themselves from exposure to risks			
Girls must marry at an early age even if they have not completed their education			

	Agree	Unsure	Don't Agree
Boys must marry at an early age even if they have not completed their education			
Early marriage deprives young boys and girls from living their adolescence in a healthy way and discovering their abilities and aspirations			
I believe that programs are more sustainable and effective when youth are partners in their design, development and implementation and evaluation			
The opinions of other people around us are always correct			
Adults can beat children and youth or use name calling as a way to discipline them			
Using drugs can be a solution to the problems young people might face during a humanitarian crisis			
Since some STIs don't have symptoms, anyone who has engaged in risky behavior should get tested			
Young boys and girls can play an important role in promoting gender equality and equity			
Young people can play an important role in informing their peers about GBV and the services in place for GBV survivors			

21. To build our self-esteem we need to:

- a. Know, accept and respect ourselves
- b. Develop our skills
- c. Act responsibly
- d. None of the above
- e. All of the above

22. Assertiveness is:

- a. A behavior during which we don't express our negative feelings
- b. A behavior during which we express negatively our refusals to undertake certain behaviors
- c. Similar to being aggressive
- d. Way of communicating that respects our personal rights and feelings as well as others.

23. Positive thinking includes:
- a. Preventing or controlling anxiety
 - b. Looking at different explanations for a situation
 - c. Unrealistic expectations and exaggerating
 - d. Using self-defeating statements
 - e. A + b
24. To be able to think positively, we need to learn to:
- a. Identify irrational thoughts about ourselves
 - b. Stop these thoughts
 - c. Replace the negative thoughts with more positive thoughts
 - d. All of the above
 - e. A+C
25. Monitoring:
- a. Is the routine and systematic process of collecting data
 - b. Is the measurement of progress toward program objectives
 - c. Asks questions such as are activities occurring as planned
 - d. supports evaluation
 - e. All of the above
26. Evaluation:
- a. Consists of only quantitative assessment to provide data on the strengths of components of a program or project
 - b. Answers questions such as: what aspects of the program are strong and those weak
 - c. Addresses questions such as: How are target groups affected by the project and what recommendations can be offered to improve future implementation
 - d. Measures the program's effects – positive or negative, intended or unintended – on individuals, households, institutions and the environment

Annex 3: A sample of training/session evaluation form

DEAR PARTICIPANT,

To be able to evaluate the process of the training, we would like you to fill in this questionnaire. You do not need to give your name or address. We encourage you to express yourself as honestly as you can. Thank you!

Today's date:

Training location:

1. Please tick the most appropriate response:

		Poor	Average	Good
1	The objectives were met			
2	My knowledge evolved because of the training/session			
3	My skills evolved as a result of the training/session			
4	The training techniques were appropriate			
5	Relations between the participants were good			
6	Relationships between participants and trainers			
7	The training/session duration was appropriate			
8	I recommend this training/session to my peers			
9	This training will help me as a peer educator/trainer			
10	I could participate during the training/session			

2. What are the sessions or topics that you've found most useful?

3. What are the sessions or topics that you've found of little interest?

4. What attracted you most in this training/session?

5. What bothered you in this training/session?

6. Circle three terms that best describe the training/session:

Practical	Interesting	Boring
Theoretical	Easy	Difficult
Comprehensive	Beneficial	Waste of time
Incomplete	Unrealistic	Realistic
Confusing	Creative	classic

7. Did you face any difficulty to participate in the training/session?

☐ No

☐ yes, please specify:

8. Please rate the following items:

	Good	Average	Poor
Aeration			
Lighting			
Calmness			
Seating			
Space			
Security			
Breaks			

9. What are your suggestions to improve on future trainings/sessions?

