

# Reducing Stigma and Discrimination Towards Adolescents in Health Facilities: Ghana

## A GUIDE FOR TRAINERS



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- Clay, S., Chonta, M., Chiiya, C., Stewart, C., & Nyblade, L. (2017). *Towards stigma-free health facilities in Ghana: Guide for trainers*. Palladium, Health Policy Plus.
- Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator’s training guide for a stigma-free health facility*. Futures Group, Health Policy Project.
- Kidd, R., Clay, S., & Chipso, C. (2007). *Understanding and challenging HIV stigma: Toolkit for action*. International HIV/AIDS Alliance, Academy for Educational Development, and International Center for Research on Women (ICRW).
- Health Policy Project. (2015). *A facilitator’s guide for public health and HIV programs: Gender & sexual diversity training*.

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## Acronyms

|          |  |
|----------|--|
| COVID-19 | Coronavirus disease 2019                     |
| EARC     | Educational Assessment Research Center Ghana |
| GSD      | Gender and Sexual Diversity                  |
| ICRW     | International Center for Research on Women   |
| NHI      | National Health Insurance                    |
| PrEPARE  | Prevention, Empowering, and Protecting       |
| RTI      | RTI International                            |



## Introduction

### Users of This Guide

This facilitator's guide was developed for use by trained stigma-reduction facilitators. Specifically, this guide was prepared for use by health facility staff and youth volunteers who, after participating in a training of facilitators, can lead stigma and discrimination-reduction workshops for their fellow staff members.

### Overall Goal and Objectives of the Guide

The goal of this guide is to prepare facilitators to lead health facility-based workshops through the development of facilitation skills, mastery of challenging concepts and terms, and comprehensive training on reducing stigma toward adolescents. Through this training, facilitators will be equipped to support workshop participants to do the following:

- Name adolescent health needs
- Identify forms of stigma toward adolescents and name stigma at health facilities
- Describe why stigma toward adolescents matters
- Understand how to address stigma in daily interactions at health facilities
- Identify/plan concrete steps to address stigma in the health facility.

### Steps in Changing Attitudes

The training program is focused on action—not just understanding stigma and discrimination and how they negatively impact adolescents and their use of health services but concrete steps to stop stigma and discrimination toward adolescents seeking health services. Each exercise is intended to prompt the participants to change their attitudes, adopt new behaviors, and take action to address stigma and discrimination toward adolescents in their health facilities.

#### Steps for Change

1. **We realize that WE are stigmatizing adolescents;** stigma does not just occur, WE are responsible for stigma.
2. **We see that we may be driving our adolescent clients away** from health facilities because of our behavior and attitudes.
3. **We know how it feels to be stigmatized,** having reflected on our own experience of stigma and listening to other stories.
4. **We realize that all adolescents, including those with unique health needs, are worthy of our respect.** We have many things in common, including a desire to be accepted by and contribute to our families and communities.

## About the Exercises in this Guide

Each exercise is laid out in the following format so that they are easy to follow and facilitate:

**Facilitators' Notes:** Brief background information on the topic and notes to facilitators about the overall aim of the exercise and additional advice on how to facilitate it.

**Objectives:** The aim of the session, i.e., a summary of what the participants will know or be able to do by the end of the session.

**Time:** Estimated amount of time needed for the session. The time needed will vary according to the size and energy of the group.

**Materials and Preparation:** Basic materials like flipcharts, markers, and masking tape should be readily available for all sessions. Preparation tips include things to consider before you start the exercise. This includes the arrangement of the room or chairs and materials needed for the exercise, e.g., copies of case studies or role-play prompts. If small groups will be used, there will be a reminder to plan your group splitter (i.e., how you will divide the participants into small groups). Consider supplies needed for infectious disease risk reduction, including gloves, face masks, and hand sanitizer.

**Facilitation Steps:** The activities that will be taken by the person leading the exercise, step-by-step. Note that Step 1 tells you how to introduce the exercise, so that the participants will be clear about what they are being asked to do. Questions or instructions from the facilitator to the participants are written in italics.

**Processing:** Most exercises have a processing step after the main activity of the exercise. This step helps the participants reflect on what the new learning from the exercise means to them and how it may change the way they see or do things. This is an important step in a stigma-reduction exercise, as it leads to the beginning of action and change.

**Summarize:** Try to allow the participants to debrief and give a good summary at the end of an exercise. Use points that have been raised by the participants and add some of your own. Each exercise has one or two key takeaway messages to include in your summary.



## Advice for Facilitators: Mitigation of Infectious Disease/COVID-19 Exposure During the Workshop

These measures are in place to keep the health and safety risk as low as possible. Health facilities where the workshop will be held likely have received communication from their governing body (e.g., Ministry of Health) about how to screen visitors. Therefore, please adjust this advice to align, foremost, with that guidance. Facilitators should monitor any local restrictions on the numbers of persons who can attend conferences, workshops, and award events. Facilitators should be ready to adjust participant size and accommodations accordingly, in case guidance changes.

### **Attendance and Entry**

To minimize the complexity of risk mitigation and to decrease the likelihood of close contact and exposure to infectious disease, workshop attendees (i.e., facilitators, support persons, and participants) should be screened prior to entering the training room. Screening includes asking attendees about recent symptoms, taking their temperature, and asking if they might have come into contact with a person who tested positive for coronavirus disease 2019 (COVID-19). During the registration, as a condition of entry, every attendee should confirm any potential risk of infectious disease. If it is later learned that a workshop attendee tested positive for COVID-19 around the time of the workshop, facilitators must inform other attendees so that they can take steps to protect their safety.

Attendees should not under any circumstances enter the workshop room if they are unwell. Any attendee who begins to feel unwell should immediately leave and seek medical care. Because the workshop is designed to be held inside the facility, the facilitators should take care to follow the guidelines and protocol of that facility.

### **Protective Measures**

The key protective measures are well established and evidence based: maintain distance from others, wear a face covering, and sanitize/wash hands regularly.

#### Physical distancing

- All attendees are to maintain 6 feet/2 meters of distance, as much as possible, particularly in queues.
- Physical contact for greetings, such as handshakes or embracing, should be avoided.
- Attendees are requested to minimize activity until seated in the meeting room. Once they are seated, attendees should remain in the room for the duration of the workshop. Frequent movement in and out of the room increases the overall risk.

#### Face coverings

- All attendees are required to wear a face covering at all times while inside the health facility and in the training room.

- Face coverings must cover the mouth and nose.
- Facilitators should prepare to have disposable face masks available for those who need one, which will be provided at the entrance to the facility.

#### Contact precautions

- Ensure that hand sanitizing stations are provided in the workshop room. Coordinate with the health facility to locate any potential stations elsewhere in the facility.
- Limit food or drink glassware in the workshop room. Avoid seated food/beverage service. Participants may be provided with refreshments to take with them upon their departure from the facility.

#### Cleaning

- Prior to the workshop, coordinate with the health facility to confirm the room has been cleaned to their standards; notably, surfaces must have been sanitized or disinfected. Beyond this, attendees are responsible to ensure their workspace is clean and to undertake their own contact precautions.
- After the workshop is completed and attendees have left, facilitators should wipe down surfaces with sanitizing or disinfecting wipes.

#### **Risk Review and Mitigation**

Prior to the workshop, facilitators should review and assess the possible risks of holding an in-person gathering inside a health facility. If it is determined that the workshop organizers are not able to comply with the above measures, or if attendees are unable to comply with the requirements for entry and participation, the workshop may need to be postponed until further notice. The workshop should only be held if it is deemed low risk.

Strict adherence to these mitigation measures is critical to your and others' health and safety.

## Menu of Exercises

The tables below are quick reference menus for facilitators. They contain lists of all the activities in the guide, organized by core and non-core activities, along with the approximate time needed for each activity. The menus are intended for use by facilitators to plan sessions in alignment with training time available and health facility needs. It is recommended that all core activities be implemented at each facility, with additional activities included as time allows and in keeping with the interests and needs of health facility staff.

### Core Activities

| Page # | Module Name   | Time Required  |
|--------|---|----------------|
| 19     | Adolescent Health Overview and Challenges               | 1 hour 30 mins |
| 25     | Naming Stigma Through Pictures                          | 1 hour         |
| 28     | Things People Say: Harmful and Hurtful Language         | 1 hour 30 mins |
| 31     | Stigma Reflection                                       | 1 hour         |
| 34     | Breaking the Sex Ice: Adolescents                       | 1 hour         |
| 40     | Gender and Sexual Diversity: Part One and Part Two      | 1 hour 30 mins |
| 48     | Confidentiality and Stigma                              | 1 hour         |
| 51     | Forms, Effects, and Causes of Stigma—Problem Tree       | 1 hour 30 mins |
| 56     | Challenge the Stigma—Be the Change!                     | 45 mins        |
| 59     | Panel Discussion with Adolescents                       | 1 hour         |
| 61     | Action Planning: Writing a Code of Practice/Action Plan | 2 hours        |

### Non-Core Activities

| Page # | Module Name                           | Time Required |
|--------|---------------------------------------|---------------|
| 66     | Analyzing Stigma in Health Facilities | 45 mins       |
| 69     | How Stigma Impacts Human Rights       | 1 hour        |
| 74     | Client Flow Mapping                   | 1 hour        |

## Participatory Training Techniques Used in This Guide

| Method           | Description/Reason   | Tips  |
|------------------|--|---|
| Discussion       | <ul style="list-style-type: none"> <li>• Participants reflect on their own experiences, share with others, analyze issues, and plan for action together.</li> <li>• Discussion is an important step in any exercise, as it gives participants an opportunity to process what they are learning.</li> <li>• Discussion can be done in pairs, in small groups, or in plenary.</li> </ul>   | <ul style="list-style-type: none"> <li>• Use open questions to start the discussion.</li> <li>• Carefully observe to ensure everyone participates.</li> <li>• Use rephrasing skills to increase the group's understanding and affirm participants' contributions.</li> <li>• Ask your co-facilitator to record key points if the discussion is done in a large group.</li> </ul>  |
| Small Group Work | <ul style="list-style-type: none"> <li>• Small group work enables greater participation, especially if some participants find it difficult to participate in large group discussions.</li> <li>• Small groups can be used to carry out tasks by dividing topics to cover more aspects of a subject.</li> <li>• The size of small groups can vary but aim for groups composed of 3 to 5 participants. This will help ensure that all group members have a chance to participate.</li> </ul> | <ul style="list-style-type: none"> <li>• Plan your group splitters (i.e., ways to organize participants into groups quickly and efficiently).</li> <li>• Change group members for each exercise.</li> <li>• Give clear instructions and check that groups understand the tasks.</li> <li>• Plan the reporting process (e.g., use the round-robin method, gallery, 1-2-4-all, or individual group presentations; see more details below).</li> </ul>           |
| Case Studies     | <ul style="list-style-type: none"> <li>• Stories or scenarios based on real-life situations provide a focus for discussion in small or large groups.</li> <li>• Case studies can help participants focus and make abstract ideas real.</li> </ul>  | <ul style="list-style-type: none"> <li>• Use the provided examples to develop a range of case studies to tackle different aspects of a topic.</li> <li>• Give characters local names to make them more relatable but ensure the names do not belong to anyone in the participant group.</li> <li>• Give participants questions following the case studies to focus the discussions.</li> <li>• Ask each group to report back on their discussions.</li> </ul> |

|                               |   |  |
|-------------------------------|---|--|
| <p>Role-Plays/Dramas</p>      | <ul style="list-style-type: none"> <li>• Participants act out the situations, themes, or analysis of an issue or try solutions to a problem as a way of demonstrating what they have discussed.</li> <li>• Role-play can also be used to help with skills practice.</li> <li>• Drama helps make things real.</li> </ul>   | <ul style="list-style-type: none"> <li>• Give clear instructions or descriptions of what you want to be role-played.</li> <li>• Give a time limit to ensure role-plays are brief and to the point.</li> <li>• Always process the role-play, i.e., debrief with participants. Ask key questions, such as, “<i>What did you see happening? Does this really happen? What would help to solve this situation? Was any of this difficult and why?</i>”</li> </ul>  |
| <p>Rotational Brainstorms</p> | <ul style="list-style-type: none"> <li>• Another form of brainstorming is done in small groups. Each group is given a topic or question and begins by recording ideas on a flipchart.</li> <li>• After a few minutes, each group rotates to the next flipchart and adds points to the existing list. During the exercise, each group contributes ideas to all topics.</li> </ul>                      | <ul style="list-style-type: none"> <li>• Use this technique when there is a range of linked topics or questions.</li> <li>• Remember to prepare your group splitter and to write your questions on flipcharts before you start.</li> <li>• For reporting, use a gallery approach: The facilitator leads all participants together as a group past each of the flipcharts.</li> </ul>   |
| <p>Picture Tools</p>          | <ul style="list-style-type: none"> <li>• This guide includes a set of picture tools (<b>Appendix 1</b>), which help participants identify different forms of stigma.</li> <li>• These pictures can also be used in other ways, e.g., to start discussions or as the basis for a story or role-play.</li> </ul>  | <ul style="list-style-type: none"> <li>• Make sure pictures are selected and prepared ahead of time and that facilitators have planned some potential discussion points for each picture (<b>Appendix 1</b> has a selection of pictures that can be used).</li> <li>• Ensure that everyone can see the picture (e.g., enough copies, larger than A4 size).</li> <li>• Ask probing questions to get as much information as possible.</li> <li>• Remember, there are no wrong answers: Everyone will see slightly different things in the same picture.</li> <li>• For participants with a visual impairment, you can describe the pictures in detail or tell a story about the pictures.</li> </ul> |
| <p>1-2-4-All</p>              | <ul style="list-style-type: none"> <li>• This is a more creative way to report back after an activity.</li> <li>• Participants reflect alone about what they have learned (or on a question).</li> <li>• Participants then pair up with a partner to share ideas. The pairs subsequently join with another pair to discuss and agree on key feedback points to share with the large group.</li> </ul> | <ul style="list-style-type: none"> <li>• Encourage participants to make notes during the reflection time.</li> <li>• Use bells or drumbeats to signal group switches.</li> <li>• During plenary feedback, ask groups not to repeat points that have been mentioned.</li> </ul>   |

## Training Tips

During the training of facilitators workshop, we will be discussing and trying out various training techniques and methodologies to enable facilitators to effectively lead the stigma-reduction exercises contained in this guide. This section includes some extra tips to help prepare for the training sessions during and after the training of facilitators to make sure all facilitators are confident and prepared to deliver high-quality, effective stigma-reduction training.

### Before the Training

- Meet with co-facilitator(s) to plan the agenda and divide the tasks so that everyone has clear roles and responsibilities. Agree who will lead which exercise. Remember, even if you are not leading, you are still a co-facilitator. See the “work as a team” section below for tips on working with a co-facilitator.
- Discuss the materials and any other resources you may need, and agree who, how, and when they will become available.
- Prepare all the materials and resources you will need.
- Prepare a detailed timetable for use by facilitators. See the “manage time” section and “less is more” text box for tips on planning your timetable. A loose or simplified timetable or agenda can be provided to the participants as a handout or written on a flipchart.
- View the venue before the workshop, if possible, so that you can plan how you will use the space and confirm that the space sufficiently allows for physical safety.
- If the training group will involve participants who have special needs or disabilities, work with your co-facilitators to brainstorm how sessions can be adapted or adjusted to make them accessible to all participants. Some suggestions are provided in this guide on how adaptations can be made for people who have visual impairments, and it may also be important to consider what changes, tools or materials are needed to make the content accessible for participants with other specific needs such as deafness or low mobility. If you are not sure how best to adjust the training, find time to speak to participants privately and consult with them on what would best fit their needs.

### At the Start of the Training

- **Arrive early:** Arrive at least 1 hour before the participants are scheduled to arrive to give yourself enough time to get organized.
- **Prepare the room and materials:** Write your initial flipchart headings.
- **Confirm venue logistics:** Make sure all is in order and confirm items, such as how food will be provided (eat-in or take-away).
- **Introduce yourself:** You and your co-facilitators should introduce yourselves as the facilitators and think of a short, simple way for the participants to introduce themselves.
- **Use icebreakers, games, or songs:** This will help the participants relax, have some fun, and feel more at ease in the group.

- **Set ground rules:** Agree on rules to ensure that everyone gets an equal chance to participate. For stigma-reduction training, it is important to make sure that ground rules include agreeing to make the training a safe space. In the text box are some examples of ground rules that help to create a safe space for the participants.



#### Ground Rule Examples to Create a Safe Space

- Set cell phones to silent or vibration mode.
- Start and end on time.
- Participate actively.
- What is said in the room stays in the room. There will be no documentation of who said what.
- Respect each other's views.
- Do not blame each other—focus on your own practices.
- Make specific commitments so that training leads to action!

## During the Workshop

### *Manage space*

- Ensure the participants maintain a safe and respectful distance at all times during the training.
- Change the space and arrangement of chairs and tables to suit your activity.
- Provide variety—change the way the chairs face from time to time to suit the activity.
- Start off with a circle or semi-circle so that everyone can see each other.
- Let the participants know that this is not a workshop where they sit in the same chair and next to the same people the whole time.
- Where possible, arrange for some training activities to take place outside of the training room in the open air.

### *Manage time*

- Good time management begins *before* the training by making realistic plans for content and timing.
- Leave enough time. Exercises usually take longer than anticipated. When planning your timetable, include more time for each exercise than you think you will need. It is much easier to add things than to take things out (see text box).
- In a short training program, there is not enough time to go into all the issues in depth. You will need to manage time carefully, or your overall objective will be lost.
- Agree with your co-facilitators how much time you need for each session.

- Work to keep to the established time limits. Don't allow sessions to go too long. Close on time! Don't drag things on at the end of the day.
- Leave time for wrap up and reflection at the end of each session.
- During breaks, check with your co-facilitators about how the timing is working and adjust the remaining agenda/exercises as needed.



### Less Is More

A common mistake facilitators make is trying to pack in too much content. This can lead to participants feeling rushed or missing out on important information.

In stigma-reduction trainings, where the participants are faced with emotionally challenging content, it is especially important to make sure they have enough time to process the material without feeling rushed.

### ***Work as a team***

- Take turns in the lead role.
- Support each other. If one facilitator runs into trouble, the other(s) can help them out. Avoid criticizing your fellow facilitators in front of the participants.
- Meet at the end of each session to debrief how the day went and plan for the next session. Give each other constructive feedback.
- Having a team of facilitators helps keep the energy and interest levels high and offers the participants a variety of training styles.
- Clearly define the roles and responsibilities of each co-facilitator ahead of time.

### ***Record discussion on flipcharts***

- Recording notes during plenary discussions on the flipchart provides a permanent visual record, helping the participants remember what has been discussed and what needs to be added. *Note: Participants and facilitators should not record any names on the flipcharts to protect confidentiality.*
- Writing down points can inspire other ideas and provides the basis for a summary of the discussion. Notes also help you, as a facilitator, if you need to write a post-training report.
- Always remember to **read aloud** what is written on the flipchart. This enables participants with visual impairments or low literacy skills to know what is being recorded and to be involved in recapping ideas.

- One facilitator should guide the discussion, while **another** writes on the flipchart. Try to avoid facilitating and writing on a flipchart at the same time as this allows you to focus on what the participants are saying. If you are facilitating alone, ask someone in the group to help you write on the flipchart.
- Write only the **main points** or **key words**—not everything that participants say.
- Use the **participants’ own words** so that they recognize their contributions.
- Write **big and clearly** so people at the back of the room or who have a visual impairment can see.
- When the participants are working in small groups, encourage them to identify a group member to take notes and report out to the full group when time allows for plenary discussion.

### ***Work with feelings***

- Workshop training about some topics, such as sex and stigma, can trigger strong emotions and feelings.
- Emotions and feelings are a powerful tool. Use them with the group to develop dramas and role-plays, to build on stories, and as examples for the future.
- Facilitators should validate feelings expressed by the participants and avoid dismissing, minimizing, or discrediting participants’ feelings. For example, if someone shares a story that is personal and sad or frightening, the facilitator should acknowledge and validate the contribution, saying something like, *“Yes, that sounds very sad and frightening. Thank you for sharing this.”* Asking follow-up questions and expressing empathy or a shared experience before moving on to the next topic or to other speakers can also help the speaker feel heard. This also reinforces the workshop as a safe training space.
- A part of the process to change stigma is understanding how stigma feels.
- To support the participants to explore their feelings and share experiences and thoughts openly, it is important to create a safe, non-threatening space. Allow enough time for the participants to share their experiences and help create an atmosphere where participants know they will be heard.
- Encourage the participants not to shy away from discomfort—some level of discomfort is a natural part of learning about stigma. At the same time, becoming emotionally overwhelmed does not help participants learn and can be unhealthy. It is important for participants to pay attention to how they are feeling and take care of themselves. They should feel free to take a break if they need to.
- Facilitators should also pay attention to how the participants are doing emotionally and notice if one or more participants seem to be overwhelmed. If so, consider taking a break. During the break, check in with any participants who seem to be having a hard time, making sure they are able to continue.
- In case the training triggers overwhelming emotions or memories of past trauma, if possible, facilitators should have a counselor or other mental health specialist on hand or available to participants after the training.
- After an emotional session, you may want to take a break or do a song to help participants raise their spirits. Movement is particularly good at helping participants reset after an emotional session. You can have the participants shake their arms and legs, literally shaking off their discomfort. You can also lead

the participants in taking a few deep, cleansing breaths together. Have them breathe in through their noses and breathe out through their mouths with an audible exhale, sigh, or whatever sound comes naturally to them.

### ***Be prepared to handle difficult questions***

Some participants may find learning about stigma and discrimination extremely difficult. It can challenge some of their most strongly held beliefs and ideas. This means that as a facilitator, you may experience some hostility and resistance and be faced with some difficult questions.

If you are working with one or more co-facilitators, brainstorm all the difficult questions that you think the participants might ask and discuss how you can handle them.

- **Remember that if participants are asking questions**, it means that they are engaged and are thinking through the things that they are learning during the training. It also means that you have created a safe space where participants feel comfortable to express their views and explore issues openly.
- **Take advantage of opportunities** for meaningful, heartfelt exchange. If participants express doubts or challenge the content, this is a chance to help them—and the group—have a deep discussion that allows people to open up their minds and hearts to new ideas.
- **Do not silence the questioners**—allow them to express themselves so that prejudices can be discussed. However, don't let discussions get out of hand and do gently challenge negative attitudes.
- **Remember that you will not be able to change everyone's thinking** immediately. Your main focus is to provide information and opportunities for analysis and discussion.
- **Keep the participants' focus on everyone's right to equal treatment** and access to health care. As needed, refer back to key government policies and strategies that make it clear that everyone has a right to access health care.
- Use open-ended, gentle questioning to **encourage reflection** about what the participants are asking, instead of answering them directly. This can help the participants feel more active and in charge of their learning, while avoiding a confrontation between the facilitators and participants. For example, ask, *"What more can you tell me?"* or *"What else?"*
- **Do not be afraid to say you do not know**. You can always refer the question back to the group: *"What do others think?"* or promise to find out the answer for a later date.

### ***Be aware of power dynamics***

- Facilitators should always be aware of power dynamics—both between facilitators and participants and among participants.
- Training groups often include a mix of genders, ages, and religious and cultural beliefs. However, the stigma-reduction trainings have additional unique factors that can affect power relationships. The Total Facility Approach means that participants will include a mix of ages, levels of education, and professional designations (e.g., nurses, doctors, guards, receptionists).

- Power dynamics and relationships can show up in lots of different ways. As a facilitator, an easy way to spot these relationships is to notice where participants are sitting and who is participating. Ask yourself:
  - Who is sitting at the front of the room?
  - Who is sitting in the back?
  - Who is speaking up?
  - Who is staying quiet?
  - Who am I calling on? Who am I paying attention to?
- Notice if there are any patterns. Are men speaking up more often than women? Are medical staff speaking up while support staff stay quiet? If there seems to be an imbalance, do your best to make the relationships as equal as possible. Some ways to do this include the following:
  - Ask the participants to “take off their hats” as they come in. That is, set aside their role as a doctor, nurse, or guard and simply be training participants. Tell them they can pick their hats up as they depart at the end of the training.
  - Ask the participants to notice these patterns for themselves and come up with ideas as a group for how to make things equal.
  - Use creative group splitters (see the “use creative group splitters” text box) to mix the participants into more diverse groups.
  - Change the group compositions regularly.
  - Play musical chairs. Have half of those in the front of the room switch with someone at the back of the room or from one side to the other.

## **At the End of Each Training Session or Workshop**

- Plan how you are going to bring the session to a close.
- Always include a wrap up and summary to help the participants process and reflect on what was learned and experienced in the session/workshop.
- If possible, make the wrap up participatory. It should not just be you, the facilitator, talking through what’s happened. Participants should tell you and each other what they think happened and what they are taking away from the session. This will help you identify whether any key points were missed or misunderstood, which can be revisited in later exercises.
- Include in your summary one or two key takeaway messages from each exercise.
- After you have wrapped up the topic, you might want to use a song or a game as one of the final activities.
- Carry out the evaluation as planned at the beginning of the training.
- Debrief with your co-facilitators. Review each exercise and give each other feedback.

- Collect any flipcharts or cards that you might use for a report or training documentation. If you or your co-facilitators have access to a smart phone, it can be helpful to take pictures of the flipcharts to use for reference during later reporting or planning.



## Use Creative Group Splitters

Many of the exercises require the participants to work in small groups. As a facilitator, you can use the process of splitting participants into groups to keep energy high and ensure that the participants are mixing with everyone rather than staying with the same people all the time. Group splitters also keep the participants interested by using different ways of breaking into groups. Here are some ideas for group splitters.

- **Actions:** Write or draw different actions on slips of paper (e.g., feeding a baby, dancing, walking in a hurry). Ask each participant to take a paper without showing it to anyone. When you shout, “1, 2, 3”, ask them to start doing the action and find others who are doing the same.
- **Songs:** Write song names on slips of paper (use common songs that everyone will know, e.g., Happy Birthday, the national anthem, popular songs). Then, ask each participant to take a slip and start singing until they find others singing the same song. For participants with a visual impairment or low literacy skills, quietly tell the individual the name of their selected song.
- **Animal sounds:** Write the names of or draw different animals on slips of paper. Each participant must make the noise of their animal and find others making the same noise.
- **Same clothing:** Before you divide the group, look at the clothes people are wearing and see if you can divide them by type of clothing (e.g., “*Everyone who is wearing stripes come together*”, “*Everyone who is wearing sneakers*”). Facilitators should adapt this to their community. If there are sensitivities about clothing colors due to politics; if there are women in the group wearing clothes that signify mourning; or if there is a clear difference among participants’ clothing because of religion, tribe, or profession, this technique should not be used.
- **“Fire on the mountain, run run run”:** Make this into a chant. Everyone runs around in a circle. Then you say, “*Be in threes*” or “*Be in pairs,*” and the participants move quickly to those next to them to form a group.
- **Birthday line:** Ask the participants to stand in a line in the order of their birthdays (e.g., January at one end and December at the other end). To make it more fun, ask the participants to do so without talking. Once they are in a line, you can then count them off into groups.

Active group splitters should respect the physical safety of participants. Consider altering group splitters to avoid physical contact, such as handshaking, arm grabbing, or other forms of touching. Participants should feel free to opt out of active group splitters if they feel uncomfortable.

# 1. Opening Activities (CORE)

## Facilitators' Notes

The opening session of any training is very important, so take time to plan and prepare. Arrive at the venue at least 1 hour before the participants are scheduled to arrive to set up the chairs and ensure logistics are in place (e.g., materials, venue space). Agree with fellow facilitators on your opening game or song.

These opening activities are designed to break the ice and help the participants relax and feel safe together. Try to create a warm and friendly atmosphere where everyone can participate. Remember to listen carefully to contributions from the group members; this will encourage others to listen too.

## Objectives

By the end of this session, the participants will be able to:

- Feel comfortable and part of a safe and friendly atmosphere
- State their expectations about the training
- Understand objectives and agree on rules for the training program.

## Time

1 hour

## Materials

- Name tags. Only use first names. Make sure to use large print so names will be visible to facilitators and other participants. As an option, add something fun like stickers that participants can choose to personalize their name tags.
- Markers
- Flipcharts

## Preparation

- On a single sheet of flipchart, write the training objectives.
- On a separate sheet of flipchart, write the day's schedule.
- Set aside a flipchart for the Code of Practice/Action Plan.

## Steps

1. **Arrival:** When the participants arrive, ask them to register and make a name tag. Ask them to add an adjective beginning with the same letter as their first name (e.g., “Joyful Joanna” or “King Kofi”). This will help to break down barriers around status.
2. **Opening speech:** Have the manager of the health facility welcome the participants, thank them for their time, and explain why it is relevant to ensure adolescents have access to the care they seek and also the importance of stigma and discrimination-reduction training.
3. **Welcome:** Introduce yourselves as the facilitators and welcome the participants.
4. **Ice breaker and introductions:** Organize the participants for a song or game to break the ice followed by short, paired introductions. Ask the participants to pair up with someone they do not know and to tell them their name, which department they work in, and one of their hopes for the future. Then, take turns as pairs to introduce each other: For example, “*This is \_\_\_\_, and she/he/they works at \_\_\_\_.* *She/he/they likes/dreams/wants \_\_\_\_.*”
5. **Expectations:** Discuss in pairs: “*What do you hope to learn from the training?*” Then ask pairs to report. Write up points on a flipchart.
6. **Objectives:** Explain the objectives of the training program, which should be written on a flipchart, and relate them to the participants’ expectations.
7. **Timetable:** Review the schedule for Day 1 as written on the flipchart. Explain that punctuality is important because there are many topics to be covered in a short time. **Tip:** It is also okay to hand out the printed agenda. If you choose to do so, provide a brief timetable to allow for some flexibility. Hold on to a detailed timetable for facilitators. This will leave facilitators the freedom to adjust the timing of activities as they go along based on how long activities are taking or if there are any areas of misunderstanding that need more time for clarification.
8. **Workshop rules:** Ask the participants to brainstorm workshop rules. Record points on flipchart, which can then be taped on the wall. **Be sure to ask the participants,** “*What would make this feel more like a safe space?*” and do your best to accommodate.

### Things to include in the rules

- Set cell phones to silent or vibration mode.
  - Start and end on time.
  - Participate actively.
  - What is said in the room stays in the room. There will be no documentation of who said what.
  - Respect each other’s views.
  - Don’t blame each other—focus on your own practices.
  - Make specific commitments so that training leads to action!
9. **Introducing the Code of Practice/Action Plan:** In keeping with this focus on action, in this first session, introduce the participants to the Code of Practice and Action Plan they will be developing. Although this will be developed in a separate activity, it is important to introduce the participants to it now. Post a

flipchart with “Code of Practice/Action Plan” written on it and encourage the participants to post issues they feel are important to address in the Code and action plan at the end of each session. At the end of each session, remind the participants to add to it and share issues that were captured and that they should keep this in the forefront of their minds throughout the training.

## 2. Adolescent Health Overview and Challenges (CORE)

### **New content written by:**

Nancy Warren, Pia Mingkwan, Emmanuel Mankattah, Richard Vormawor, Alyson Lipsky, and Laura Nyblade

### **Partially adapted from:**

Nyblade, L., Stewart, C., Kiwia, P., Manyama, W., Mbuya-Brown, R., & Bowsky, S. (2018). *Towards stigma-free health facilities in Tanzania: Guide for trainers*. Palladium, Health Policy Plus.

### **Facilitators' Notes**

The purpose of this session is to get the participants thinking about all the health needs that adolescents face and the barriers particular to them. The session also introduces the audience to Ghana's priorities for adolescents and why adolescent health needs are important. This session is designed to let the participants lead the discussion, with facilitators validating and potentially correcting as needed.

When discussing some of the questions in this session, it is important to steer the conversation away from stigmatizing attitudes and language. As this is the first session, if participants bring up points that are stigmatizing, it is especially important for the facilitator to gently challenge such statements without putting the participants on the defensive. For example, participants may state that it is important to consider adolescent health and development because adolescents need to be disciplined so that they do not become criminals. Try to reframe such responses into something more positive. For example, you might say something like, "*So you are saying, we need to ensure adolescents have the support and guidance they need so they can become citizens who are contributing to the development of Ghana?*" You could also ask, "*Do we think all adolescents will become criminals if they are not disciplined?*" Reframing statements like this helps the participants start thinking about how stereotypes or generalizations about a whole group can stigmatize that group, when, in reality, a specific outcome is probably not a common one.

### **Objectives**

By the end of this session, facility staff will be able to:

- Summarize Ghana's adolescent health context
- Discuss why adolescent health is important and unique
- Identify many kinds of adolescent health needs in addition to reproductive health
- Explain key barriers to adolescent access to health services.

### **Time**

1 hour 30 minutes

### **Materials**

- Blank flipcharts

- Markers
- Tape

## Preparation

- Prepare a flipchart with discussion questions and background facts about adolescence.
- In preparation for small group work in step 9, 5-6 blank flipcharts should be available. In addition, prepare a flipchart for large group discussion with the following questions:
  1. *What are the main barriers that adolescents face in seeking health services?*
  2. *Are the barriers you identified an issue for adolescents seeking health services in your facility?*

## Steps

1. **Welcome** the participants to the session. Tell the participants that this session will acquaint them with a basic overview of adolescent health priorities and challenges in Ghana.
2. **Ask** the participants, “*What do we mean by the term ‘adolescent’?*” Invite the participants to share a couple of responses. Explain that Ghana’s Ministry of Health defines adolescents as those between the ages of 10 and 19 years and that adolescents make up more than one-fourth of Ghana’s population. Tell them that this age group will be the focus of this training.
3. **Ask** the participants to turn to the person sitting next to them and reflect on the following question: *Why are adolescents an important part of the population to consider?* Give them 5 minutes to discuss.
4. When the time is up, **ask** each pair to share one point they discussed about why they think adolescents are an important part of the population to consider. Use rotational brainstorming: Start with one pair, asking them to share one point. Then move to the next pair, asking them to add a point that has not already been said. Continue around the pairs until all unique points have been shared. Possible answers could include:
  - Just like everyone, adolescents have health needs.
  - Adolescents are a large part of the population.
  - Adolescents have great potential to contribute to families, communities, and the country.
  - Adolescents may be more hesitant to seek health services.
  - Adolescents are our future leaders and decision makers.
5. **Debrief:** Elaborate that adolescence is a unique development period. Sexual, physical, social, and emotional maturation occurs during puberty. Adolescents are beginning to:
  - Think abstractly and critically about their lives and their future—they are beginning to set goals for the future.

- Compare themselves to others—they are paying attention to others’ behavior, and peer pressure plays an important role in health autonomy and health-seeking behavior.
- Want independence from parents, family, or other traditional figureheads—they are less likely to seek help or guidance from family and may begin to seek health services independently.
- Notice sex-specific differences as their bodies physically mature—during puberty, these differences become more pronounced, and gender roles and norms tend to become more apparent.
- Enter into serious romantic and sexual relationships—adolescents may seek services for counseling, testing, or treatment as a result but may need more support and understanding than adults seeking the same.

**Tip:** These points can be summarized on a flipchart to share with the participants but try not to read directly from the flipchart; instead, use it as a guide for the discussion.

#### 6. **Discuss the health issues that adolescents face:**

**Facilitators’ note:** Introduce the exercise by explaining to the group that for the next exercise, they should think broadly about all possible health issues adolescents have, from actual medical treatment to information seeking and counseling. Help to guide the conversation to first focus on specific conditions or experiences that adolescents may have, before moving on to the solutions or services that adolescents may need. Ask the participants to draw on their own memories as adolescents, as well as their experience with their own children or the children of relatives (e.g., nieces, nephews) and their experiences with and observations of the health system and their health facility.

- **Display** a blank flipchart and record the answers.
- **Ask** the participants to discuss in their pairs the following question: *What are the health issues that adolescents face in Ghana?* After about five minutes, ask each pair to share one health issue they discussed that adolescents in Ghana face. Start with one pair, asking them to share one point. Then move to the next pair, asking them to add a point that has not already been said. Continue around the pairs until all unique points have been shared.
- **Prompt:** Ask the participants if anything has been missed. For example, if alcohol use or smoking has not been mentioned, ask, *“What else do adolescents do, say, in their free time that might affect their health?”* If the discussion has leaned heavily toward the needs and experiences of adolescent girls, you could ask, *“What experiences do adolescent boys face that we have not discussed?”*

#### 7. **Summarize:** Through the participants’ answers, ensure that the discussion includes the following points:

- For many adolescents, the first point of entry at a health facility is information seeking and counseling, not necessarily when they seek a specific service.
- Health services for adolescents are mostly related to sexual and reproductive health, often HIV, family planning, and sexually transmitted infections. As a result, such health services do not always address adolescents’ broader health needs, such as mental health or violence treatment or prevention. Therefore, it is important to recognize and address the broad range of adolescents’ health issues and concerns, not only those related to sexual and reproductive health.

- Compare the list of adolescent health issues in Ghana generated by the group with the list below. If any from the list below are missing, ask the group, “*What about this (insert missing issue from list) issue? Is this a problem in Ghana?*” If it is, add it to the list:
  - Noncommunicable diseases (e.g., genetic disorders, diabetes)
  - Nutritional disorders (e.g., anemia)
  - Infectious diseases (e.g., pneumonia, tuberculosis, malaria, diarrhea)
  - Mental disorders
  - Substance use disorders, including alcohol, marijuana, and tobacco use
  - Intentional and unintentional injuries
  - Violence, particularly intimate partner violence or violence in relationships and gender-based violence
  - Risks and vulnerabilities associated with child marriage, child labor, and trafficking
  - Disabilities
  - Gender-specific issues (e.g., young men and violence, young women and unwanted pregnancies).

#### 8. Connect to the participants’ facility experience:

- Once the list of adolescent health issues in Ghana has been compiled, ask the participants to start thinking about how these issues are currently addressed within their health facility.
- Ask, “*Of the list of adolescent health issues, which can be addressed at your facility? Does your facility offer services to respond to the health needs that were identified?*” Ask for one volunteer to come up to the flipchart and put a tick next to the ones that are available at their health facility.
- For each one that is ticked, ask: “*Do adolescents come to this health facility to use this service?*” Ask the volunteer to now put a star next to each service that adolescents use.
- For each one that is not ticked as available, ask, “*What would you do if an adolescent came to your health facility needing this service? Where would you refer them?*”

#### 9. Identify barriers to the use of health services by adolescents

- **Remind** the participants of the services they identified as being available or not available in their facility, as well as the ones that are available but not readily utilized by adolescents.
- **Explain that the participants will be split into groups and that each group will discuss the following questions:**
  1. *What are the barriers that adolescents face in seeking health services?*
  2. *Are the barriers you identified an issue for adolescents seeking health services in your facility?*
- **Use** an active group splitter to put the participants into groups of five to six participants each. Each table should have markers and a flipchart with the two questions written at the top:
  1. *What are the barriers that adolescents face in seeking health services?*
  2. *Are the barriers you identified an issue for adolescents seeking health services in your facility?*

After each group discusses the first question, ask them to write down their answers on the flipchart paper provided to each group. Then, when they discuss the second question, ask them to put a tick mark by each barrier they identified as an issue for adolescents seeking health services at their health facility.

Allow the groups to discuss for about 10 minutes.

- **Debrief/summarize:** Bring the groups back to the large circle and post all the group flipcharts next to each other on the wall. Debrief on the flipcharts together by comparing the answers and noting answers that were common or different across groups. Use the following to guide the debrief:
    - What barriers are common to all groups or are listed on each flipchart (i.e., were discussed by each group)?
    - Are there any themes or ideas that appear in only one or a few groups? Ask the larger group (specifically those who did not list that specific barrier) whether they agree it is a barrier and if not, why not.
    - If any barriers are unclear, ask the group to clarify.
    - Ask if any barriers are completely missing from all the flipcharts (i.e., barriers that were not discussed by any group).
  - Through conversation and by probing the participants, ensure that at least one of the barriers listed is related to stigma.
10. **Ask** the participants to raise their hand if they have heard of the term “youth-friendly services” or some version of it (e.g., YFS, adolescent-friendly services) in the workplace, on a sign, or spoken in their community.
  11. **Share** the national adolescent health strategy—the *Ghana Health Service Adolescent Health Service Policy and Strategy 2016–2020*—attempts to address the barriers that have been discussed by promoting youth-friendly services. The work that health facility staff can do to reduce stigma is supported by the national strategy.
  12. **Discuss** the major takeaways from this session: Adolescents are an important part of our country. They have a broad range of health issues, and stigma can be a barrier to adolescents getting the help they need to address their health issues.
  13. **Explain** to the participants that the remainder of the training will focus on stigma-related barriers.

To help the participants better identify with and address the needs of adolescents throughout the training, introduce the final reflection exercise: “*I remember when...*”

**Ask** the participants to close their eyes and think back to when they were young, around 16 years old. Ask them to remember something happy, such as a vivid experience that stands out from that time, to help them get in touch with this younger version of themselves. For some participants, this may not be very long ago; for others, it may be a very distant memory.

**Ask** them to keep their eyes closed and to start a silent conversation with this younger version of themselves. As they are sitting with their eyes closed, read one of the questions below and ask them to

pose the question to this younger self. Repeat for each remaining question. Tell the participants that this will be a private reflection that will not be shared with the group—they are holding an internal conversation with their young self:

- *“Do you feel comfortable talking to adults?”*
- *“What positive or supportive interactions have you had with health workers as an adolescent?”*
- *“Have you had any experiences as an adolescent at a clinic or hospital that made you feel criticized, ashamed, or uncomfortable?”*
- *“How are you feeling about sex? Have you started having sex?”*
- *“Who do you talk to about sex?”*
- *“How would you feel about talking to a health worker at the local clinic or hospital about your concerns around sexual health?”*
- *“What is one thing a health worker could say or do to make you feel more comfortable and willing to talk openly about your sexual health concerns?”*

**Ask** the participants to open their eyes and jot down a few notes for themselves about this reflection, if they want to. These will be kept private. **Explain** to the participants that they may find it helpful to recall the feelings, thoughts, and memories from this reflection throughout the training. This connection to their adolescent self may help with open and honest group discussions and participation.



#### **Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.

## 3. Naming Stigma Through Pictures (CORE)

### Adapted from:

Adapted from “Naming Stigma Through Pictures” in Kidd R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator’s training guide for a stigma-free health facility*. Futures Group, Health Policy Project.

### Images (Appendix 1) adapted from:

Kidd, R., & Clay, S. (2003). *Understanding and challenging stigma: Toolkit for action—Trainer’s guide*. ICRW and Change Project. Illustrations by Petra Rohr-Rouendaal, with additional images adapted and added by Riëtte Cawthorn and the RTI team for the Prevention, Empowering, and Protecting (PrEPARE) Pretoria Project. New illustrations developed for this guide by Edwin Mankattah.

### Facilitators’ Notes

This is one of the best exercises to use at the beginning of a training session, because it is simple, everyone can participate, and it opens the discussion about stigma.

In this exercise, the participants will look at pictures showing stigma (**Appendix 1: Picture Tools**) and describe different forms of stigma in health facilities. Our objective is to get health workers to name the problem: To say that stigma exists and to identify what stigma looks like. There is also an opportunity to start discussing why stigma occurs and to identify some of the causes of stigma.

It is important to make sure that this exercise includes a focus on adolescents. When selecting which pictures to post, facilitators should be sure to include pictures that feature adolescents and situations that depict stigma toward other groups that may be particularly relevant to the participants (that is, where they may be able to see themselves or someone close to them [e.g., family]). Facilitators should also draw out issues related to adolescent health when summarizing.

### Objectives

By the end of this session, the participants will be able to:

- Identify different forms of stigma in different contexts
- Identify different groups who experience stigma, particularly adolescents
- Demonstrate recognition of why stigma happens and its effects
- Discuss examples of stigma from their own health facilities and communities.

### Time

1 hour

### Materials

- Printed pictures (large for posting on the wall, bigger than A4 size at minimum; make sure each picture is printed individually)

- Tape for posting pictures
- Flipchart with picture questions
- Markers

## Preparation

- Select pictures and print large copies for use during the training.
- Stick the pictures on the wall.
- Decide how you will divide the participants into small groups (refer to the *Use Creative Group Splitters* text box on page 14)
- Write up picture questions on a flipchart (and have a copy ready to give to each group)

## Steps

1. **Introduce the exercise:** Say, *“This exercise helps us to identify different forms of stigma that we may have seen or heard about in health facilities or the community.”*
2. **Ask** everyone to move around and look at the posted pictures. After a few minutes, divide the participants into groups of two or three. Ask each group to select one picture.
3. **Ask** the groups to discuss the following questions:
  - *What is happening in the picture in relation to stigma?*
  - *Why do you think it is happening?*
  - *Where have you seen this happen? (In your community? In your health facility?)*
4. **Ask** each pair to report back by holding up their picture to show it to their fellow participants and answering the questions. Record key points about the forms of stigma, their causes, and examples on a flipchart.
5. **Process:** Ask the large group, *“Does anyone have anything to add about what is happening in these pictures? What are the major forms of stigma that we have seen in the pictures? Who are the key groups experiencing stigma?”* If the participants do not mention adolescents, ask, *“What about adolescents?”*
6. **Summarize:** Refer back to the pictures and the notes on the flipchart to make some of the following points (either verbatim or as a guide for final messages):
  - We have been socialized to stigmatize others—to judge or devalue them.
  - We are often not aware that we are stigmatizing.
  - Adolescents and young people are potentially doubly stigmatized (e.g., for being sexually active and for being young or for having a mental illness and being young). This is an example of intersectional stigma, where an individual or group experiences multiple stigmas.

7. **Discuss** the definitions and dimensions below.

Definitions

- Stigma is defined as a “spoiled identity.”
- To stigmatize is to label someone, to see them as inferior because of an attribute they have.
- Stigma is a process:
  - Point out or label differences, e.g., “He is different from us; he coughs a lot.”
  - Attribute differences to negative behavior, e.g., “His sickness is caused by his sinful and promiscuous behavior.”
  - Separate “us” and “them”, e.g., shunning, isolation, rejection.
  - Loss of status followed by discrimination (loss of respect, isolation).
- Discrimination is the action resulting from stigma, when a person is treated differently, e.g., neglected when seeking support, judged, chased from home or school, fired from work, stopped from attending meetings, not allowed to use the village well.

Other Important Dimensions

- People do not always know that their actions are stigmatizing.
- Stigma differs in intensity—it is sometimes blatant and sometimes subtle.
- Stigma may be targeted at people who are assumed to belong to a marginalized or stereotyped group or assumed to hold some other attitude or belief or engage in a behavior that is not socially acceptable.
- Stigma disrupts social relations, cutting the stigmatized person or group off from others and leaving them without the social safety nets of family, friends, and community.

8. **Summarize** the discussion and clarify that the next session will expand on elements of stigma and discrimination, such as labeling and language use.



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.

## 4. Things People Say: Harmful and Hurtful Language (CORE)

### Adapted from:

“Things People Say” in Kidd, R., & Clay, S. (2003). *Understanding and challenging stigma: Toolkit for action—Trainer’s guide*. ICRW and Change Project.

### Facilitators’ Notes

Some of the language that may come up during this exercise will be offensive and difficult for participants. Take the time to ask the participants to really imagine what it would be like to a part of one of the key populations listed below and how this language might feel. Leave time to discuss what different words/phrases mean and what is appropriate for a workplace.

### Objectives

By the end of this session, the participants will be able to:

- Identify labels used by people to stigmatize adolescents and other key populations
- See that these words hurt
- Understand what language is appropriate for the workplace.

### Time

1 hour 30 mins

### Materials

- Flipcharts
- Markers

### Preparation

- Set up chairs before the session in a circle or square around the room.
- Ensure there are enough chairs for every participant except one (i.e., 19 chairs for 20 participants).
- Set up one flipchart for each of the groups listed below in the activity (6 total).

### Steps

1. **Allocate** roles to each person around the circle. Facilitators can allocate roles based on preference, such as by asking for volunteers, actively assigning roles to each person, or having the participants select roles by taking pieces of paper from a bowl. Roles should include the following: 1) a pregnant adolescent, 2) a

sex worker, 3) an adolescent who uses drugs, 4) an adolescent who is homeless, 5) a person living with HIV, and 6) a teenager. Continue until everyone has been assigned a role.

2. **Explain** that one person will be the caller and will not have a chair. The caller will call out two roles, like *person living with HIV* and *pregnant adolescent*. All participants assigned the called-out roles—in this case, *person living with HIV* and *pregnant adolescent*—must stand up and run to find a new chair. The caller will also try to find a chair. The person left without a chair becomes the caller, and the game continues. The caller may also shout, “*Revolution.*” When this happens, everyone has to stand up and run to find a new chair. After a few rounds, when everyone has moved, settle the group for a debrief.
3. **Discuss** how it felt to be called a *pregnant adolescent*, a *person living with HIV*, a *sex worker*, etc.
4. **Brainstorm:** Divide into six groups based on the roles assigned for the game, e.g., all the *sex workers* in one group, all the *pregnant adolescents* in one group, etc.
5. **Ask** each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the hurtful and negative things people say about members of that group.
6. **Rotate:** After 2 minutes, shout, “Change” and ask the groups to rotate. Continue until each group has contributed to all six flipcharts and returned to their original list.
7. **Report back:** As a large group, walk around the room, looking briefly at each flipchart. At each flipchart, ask the participants some of the following questions:
  - “How do you, [insert role here (e.g., people living with HIV)], feel when you are called these names?” (Ask those who were assigned this label to react to these names.)
  - “What positive things do people say about this group? How many positive things can you think of in comparison to the negative ones?”
  - “In what situations do these comments hurt the most?”
  - “What are the judgments or assumptions behind some of these labels?”
  - “What are the effects of these labels on the individuals? What about on families? Society? Health?”
  - “What can we do to help change the judgments and assumptions behind these labels?”

The table below lists some examples of negative comments people make about different groups based on stigma.

**Some Examples of Things People Say About:**

|  |   |   |
|--|---|---|
| <p><b>Teenagers</b><br/>Naughty. Mischievous. Badly behaved. Immoral. Disrespectful. Thugs. No manners. No respect for elders. Think they know it all.</p> | <p><b>Pregnant Adolescents</b><br/>Sluts. Sex objects. Cheap to get. Stupid. Immoral. Promiscuous. Shameful. Not raised right. Easy to impress. Foolish. No family.</p>   | <p><b>Sex Workers</b><br/>Sinners. Immoral. Evil. No shame. Liars. Cheating and stealing. Poor. Burdensome. Disgrace to their families.</p>   |
| <p><b>Drug User</b><br/>Criminals. Immoral. Thugs. Shameful. Irresponsible. Unsuccessful. Burden on society. Weak. Dangerous. Untrustworthy.</p>           | <p><b>Homeless Adolescents</b><br/>Beggars. Rogues. No manners. Rejects from poor families. No respect for people. Disrespectful to family. Don't want to go to school. Nasty. Violent. Dirty and stinky. Eating dirty food. Bad language. Fakeers. Abused. Illegitimate.</p> | <p><b>People living with HIV</b><br/>Promiscuous. Sinners. Put their hands where they shouldn't. Naughty. Careless. Dirty. Foolish. Skeletons. Death sentence. Good for nothing. Bewitched. No future. Hard to care for. Burden. Waste of money. Contagious and risk to others.</p> |



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.

## 5. Stigma Reflection (CORE)

### Adapted from:

- Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project.
- Kidd, R., Clay, S., & Chipso, C. (2007). *Understanding and challenging HIV stigma: Toolkit for action—Introduction and Module A*. International HIV/AIDS Alliance, Academy for Educational Development, and ICRW.

### Facilitators' Notes

This exercise draws out participants' own experiences of being stigmatized. It asks them to think about a time in their lives when they felt stigmatized and to use this experience to help them understand how it feels to be stigmatized. Reflecting on this painful experience helps the participants see how hurtful stigma and discrimination can be.

The exercise requires a lot of trust and openness within the group, so it should not be used as the first exercise. Wait until the participants are beginning to open up with each other and are ready to share some of their own experiences.

Facilitators should also note that the exercise looks at stigma in general and not, for example, HIV or adolescent-related stigma in particular. This is why the instructions are as follows: *"Think of a time in your life when you felt isolated or rejected for being seen as different from other people."* Give the participants a few examples (e.g., being made fun of because you come from a poor family, being made fun of in school because you were smaller than others). The examples will help the participants understand what type of experiences they are expected to think about.

A strong introduction to this exercise sets the foundation for an open and honest conversation in a safe space (see *Work with Feelings* on page 10). It will help the participants break out of their initial discomfort about reflecting and sharing their own experiences with others. It is important to set ground rules for this exercise. Emphasize that the sharing is voluntary and that people should only share their own story, not that of their partner. Underscore the importance of confidentiality and that what is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As facilitators, you can discuss how you will provide support and reassurance (see "work with feelings" in the Training Tips section). Remember that the strength of the feelings that can emerge illustrates the impact that stigma has on someone's life.

### Objectives

By the end of this session, the participants will be able to:

- Describe some of their personal experiences of being stigmatized, focusing on experiences from their adolescent years
- Describe how it feels to be stigmatized as an adolescent and the course it paved for them

- Recognize that we have all played the role of stigmatizer in some situation in our lives
- Recognize that their own actions play a part in creating adolescent stigma in their health facility and that their own actions can likewise help make their health facility stigma free.

## Time

1 hour

## Materials

- Blank paper
- Markers or crayons for participants who want to use drawing for their reflections

## Preparation

- Move chairs apart so that everyone is sitting alone.
- Make sure there is enough space for participants to move freely for the final part of the exercise.

## Steps

1. **Reflect individually:** Ask the participants to sit on their own and close their eyes. Then say, *“Think about a time in your life when you were treated as different from others. For example, a time when you felt isolated or rejected for being seen to be different from others. What happened? How did it feel? What impact did it have on you?”* Allow a few minutes for reflection. If time allows, offer the participants the option of writing down some key words or drawing to process the reflection. Tell the participants, *“These reflections can be kept private and do not need to be shared with anyone else.”*
2. **Share in pairs:** After you observe that participants are ready, say, *“Share your experience with someone with whom you feel comfortable. If you prefer to remain silent, this is okay too. There is no pressure on anyone to share.”* Give the pairs a few minutes to share their stories with each other if they choose. Some participants may wish to continue reflecting or processing on their own through drawing or writing.
3. **Share in plenary:** Invite the participants to sit in a complete circle. Ask, *“How was the reflection?”* Take a few answers and then ask if anyone would like to share their stories in the large group. This is voluntary; no one should be forced to share their story. People will share if they feel comfortable. They can also reflect on the process of the exercise and how it made them feel, if they do not feel comfortable sharing specific stories.
4. **Process:** Ask the participants:
  - *“What did we learn about stigma in general?”*
  - *“What feelings are associated with stigma when you are an adolescent?”*
  - *“How has this exercise changed your understanding of stigma in general? What about toward adolescents?”*

- *“What might this mean for addressing stigma in general and stigma toward adolescents specifically in your health facility?”*

5. **Summarize** using the points below as a guide:

- This exercise helps us better understand how it feels to be stigmatized, including during adolescence: Shamed or rejected. It helps put us into the shoes of people who experience stigma, including adolescents and young people. It helps us understand how painful it is to be stigmatized.
- The feelings of being stigmatized are very painful, and the impacts last a long time.
- Stigma destroys people’s self-esteem. People begin to doubt themselves. They feel very isolated at a time when they need the support and company of other people.
- Everybody has felt isolated or treated in a stigmatizing way at different times in their lives. We have all experienced rejection or exclusion by others.



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.

## 6. Breaking the Sex Ice: Adolescents (CORE)

### Adapted from:

Nyblade, L., Stewart, C., Kiwia, P., Manyama, W., Mbuya-Brown, R., & Bowsky, S. (2018). *Towards stigma-free health facilities in Tanzania: Guide for trainers*. Palladium, Health Policy Plus.

Health Policy Project. (2015). *A facilitator's guide for public health and HIV programs: Gender & sexual diversity training*. Futures Group, Health Policy Project.

### Facilitators' Notes

In our role as health workers, we often find it difficult to talk to our adolescent clients about puberty, reproductive health, and sexual relations. Talking about sex that is considered by some people to be immoral or abnormal may increase our discomfort and we may show our biases. It is important to not rely on our assumptions about people who are different from us. Sometimes, health workers feel particularly uncomfortable speaking with adolescents and young people about topics related to sexual activity.

As health workers, our personal views about what is appropriate sex may lead to a lack of acceptance of people who do not conform to our own or society's views about what is proper sexual behavior. Our attitudes and beliefs about sex can lead to stigmatizing behaviors against clients. To overcome this, we need to try to talk more openly about sex, especially because sexual and reproductive health is important and fundamental to all clients, especially our adolescent clients. We want our adolescent clients to feel like they can ask questions freely and receive the right information to enable them to lead healthy lives.

This exercise has two parts to it: The first part, Bingo, functions as both an energizer and to help the group open up for the second part—the secret survey.

Once the participants hear other group members' responses from both Bingo and the secret survey, they are likely to feel more open to a discussion. The secret survey should break the ice for talking about sex but also remind the participants that if it was difficult or uncomfortable to answer these questions as adults, it is probably also very difficult and uncomfortable for adolescents. Recognizing that although talking about sex can be uncomfortable, it is fundamental to adolescent health can help the participants realize that if they can overcome their discomfort, they can help adolescents get the information, care, and services they need for good sexual and reproductive health.

### Objectives

By the end of this session, the participants will be able to:

- Explore their own feelings about talking about sex and adolescent sexuality, with the aim of being able to talk more openly with adolescent clients to ensure they receive the information they need to live healthy lives
- Recognize that the taboo associated with talking about sex often links to stigma

- Acknowledge that the type of sex we have and at what age we choose to have it are private matters and reflect only a small facet of who we are
- Be familiar with current information on gender and sexual diversity, including the differences between biological sex, gender identity, gender expression, and sexual orientation
- Understand that their opinions and feelings about adolescents and sex can exist separately from their role as a health care worker and be empowered to provide the best possible care to adolescent clients, regardless of their beliefs.

## Time

1 hour (20 minutes for Part 1: Bingo and 40 minutes for Part 2: Secret Survey)

## Materials

- One copy of the printed Bingo sheet (example provided) per person
- Optional prize for the winner of Bingo
- Small slips of paper (10 for each participant)
- Basket for collecting slips of paper

## Preparation

- Move chairs so that no one is sitting too close to another participant.
- Prepare a flipchart by drawing a results table on it.

## Steps

### PART 1: BINGO

1. **Introduce** the exercise. Clarify that the point of the exercise is to begin conversations about sex and help the participants feel comfortable to speak freely.

**Note:** At least two facilitators are needed to run this exercise: One facilitator at the front of the room to read the questions and the other facilitator at the back of the room to collect the answer slips and quickly record the results on a flipchart.

2. **Explain** the rules of the Bingo game:



### Bingo Rules

- The aim of the game is to fill each box on your Bingo sheet with a different by asking fellow participants if they fit the categories listed in the boxes.
- You can only sign someone else's Bingo sheet once.
- You cannot sign your own Bingo sheet.
- You do not have to sign any box you do not wish to sign.
- You are racing against each other to fill all the boxes on your Bingo sheet first.
- When you have filled every box on your Bingo sheet, shout, "Bingo!"

3. **Ask** the participants to have a pen ready and tell them you will hand out the Bingo sheets but that no one should look at the sheet until you say, "Start." Ask the participants to stand up and get ready to mingle. Say, "Start" when everyone has a sheet.
4. **Debrief:** When someone has shouted Bingo, check their sheet and present them with the prize if there is one. Then, gather the group together for a debrief. Ask:
  - "What happened during the game?"
  - "Were there any questions that were more difficult than others?"
  - "What did we learn about our perceptions of each other?"
  - "What does this tell us about our attitudes toward sex?"

## PART 2: SECRET SURVEY

1. **Hand out** 10 slips of paper to each participant.
2. **Explain** that you are doing a survey about sex and that the survey is secret and anonymous. Tell the participants, "No one will know how you respond." Tell the participants that all they need for this exercise is a pen.
3. **Ask** each question (see the "secret survey questions" text box) and tell the participants to record their answers on a slip of paper by writing "Yes" or "No" and then folding it up. Collect the slips in a bowl or basket after each question is asked and record the results on a flipchart (see the "example results table" below). Do not present the results to the participants until all the questions have been asked.



### Secret Survey Questions:

1. Can you talk openly and freely about sex to close friends?
2. Did you ever talk to your family about sex when you were young?
3. Do you enjoy sex?
4. Do you enjoy having sex with multiple partners?
5. Did you use any kind of contraception the last time you had sex?
6. Have you ever had a sexually transmitted infection or STI?
7. Did you enjoy having sex as a young person?
8. Do you worry about pregnancy during sex?
9. Do you have fantasies about sex?
10. When you were an adolescent, did you wish you could speak openly with health workers about sex or sexuality?

### Example Results Table

| Questions  | Yes | No |
|--|-----|----|
| 1. Can you talk openly and freely about sex to close friends?      | 11  | 2  |
| 2. Did you ever talk to your family about sex when you were young? | 10  | 3  |

4. **Present** and **discuss** the results (one by one if you have time). You can allow a few comments for each question, e.g., by asking, *“Is this what you would expect? How do you feel about these answers?”* Ask the participants to consider how they felt about answering the questions and to consider how adolescents might feel.
5. **Ask processing questions:**
  - *“How did you feel answering the questions?”*
  - *“What did we learn from this exercise?”*



### Reminder: Code of Practice/Action Plan

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.



## Example Bingo Sheet

|  |   |   |
|--|---|---|
| <b>Someone who speaks more than one language</b> | <b>Someone who loves to sing and drink beer</b> | <b>Someone who has more than three children</b> |
| <b>Someone who loves football</b>                | <b>Someone who loves to talk about politics</b> | <b>Someone who uses condoms</b>                 |
| <b>Someone who is keeping a big secret</b>       | <b>Someone who loves sex</b>                    | <b>Someone who has been a member of a choir</b> |
| <b>Someone who likes eating <i>kelewele</i></b>  | <b>Someone who knows someone who is gay</b>     | <b>Someone who has been to Nigeria</b>          |



## A note about Gender and Sexual Diversity

The Gender and Sexual Diversity (GSD) session of this guide includes sensitive material around sexuality and identity and discusses gender as a social construct. It includes reference to The Genderbread Person, version 1, from *It's Pronounced Metrosexual*.

The Genderbread Person is an infographic that presents concepts on gender identity, gender expression, biological sex, and sexual orientation in a way that is easy to understand and articulate.

We recognize that version 1 of the Genderbread Person has some limitations in the language used, particularly since it has been updated to consider these concepts on a continuum rather than a spectrum. However, this guide was adapted from training materials that included version 1. This guide only includes material that was field-tested, so this guide also includes version 1.

Specifically, the creators of this resource discuss some limitations:

**Spectrum vs. Continua.** *This version relies on a spectrum model of understanding gender, placing two aspects of identity on opposite ends of one scale. This pushes one to (1) see themselves as somewhere within those two aspects; (2) see them as opposing ideas; and (3) if they embody both, to see themselves as in between them, instead of as a lot of both, or a little of both. This issue is cleared up with version 2, which introduced the “-ness” concept.*

**Labels.** *The language describing the different points of the spectrums erases folks who don't identify with any of the concepts presented (e.g., someone who isn't bisexual, but asexual). Also, it reinforces an unhelpful oversimplification that the middle term exists directly between the two at the end (e.g., that “genderqueer” is a term for someone “between woman and man”).*

For the most up-to-date version, please visit [www.thegenderbreadperson.org](http://www.thegenderbreadperson.org).

**Note to trainers:** The Gender and Sexual Diversity session is prioritized as a Core Activity because it provides an understanding of what GSD is with the aim of addressing behaviors that are highly stigmatized among all clients, inside and outside of the health facility. The GSD session, however, is also consistently reported as some of the most difficult content to deliver. In our field testing, many training participants reported discomfort and disagreement with the material. As with all content included in this guide, trainers should know their audience and understand the training environment before delivering any material. In more restrictive environments where GSD-related behaviors are criminalized, trainers should consider the risks and benefits of presenting the full session as it is written and may need to adjust the content.

## 7. Gender and Sexual Diversity (CORE)

### Adapted from:

Health Policy Project. (2015). *A facilitator's guide for public health and HIV programs: Gender & sexual diversity training*. Futures Group, Health Policy Project.

### Facilitators' Notes

The aim of this exercise is to update the participants with current information and thinking about gender and sexual diversity. Some participants may find some of the information challenging, especially if they are hearing it for the very first time. Be sure to allow enough time for questions and discussion but try to avoid arguments! The point of the exercise is not to change participants' beliefs but to prepare them to serve and care for adolescent clients of all kinds.

Some participants may respond to this exercise with discomfort or disagreement. Facilitators should take time at the beginning and end of the exercise to remind the participants that the goal of the exercise is to educate participants on gender and sexual diversity and help familiarize them with the terms and concepts; the exercise is not asking any of the participants to take any specific actions. This exercise is meant to empower the participants with knowledge on this subject, and what the participants choose to do with the information they receive as part of this exercise is up to them.

Prior to implementing this exercise, take time to read through the "Be prepared to handle difficult questions" section in the Facilitation Tips at the beginning of this guide.

### Objectives

By the end of this session, the participants will be able to:

- Be familiar with the current information on gender and sexual diversity
- Discuss globally accepted terminology
- Discuss the terminology that is most important and useful for health workers.

### Time

1 hour 30 minutes (1 hour for Part 1: Concepts and 30 minutes for Part 2: Terminology)

### Materials

- Flipchart
- Index cards with definitions
- Index cards with terminology

- Handout on Concepts

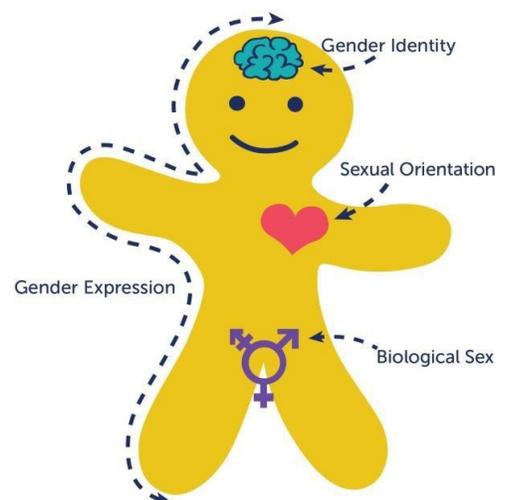
## Preparation

- Draw the outline of the Genderbread Person (see below) on a flipchart.
- Write each term and definition on a flipchart.
- Make copies of the Handout on Concepts.
- Make index cards. There should be one index card for each term and one index card for each definition.
- Read through the handout notes and use them during the presentation so that you include all the points needed to explain the concepts.

## Steps

### PART 1: CONCEPTS

1. **Introduce** the topic: “Identity Soup”
  - a. **Think** of a popular local dish (e.g., goat light soup, palaver sauce) and ask the participants to name some of the ingredients necessary to make this special dish.
  - b. **Link** the soup metaphor to the topic of identity: *“We are all made up of many different qualities or ingredients. Some we value more than others. Yet each contributes to who we are, how we think of ourselves, and how we portray and describe ourselves to the world.”*
  - c. **Ask** the participants to think about one or two words that describe an identity that is important to them and then share them with the person sitting next to them. For example, they might think about their sex, gender, profession, where they come from, their religion, family status, tribe, and so on.
  - d. **Ask** three or four people to share what they discussed with their partner.
  - e. **Say**, *“Everyone has many characteristics that make up who they are. Today, we are going to discuss just two of them—gender and sexuality.”*
2. **Introduce** the Genderbread Person. The diagram here illustrates four human dimensions related to gender and sexuality: biological sex, gender expression, gender identity, and sexual orientation. Emphasize that adolescence is often a critical time in development when people may start figuring out some parts of their identity.
3. **Present** each concept using the Handout on Concepts. Ask the participants what questions they have about the information.



Source: The Genderbread Person version 1, from It's Pronounced Metrosexual; [www.genderbread.org](http://www.genderbread.org).

## HANDOUT: Concepts

This handout provides explanations and definitions for different gender and sexuality concepts. It is particularly important to think about these concepts in relation to adolescents; many adolescents experience a lot of changes in their bodies, their identities, their sexuality, and their definition and expression of self.

### Biological Sex

**Definition:** A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.

- Typically, when a mother delivers a baby, the baby is assigned a sex based solely on the baby's visible genitalia (e.g., a midwife will say, "It's a girl" or "It's a boy!").
- However, biological sex is much more complicated than just someone's genitalia. Biological sex includes a person's chromosomal, hormonal, and anatomical characteristics.
- Many of us know that typical male sex characteristics include testes, a penis, more testosterone than estrogen, and XY chromosomes and that typical female sex characteristics include a vulva, a vagina, ovaries, a uterus, more estrogen than testosterone, and XX chromosomes.
- Variations in these characteristics are quite common. Rarely are two females or two males biologically the same. For example, someone may have most but not all of these characteristics. In puberty, it may become apparent that a boy may have larger than usual breasts or a girl may have narrow hips.

### Intersex

**Definition:** A general term used to describe a person born with a reproductive or sexual anatomy that is not predominantly female or male.

- For instance, in approximately 1 in 2,000 births, the genitalia are not clearly male or female. Other times, there may not be any external indication that someone is intersex.
- In fact, for many people, the indications that they might be intersex don't appear until they get older (often after going through puberty).
- This is more common than you may think. In approximately 1 in 100 births, there is some deviation in at least one of the many sex characteristics mentioned here.

**It is easiest to understand biological sex as a continuum, with male and female on either end.**





## Gender Identity

**Definition:** A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.

- Gender identity is how a person understands their own gender. Deeply felt, it can remain private or be shared through their gender expression. The formation of a person's gender identity may be influenced by hormones, environment, biological sex, culture, class, and other personal circumstances.
- Our scientific understanding of gender identity suggests that children can form a gender identity by the age of 3 years.
- A person whose gender identity is consistent with the sex they were assigned at birth is described as cisgender. A person whose gender identity is different from the sex they were assigned at birth is described as transgender.

Like the other dimensions we've looked at, gender identity exists along a continuum, with woman at one end and man at the other.



**Transgender:** This is an umbrella term referring to an individual whose gender identity is different from their sex assigned at birth (e.g., someone who is biologically male but who identifies as a woman).

Rigid gender norms or hostility toward gender non-conformity puts transgender people at risk of stigma or even violence.



### Takeaway Message

- Gender identity is one's internal or personal experience of gender or how one wishes to define their own gender. Sometimes, one gender is consistent with their biological sex, and sometimes, it is not.

## Sexual Orientation

**Definition:** A person's enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender or genders.

- **Heterosexuality:** An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a different gender. People who are heterosexual often identify as straight.

- **Homosexuality:** An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of the same gender. People who are homosexual often identify as gay or lesbian.
- **Bisexual/Pansexual:** An enduring emotional, romantic, or sexual attraction to people of all genders.
- **Asexual:** An enduring absence of sexual attraction.

Sexual orientation can also be thought of along a continuum with heterosexual at one end and homosexual at the other end.



## PART 2: TERMINOLOGY (30 min)

1. **Ask** the participants to stand in two lines facing each other.
2. **Hand out** the terminology cards to the participants in one line and the definition cards to the participants in the other line.
3. **Ask** everyone to mingle and try to match the terminology cards with the definitions. Once they have found their partner, they should stand together. If there are extra cards (i.e. more cards than number of participants), you could either to put them on the floor and allow the participants to look through them or give some participants more than one card.
4. **Report back:** Use the “List of terminology and definitions” below to discuss each term in order. Ask who has the first card (i.e., MSM) and ask them to read out the definition they identified.
5. **Discuss** each term briefly, checking that the participants are clear about the relevance of each term. Take time to clarify any confusion about definitions and allow the participants to ask questions. **Ask**, “*Why is it important to be aware of this term as health workers?*”
6. **Address final questions:** Ask if there are any final questions before you wrap up.



### Reminder: Code of Practice/Action Plan

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.



## List of Terminology and Definitions

|                        |   |
|------------------------|---|
| MSM                    | Men who have sex with men. This term is useful because it includes men who have sex exclusively with men, men who have sex with people of all genders, and men who self-identify as heterosexual and have sex with men.   |
| LGBTQ+                 | Lesbian, gay, bisexual, transgender, queer, and other identities beyond heterosexual and cisgender. This acronym is commonly used to refer to gender and sexual minority communities. Variations exist that add, omit, or reorder letters (e.g., LGBTI, LGB, GLBT). |
| GSM                    | Gender and sexual minorities. The majority of the world's population is presumed heterosexual and cisgender. Gender and sexual minorities include everyone who identifies as something other than heterosexual, cisgender, or biologically male or female.          |
| Homophobia/transphobia | Fear, rejection, or aversion toward LGBTQ+ people. Often takes the form of stigmatizing attitudes or discriminatory behavior.   |
| Heteronormativity      | The presumption that everyone is heterosexual or the belief that heterosexual people are naturally superior to gender and sexual minorities.  |
| Closeted               | The state being secretive or cautiously private regarding one's sexual orientation or gender identity (also referred to as being in the closet).  |
| Outing                 | Telling people (e.g., through gossip) that someone else is LGBTQ+ or a gender or sexual minority without that person's permission, no matter the intention.   |
| Ally                   | A person who openly supports the equal treatment and human rights of gender and sexual minorities.  |
| Coming out             | The personal process of accepting and disclosing to others one's identity as lesbian, gay, bisexual, transgender, or queer.   |

## 8. Confidentiality and Stigma (CORE)

### Adapted from:

Clay, S., Chonta, M., Chiiya, C., Stewart, C., & Nyblade, L. (2017). *Towards stigma-free health facilities in Ghana: Guide for trainers*. Palladium, Health Policy Plus.

### Facilitators' Notes

Confidentiality is an important topic to discuss in the context of adolescent stigma in health facilities for a number of reasons. Some adolescent clients are afraid to use services because they fear a lack of confidentiality. For example, they may wonder, "If I take a pregnancy test or HIV test, will my results be confidential?" There can be also a tension between confidentiality and stigma; sometimes, health workers emphasize confidentiality so much that an adolescent who is, for example, pregnant or struggling with substance abuse may feel it is wrong to be open about their health.

This exercise involves a simple game where the participants write down private information that they do not want anyone else to know and then hand it to another participant. **It is very important to ask everyone to promise not to read someone else's paper.** The discussion or processing after the game is where the issues will really emerge.

### Objectives

By the end of this session, the participants will be able to:

- Understand an individual's right to confidentiality
- Explain the link between confidentiality, power, and stigma toward adolescents
- Acknowledge the potential effects of a health worker violating confidentiality.

### Time

1 hour

### Materials

- Flipcharts labeled with small group questions
- Slips of paper for participants

### Preparation

- Prepare small slips of paper, 1 for each participant.
- Write the small group questions as headings on different flipcharts.

## Steps

1. **Implement** the Trust Game group activity: Hand out a slip of paper to each participant. Ask the participants to think of a piece of private information they would not want anyone else to know. Ask them to write the private information on their slip of paper, fold it up, and not show it to anyone. Now, ask each person to pass their paper to the person on their left. Stress that no one should open the papers.
2. **Ask the participants:**
  - *“How does it feel to have your private information in someone else’s hands?”*
  - *“How does it feel to have someone else’s private information in your hands?”*
3. **Now, ask the papers to be returned** so that the participants can destroy their papers.
4. **Ask processing questions:**
  - *“What does this tell us about confidentiality?”*
  - *“What is the link between confidentiality and stigma?”*
5. **Use** a group splitter to break into small groups (three to four people in each group) and give each group a single question to discuss:
  - *“What happens when someone breaks confidentiality in the health facility?”*
  - *“How is confidentiality monitored in our facility?”*
  - *“What measures can be taken to ensure that confidentiality is maintained in our health facility?”*
  - *“Should confidentiality for clients under 18 be different from that for adults?”*
  - *“Are the rules related to confidentiality for clients under the age of 18 clear? If not, what do we feel confused about?”*
  - *“How is confidentiality for clients under 18 handled at our facility?”*
6. **Report back:** Ask each group to present their answers and allow time for discussion
7. **Summarize:**
  - Secrecy, privacy, and confidentiality are often viewed as the same thing, but they are different.
    - *Secrecy* refers to the process of keeping information to yourself. A secret is not shared and can often be associated with bad behavior or something that is not good. For example, imagine that you found out you had a sexually transmitted infection. If you perceived that people around you would judge you for being ‘bad’ if they knew you had a sexually transmitted infection, you might keep that information secret and not tell anyone else.

- *Privacy* is a general term used to describe when information is kept amongst a small group of people, such as between two friends, a few people, or family members. Private information does not carry negative associations or implications of judgment or shame.
- *Confidentiality* is when information is managed by the person who owns the information. Confidential information is shared with others on a controlled basis. You decide who you are willing to share confidential information with, expecting that access to this information is restricted (respected) according to your wishes. Knowing that your health status is confidential means that you have control over who knows your health status.
- We all like to think that we are trustworthy. But clients are unlikely to trust you just because you work in a health facility. Whoever you are, trust must be built and maintained.
- Shared confidentiality is when information is shared within an institution for the benefit of the patient. For example, a doctor may need to know you are taking oral contraception if they are prescribing other medicine for you for another reason. Information is not shared with anyone outside of the health facility.
- Emphasize that even if a young person is living at home, if they are over 18 years of age, their health information is confidential and may not be shared with parents or guardians. It is a health care provider's responsibility to inform patients under the age of 18 about their right to privacy and confidentiality. Both providers and support staff are expected to respect confidentiality for all patients.
- All health workers, irrespective of their employment status, are required by their own ethical codes of practice (and often by law) to keep the information that they learn about their patients confidential.



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.

## 9. Forms, Effects, and Causes of Stigma—Problem Tree (CORE)

### Adapted from:

Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project.

### Facilitators' Notes

This exercise may be performed as a summary session of all that has happened from the start of the workshop. It can also be performed as a standalone activity.

This exercise reviews the forms and effects of stigma and looks at its causes using the metaphor of a tree. The “stigma problem tree” is a method that describes the forms, effects, and causes of stigma by comparing them to a tree’s trunk (forms of stigma), branches (effects of stigma), and roots (rooted causes or drivers of stigma). Participants write each form, effect, or cause on a card and tape the card at the appropriate level of a tree diagram. See the “Examples of responses” section at the end of this session for example responses you should expect to discuss.

**Note:** The placement of participants’ identified forms, effects, and causes is not hard and fast. Things can go in different places. Some things will be classified by the group in more than category (root causes, forms, and effects of stigma), and this is okay.

### Objectives

By the end of this exercise, the participants will be able to:

- Describe different forms of stigma and how stigma affects young people
- Identify some of the root causes or drivers of stigma
- Summarize actions that can be taken to reduce the types of stigma and discrimination identified throughout the training.

### Time

1 hour 30 minutes

### Materials

- A large tree diagram and example cards
- Cards and markers for participants
- Tape

## Preparation

- Draw a large tree diagram on flipchart paper. The branches should be labeled “Effects,” the trunk should be labeled “Forms,” and the roots should be labeled “Causes”.
- Write one example of the type of response expected at each level on a card and tape the example cards at their respective levels on the tree diagram.

## Steps

1. **Explain** the metaphor of the tree diagram. Ask the participants to identify the different parts of the tree. Ensure that the branches, roots, and trunk of the tree are identified.
2. **Compare** the parts of the tree to the problem of stigma:
  - a. The roots form the base of the tree and represent the causes of stigma.
  - b. The trunk of the tree represents forms that stigma can take.
  - c. The branches emerge from the trunk and represent the effects of stigma.

**Example Stigma Tree Elements**

| Location | Part of Tree | Element | Examples          |
|----------|--------------|---------|-------------------|
| Top      | Branches     | EFFECTS | Loneliness        |
| Middle   | Trunk        | FORMS   | Name-calling      |
| Bottom   | Roots        | CAUSES  | Lack of knowledge |

3. **Divide** the participants into pairs or groups of three. Hand out cards and markers to each group.
4. **Ask** groups to discuss the forms, effects, and causes of stigma toward adolescents and write one point per card. Remind them to consider stigma toward adolescents that may occur simultaneously for multiple reasons, such as sexual and reproductive health, adolescent pregnancy, HIV, mental health, substance use, violence.
5. **Ask** the groups, once they have finished brainstorming and recording their ideas on their cards, to tape the cards at the appropriate levels of the tree.
6. **Debrief:**
  - Review one level of the tree at a time, cluster similar points, and add extra points that come up during the discussion that were missing from the tree.
  - Help the participants see the two levels of effects—immediate impact on adolescents (e.g., isolation) and spin-off effects (e.g., dropping out of school).
  - What about gender? Probe whether there any gender dimensions to the causes, forms, or effects of adolescent stigma.
  - Besides adolescents, discuss whether there other people or groups of people who may be affected by stigma toward adolescents. (If the participants provide no answers, probe by asking, “What

*about parents or family members? What about health providers who provide services to adolescents? Do they ever experience or are they ever affected by adolescent stigma?")*

- Looking at the causes, what are facility-level solutions or steps that can be taken to address these root causes?
7. **Ask** the participants to think to themselves about one thing that they would need to implement some of the suggested solutions. Only if they are comfortable doing so, ask for two or three volunteers to share their thoughts. Record the responses on the Code of Practice flipchart.
  8. **Summarize** for the participants that some of the causes, forms, and effects discussed also represent stigma that occurs outside of a health facility. As community members, it is important for training participants to remember that addressing the stigma they see in the health facility is only one piece of the puzzle. The stigma they experience outside the health facility can also affect an adolescent's ability to access services or to carry out the advice or treatment the health worker has provided. It is important for health workers to be aware of how stigma outside the facility can impact an adolescent's health care seeking and adhering behavior. A more comprehensive conversation about stigma from multiple sources is needed to fully ensure adolescents feel empowered to seek health services.



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.

## Examples of Responses

### Causes/Drivers of Stigma

- Moral judgment: The opinion that sexually active adolescents (or those perceived to be sexually active) are sinners or promiscuous. Judgments made based on the adherence to (or lack of) social norms. Inaccurate beliefs about contagion, impurity, sexuality, gender identity, or sex work. Negative beliefs about people with substance use disorders, including that they overuse system resources, are not vested in their own health, and fail to adhere to recommended care
- Fear and ignorance: Lack of knowledge and misconceptions about HIV transmission leading to fear about getting HIV through casual contact, resulting in the isolation and rejection of people with HIV. Belief that a young girl using contraception would encourage other young girls to lead promiscuous lifestyles. Lack of knowledge around mental health and beliefs that children with mental illness should not play with other children. Fear of speaking with a child or adolescent with a mental illness.
- Fear of infection, fear of the unknown, fear of death: Fear of people living with HIV or those with sexually transmitted infections. Adolescent sexual and reproductive health stigma can also be grounded in fears of contagion or of becoming spoiled and tainted too, which fuels social marginalization and discrimination.
- Gender: Women and girls tend to be more stigmatized than men and boys. For example, contraceptive use and abortion stigma can be linked to gender stereotypes that assign women and girls the role of motherhood and pressure them to prioritize childbearing and childcare over all other roles. A young woman who is believed to be sexually active may be seen as immoral or spoiled and be punished accordingly, but a young man engaging in the same behavior may be judged less harshly as he is “just doing what young men do.” Young men are supposed to be viewed as tough, and gender norms often discourage men from showing negative emotion, like crying, fear, or sadness.
- Poverty: Economic position often plays a role in how behavior is perceived or judged. Poor people are often more stigmatized than rich people typically because people living in poverty, or a low socioeconomic status, are often viewed as inferior or less worthy.
- Secondary stigma: Women, mobile workers (e.g., sex workers, truckers, migrant laborers), people who use alcohol or drugs, and young women who are pregnant and unmarried are already stigmatized, so they are more likely to experience blame for mistakes or seemingly immoral behavior.
- Appearance: People living with HIV may be stigmatized based on aspects of their physical appearance that may or may not be related to HIV, such as thinness or skin rashes.
- Media images: Portrayals of suffering and death in the media may inspire fear of people living with HIV.
- Stigma by association: Family and friends of adolescents who, for example, are pregnant or are living with HIV, are also stigmatized. Health workers who treat these adolescents may be stigmatized as well.

### Forms of Stigma

- Shame and blame: Name-calling. Finger-pointing. Belittling. Scolding. Spreading rumors. Gossiping.

- Isolation: Rejection. Neglect. Separation of blankets, utensils, etc. Hiding in back rooms. Poor quality of health care services or denial of services.
- Self-stigma: Blaming and isolating oneself. Giving up on oneself. Withdrawal from activities.

## Effects of Stigma

- Personal: Shame. Isolation. Withdrawal. Loneliness. Loss of self-esteem. Feeling unproductive. Self-blame. Loss of hope. Stress. Alcoholism. Depression. Suicide. Death. Anger. Violence. Kicked out of home/health facility. Fired from work or forced to resign. Forced to leave community/workplace. Dropping out of treatment (lost to follow-up). Poor adherence to medication. Fear of disclosure. Avoiding seeking out health care services (like getting tested for pregnancy, sexually transmitted infections, or HIV or utilizing mental health or AIDS services).
- Family: Family quarrels, mutual blame, and conflicts. Family members leave/get kicked out of home. Divorce or separation.
- Community: Loss of productivity as people living with HIV are fired from work or forced to leave the community.
- Epidemic: Spread of infection. People refusing to get tested for HIV or sexually transmitted infections because they are scared and prefer not to know.

## 10. Challenge the Stigma—Be the Change! (CORE)

### Adapted from:

Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project, which drew on Sakara, P. Y., Eng, S., Barmey, P. P., Reeves, M., Nyblade, L., Gregowski, A., & Kidd, R. (2010). Exercise E3: Challenge what people say about men who have sex with men. In *Understanding and challenging stigma towards men who have sex with men: Toolkit for action (Cambodia)* (pp. 250–255). Pact Inc. and ICRW.

### Facilitators' Notes

The aim of this exercise is to explore how we can challenge everyday stigma, especially in our place of work.

The participants will learn how to be assertive and then practice this skill in a series of paired role-plays. The practice helps the participants to see that acting against stigma whenever and wherever it happens is one step we can all take to begin to take action and bring about change.

### Objectives

By the end of this session, the participants will:

- Have practiced using assertiveness skills to challenge stigma
- Be able to call out stigmatizing behavior in their everyday lives
- Understand the importance of speaking out.

### Time

45 minutes

### Materials

- Flipchart with the definition of *assertiveness*
- Flipchart for recording responses
- Markers
- Tape

### Preparation

- Write the definition of *assertiveness* on a flipchart.

## Steps

1. **Introduce** the exercise: Explain that the session is aimed at practicing how to challenge stigma when it occurs in everyday settings.
2. **Buzz and brainstorm:** In pairs, ask the participants what they understand by the term *assertiveness*. Record their responses on a flipchart. After you have a few responses, share the definition of *assertiveness* and emphasize the tips for how to be assertive.

Definition of *assertiveness*: Saying what you think, feel, and want in a clear, honest, and confident way that is good for you and good for others. It does not involve showing anger or being aggressive and can come from a place of compassion.

Tips for being assertive:

- When addressing someone else's behavior, state only the facts.
- Say *I* feel, think, or would like.
- Don't apologize for saying what you think or put yourself down.
- Stand or sit straight in a relaxed way.
- Hold your head up and look the other person in the eye.
- Speak so that people can hear you clearly.
- Stick with your own ideas and stand up for yourself.
- Don't be afraid to disagree with people.
- Accept other people's right to say no and learn how to say no yourself.

Example: *"When you say I am promiscuous and that is why I am HIV positive, I feel discounted and judged. I want you to stop saying these things about me."*

3. **Implement** paired role-playing (first scenario): Explain that the group will now practice how to challenge stigma and discrimination in a variety of common situations by using assertiveness. Ask the participants to stand in two lines facing each other and to pair up with the person opposite them. Have the participants role-play the following situation:
  - *"You are both health workers. Health worker A (the stigmatizer) complains to health worker B (the challenger) about a client, saying that the client (who is assumed to be gay) is disgusting and immoral. Health worker B should challenge that form of stigma by responding to health worker A using assertiveness skills. Play!"*
4. **Implement** paired role-playing (additional scenarios): After 2 minutes, ask the participants to stay with the same partners and do another role-play using the additional scenarios below. For each new scenario, partners should take turns playing the stigmatizer and challenger roles.

**Note:** Facilitators can decide how many rounds to play based on the time available. Be sure to leave about 30 minutes for debriefing, processing, and summarizing.

- **Additional scenario 1:** *“Health worker A (the stigmatizer) refuses to treat an adolescent who appears to be a sex worker and who is waiting in line. Health worker A keeps telling her that she must wait until everyone else has been seen. Health worker B (the challenger) should challenge that form of stigma.”*
  - **Additional scenario 2:** *“Health worker A (the stigmatizer) tells health worker B (the challenger) that a young pregnant adolescent has come into the clinic for care. Health worker A wants to send her to another clinic, but health worker B challenges and says there is no reason not to see her.”*
  - **Additional scenario 3:** *“A young woman has come to request information and options for contraception, and health worker A (the stigmatizer) scolds her, saying she is too young and should be a good girl. Health worker B (the challenger) overhears and challenges the stigma.”*
5. **Debrief** on the role-play: Ask a few pairs to perform their role-plays (one at a time) in the center of the circle. After each role-play, ask, *“How did the challenger do? What approach did the challenger use? Did it work? What other approaches might be used?”*

After each performance, ask other participants if they have a better or different way of challenging the stigmatizer and let them take over the challenger’s role in the play to show their approach. After each new attempt, ask, *“What made a difference?”* (Answers might include, e.g., good arguments, strong voice level, body language, confidence.)

6. **Process:** Ask, *“What have we learned about the best ways to challenge stigma?”*

7. **Summarize:**

- We can all challenge stigma on an individual level using an assertive approach.
- Professional policies and codes of conduct in health facilities should be implemented alongside individual actions against stigma and discrimination to protect clients. Senior managers should oversee this process.
- The most powerful responses to people who are stigmatizing are those that make the stigmatizer stop and think, rather than feeling attacked and becoming defensive. Many of us are not aware that some of the things we say or do are stigmatizing.



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.

# 11. Panel Discussion with Adolescents (CORE)

## Adapted from:

Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project.

## Facilitators' Notes

This exercise provides an opportunity to help the participants understand more deeply some of the issues that adolescents face. It also provides an opportunity for the participants to ask questions to increase their understanding of adolescents' needs (especially in relation to health). Finally, it provides adolescents with an opportunity to tell their story and be heard.

Ideally, adolescents of all genders should be included. It is important that young people participating in the panel understand that, while they may come from an organization or youth group or be peer educators, their primary role on the panel will be to represent adolescents, rather than their organization or job.

Selection criteria should be used to ensure that any young person invited to participate is comfortable and prepared. At a minimum, the young person should have previous experience with public speaking. Regardless of previous public speaking experience, young people participating in the panel may need additional specific support from facilitators to ensure that they are comfortable participating and are prepared for the panel. To ensure a diverse group of panelists, in- and out-of-school adolescents should be recruited for adequate representation of views. If adolescent representation or availability is low, non-adolescents or younger adults who have relevant and powerful stories can be invited, and the panel will still be impactful.

It is important to ensure that the panelists are briefed about the exercise and aware of what is being asked of them (see the "Preparation" section below). Mutual confidentiality and respect between panelists and training participants is crucial. Facilitators play an important role in setting the tone and reviewing the objectives of the panel with the participants to avoid communication issues or violations of privacy.

The panel facilitator should be able to act like a friendly TV or radio chat show host and should ensure that the session is handled with sensitivity and that the questions asked are not too intrusive or inappropriate.

This exercise has worked well with groups of health care workers and, if facilitated well, can result in real changes in attitudes and greater understanding.

## Objectives

By the end of this session, the participants will have:

- Listened to firsthand experiences shared by adolescents (the panelists)
- A greater understanding of the challenges encountered by groups who face stigma
- Explored and discussed experiences of stigma in health facilities and ideas for making services more friendly and accessible.

## Time

1 hour

## Materials

- Questions from participants (share with the panelists in advance)

## Preparation

- Invite panelists from outside the community (e.g., members of the Youth Coalition).
- Discuss the exercise with the panelists in depth, ensuring that they are well briefed about what is being asked of them.
- Ask the participants in the audience to submit their questions in advance of the exercise (the night before or during a break) to allow time for facilitators to edit the questions. Explain that they can ask anything they would like to know to help them understand more about the lives and health needs of adolescents, as well as adolescents' experiences with health services.
- Read through the questions and combine any similar ones. Edit out any that are offensive (e.g., judgmental, related to personal sexual behavior). Arrange questions in a way that will help panelists to warm up and discuss openly. For example, do not start with the most intense or difficult questions; rather, start with some more gentle questions to ease into the discussion. Give the panelists the questions in advance so that they can prepare.
- Arrange the room with a table at the front for the panel.

## Steps

1. **Introduce** the exercise in the style of a TV or radio chat show (i.e., where a host invites a few people to talk about a particular topic, often from their own life experiences). Introduce the panel (or let them introduce themselves) and explain that the aim is to really listen to the voices of the panelists as they answer the audience's questions.
2. **Facilitate** about 10 questions. Allow the panel to discuss for up to an hour. If it feels appropriate, the audience can ask additional questions at the end. It can be useful to reflect together and share what the participants have learned, either at the end of the exercise or the following day.

### Examples of discussion questions:

1. *"What did we learn from this panel discussion?"*
2. *"What key messages and information will you be taking away from this discussion?"*



### Reminder: Code of Practice/Action Plan

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.

## 12. Writing a Code of Practice and Action Plan (CORE)

### Adapted from:

Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project.

### Facilitators' Notes

The Code of Practice exercise really begins at the beginning of the training, when a flipchart is created for the participants to populate at the end of each session. This exercise begins with reviewing the Code of Practice flipchart developed throughout the training and then creating a specific action plan as the final activity.

As a reminder, facilitators should display a flipchart at the beginning of the workshop labeled "Code of Practice/Action Plan." Throughout the workshop, as issues come up that the participants think are important to address in the Code of Practice, they should be added to this flipchart. The flipchart should stay up throughout the workshop.

Facilitators should ensure that the Code of Practice and Action Plan make specific mention of providing stigma-free services for adolescents.

**NOTE:** If non-core activities are added to the training schedule, this activity should be the **last** one participants do prior to the closing session.

### Objectives

By the end of this session, the participants will have:

- Described what a stigma-free health facility would look like in general and for adolescents and young people in particular (Code of Practice)
- Identified actions health workers and managers must take to create a stigma-free facility in general, including specific reference to a stigma-free environment for adolescents and young people (Action Plan)
- Committed to specific actions they can take in their lives to challenge stigma.

### Time

2 hours

### Materials

- Cards for participants
- Flipchart for each group
- Tape

- Markers

## Preparation

- At the beginning of Day 2, ensure that all solutions or action plans that have been discussed, even if incomplete, are noted on the Code of Practice/Action Plan flipchart.

## Steps

1. **Identify existing forms of stigma and discrimination in health facilities (card storm):** Divide into pairs and give each pair a marker and several cards. Ask them to write one point per card in response to the following questions: *“What are some of the key forms of stigma that we have identified during the training that happen in our own health facilities? What are some of the forms we have identified specifically toward adolescents and young people?”* Stick the cards on the wall and ask a participant to read through them.

Make sure the flipcharts that were used to document during the Mapping Module are out and accessible.

2. **Review participant contributions to the “Code of Practice/Action Plan” flipchart:** The facilitator should share what the participants have added to the “Code of Practice/Action Plan” flipchart posted since the beginning of the workshop.
3. **Discuss the Code of Practice for a stigma-free health facility (group work):** Divide into groups. The groups should be made up of participants from the same department or facility or who hold similar jobs.
4. **Give each group a flipchart** and ask them to write:  
*“A stigma-free health facility for adolescents and young people is one in which....”* Ask groups to write down anything that needs to be included/done to make the facility stigma free for adolescents and young people.
5. **Report back:** Ask the groups to report on an alternating basis—one point per group. As groups report, discuss the points they share and agree on any changes or additions.

**Sample responses:** “A stigma-free health facility for adolescents is one in which...”:

- Adolescent clients are treated equally and with respect and dignity, regardless of who they are.
- All adolescent clients receive the same high-quality medical care without discrimination, regardless of their age, gender, or other characteristics.
- The medical information of adolescent clients is treated confidentially.
- Health services are provided free of judgmental attitudes.
- Health workers speak to adolescent clients in a respectful and dignified manner.
- Health workers listen to adolescent clients with care and empathy and without judgment.

- Clients are able to give their informed consent to the services available to them.
- Clients aged 16 years and older do not require parental or guardian consent for anything except surgery.
- Adolescent clients have access to health care and treatment, regardless of any circumstances that might pose a barrier (e.g., family/home life, lifestyle experiences and choices).
- Adolescent clients' complaints about stigma and discrimination are dealt with effectively.

6. **Create action plans (group work):** Ask the same groups to do the following:

- *"Make a list of three changes you will make to create a stigma-free health facility for adolescents after the training."*
- *"Make a list of three things you would like the facility managers to do to create a stigma-free health facility for adolescents."*

7. **Read** the final list of actions on the Code of Practice aloud. Ask for volunteers to read if you think the group is comfortable doing so. **Tell** them that the final Code of Practice will travel with them back to their facility.

8. **Wrap up:** Share that gathering commitment and support for the action plan will increase the likelihood of its realization. Ask the participants to complete the following thought:

- *"Based on what I learned today, I will \_\_\_\_\_."*

Ask for volunteers to say their answer out loud or to write it down and post it around the room.

## 13. Analyzing Stigma in Health Facilities Exercise (NON-CORE)

### Developed by:

3C. The TRIZ technique was developed from [www.liberatingstructures.com](http://www.liberatingstructures.com).

### Facilitators' Notes

In this exercise, the participants are asked to imagine the worst possible scenario of a health facility that stigmatizes an adolescent client in every way possible. They then reflect on whether any of these things are happening in their own facility. The point of this exercise is that, once we have identified what is happening, we can start to plan how to change it.

### Objectives

By the end of this session, participants will be able to:

- To explore the ways in which poor health services can create an environment that fuels stigma
- To explore ideas for advocating for change

### Time

45 minutes

### Materials

- Flipcharts (enough for each group to have at least one piece of flipchart paper)
- Markers or crayons
- Stigma in Health Facilities Handout

### Preparation

- Arrange seats in small groups.
- Give flipcharts and markers (crayons if possible) to each group.
- Prepare a group splitter.

### Steps

1. **Introduce** the exercise: *"This exercise helps us to think about what needs to be changed or let go of if we are really going to tackle stigma against adolescents in health facilities."*
2. **Divide** the participants into groups: Give each group a flipchart and markers/crayons. Ask the participants to discuss the following in their groups: *"For an adolescent, what would the most stigmatizing health facility in the world look like?"*

Have groups use their flipcharts to capture the discussion. Encourage them to be creative, have fun, and exaggerate ideas. They can write words randomly or draw pictures to capture their ideas.

3. **Report back:** Ask groups to post their flipcharts and to look at each group's. If you think they need to present or explain, allow a few minutes for them to do that. Otherwise, the participants can ask questions to clarify what they see.
4. **Consider, "Are we doing any of that?" (1-2-4-all sharing method):** Use the 1-2-4-all sharing method, described below, to identify whether there are practices that currently exist that are perpetuating adolescent-related stigma and discrimination. Have the participants reflect on the following question: *"Are there things that we, as health workers, or that organizations are doing that are contributing to the stigma?"*

Ask the participants to start by thinking alone (1) and then pair up and share ideas (2). Next, ask a pair to team up with another pair to make a group of four (4) and shares ideas. Finally, invite the participants to come to the large group (all) and ask each group of four to share their key ideas with the large group. This exercise works well when time limits are provided, so keep the available time in mind to help the participants stay focused.

5. **Ask** the participants to discuss the following with a partner close to them: *"What are the things that health workers can do to reduce the stigma? What are we already doing well? What are some first steps that we, as individuals, can plan to start changing these practices? What about collectively?"*

Take a point from each pair and ask the participants to make a note of any actions they think they can put into practice when they return to their health facility. If appropriate, record some of the actions on the Code of Practice/Action Plan flipchart.

6. **Summarize** using these takeaway points:
  - Imagining the worst scenario can help us identify the things that need to change in the current scenario.
  - Envisaging health services provided in an environment that is friendly and welcoming to both adolescent clients and staff does not have to be unrealistic or idealistic. It is something we can strive for as health workers and creating such an environment would improve the whole service for youth and adolescents, in addition to staff morale and working conditions.
  - Distribute the Stigma in Health Facilities Handout to all participants as a take-home reminder of the session and a quick reference sheet for the future.



#### **Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.



## HANDOUT: Stigma in Health Facilities

### What Is Stigma?

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Stigma occurs when a difference is identified or assumed in a person or group—for example, a physical difference (e.g., physical disfigurement) or a behavioral difference (e.g., sexually active adolescents)—and then that difference is marked as something negative, such as a sign of disgrace.

Stigma is the process that we engage in that transforms our beliefs and attitudes into acts of discrimination. The action resulting from stigma is discrimination or unfair treatment (e.g., pregnant adolescents being treated rudely in health facilities). When we stigmatize adolescents who are seeking health services, we judge them, saying they have broken social norms and should be shamed or condemned, or we isolate them, saying they are a bad example or threat (because of belief that they are bad or spoiled and will influence other adolescents).

Sometimes, as health workers, we automatically make judgments about people without realizing how this will affect them or how it affects the health services we deliver and they receive.

### How Do We Stigmatize?

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The main forms of stigma include:

- Shaming and blaming: gossip, name-calling, insulting, judging, shaming. People are blamed and shamed for assumed bad behavior or for breaking social norms.
- Discrimination: unfair treatment, such as refusing to provide contraception to adolescents, ignoring adolescents' decisions about their health, poor provision of services, refusal to provide certain services or prescribe effective pharmacological treatments.
- Internalized (self)-stigma: a reaction to stigmatization by society. People who are stigmatized sometimes internalize the stigma and feelings of being devalued and feel disgrace, shame, and shyness. They accept the blame of society and withdraw from social contact or do not access health services out of fear of being judged, having their confidentiality broken, being embarrassed, or experiencing violence.
- Stigma by association (secondary stigma): families and friends of adolescents with specific health needs can be stigmatized by others in the community. Some health workers are even stigmatized for providing sensitive care to adolescents, such as sexual and reproductive health care, because of beliefs that they are promoting promiscuity among youth.
- Isolation and rejection: based on ignorance and fear of adolescents with specific health needs being bad or spoiled and influencing other adolescents.
- Intersectional (layered stigma): when a person or group is stigmatized for more than one reason. For example, an adolescent girl who is seeking sexual health information and is exchanging sex for money or goods may be stigmatized for being a sex worker and for being sexually active. Adolescents who are a part of key populations (e.g., sex workers, men who have sex with men, transgender people, people with substance use disorders, migrants) are already stigmatized. When they seek sensitive health services, they can be doubly stigmatized.

## **Common Forms of Stigma in Health Facilities**

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- Stigma may occur as unfriendly looks, gossip, name-calling, or blaming clients for immoral behavior.
- Adolescent clients experience excessive questioning, scolding, and requirements to bring parents or sexual partners to receive services.
- Adolescent clients lack access to youth-friendly services, and their opinions are not respected.
- Some health workers refuse to treat adolescent clients or refer them to other staff.
- Consultations are poorly done, with very little youth-friendly information provided or proper explanations given.
- Adolescent clients are provided with fewer contraception options and information than adult clients.
- Confidentiality is broken, and adolescent clients' private health information is discussed with other health staff and clients without the consent of the client.
- Information is given in a rushed way, and clients are not allowed to ask questions.

## **Causes of Stigma**

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The three main causes or drivers of stigma toward adolescents are:

- Moral judgments: We make judgments about others based on what we have been taught, have heard, or believe without trying to understand and find out more about someone.
- Lack of awareness that we are stigmatizing: Some health workers may not be aware that their attitudes, words, and actions are stigmatizing toward other people and of the resulting negative consequences.
- Beliefs and institutionalized practices and procedures: We have beliefs about what adolescents should and should not do and make judgments and decisions based on those beliefs. A lack of knowledge and misconceptions about legal and policy matters related to adolescent health can make us hesitant to provide health services to adolescents.

## **What Can We Do To Change Stigma?**

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The starting point to changing stigma is to change ourselves and the way we think and act toward others who are different from us, including members of key populations and adolescents.

After we start to change ourselves, we can start to educate others. It takes courage to stand up and challenge others when they are stigmatizing, but this is one of the most effective ways to stop stigma. Breaking the silence and getting people talking openly are the first big steps. Identifying stigma as a problem that is viewed as unacceptable in our health facilities is the next step.

There are aspects of stigma and discrimination that health workers can change on their own; others, particularly around the root causes and institutional policies and practices, will take health workers working with each other and the facility administration to change.

## **Make Our Health Facilities Stigma Free**

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- Provide a friendly and welcoming environment, including friendly faces, body language, and voices.
- Avoid stigmatizing or coded language about adolescents.
- Understand what adolescents' health needs are and engage in youth-friendly services.
- Ensure confidentiality.
- Speak up and challenge health workers who are stigmatizing in a polite but firm way.
- Train health workers on patients' rights and the laws and policies surrounding adolescent health.
- Enforce confidentiality and non-discrimination.

## 14. How Stigma Impacts Human Rights (NON-CORE)

### Adapted from:

Kidd, R., Clay, S., Stockton, M., & Nyblade, L. (2015). *Facilitator's training guide for a stigma-free health facility*. Futures Group, Health Policy Project.

### Facilitators' Notes

This exercise looks at how stigma can affect the rights of adolescents and what might be done to address these human rights violations.

The exercise uses an initial brainstorm and case study discussions to help the participants understand how rights can be violated and then to explore some possible realistic solutions. The case studies cover several scenarios in which the human rights of adolescents are contravened because of different types of stigma (e.g., stigma around sexual activity before marriage, stigma for being unwed and pregnant, stigma toward mental health issues). In the report back, if the participants themselves do not raise it, ask why they think human rights were contravened in each scenario and why the adolescent was being stigmatized.

Some health facilities maintain a Patient's Charter, which is a document that protects the rights of the patient. A copy of *The Patient's Charter* from Nyaho Medical Centre in Ghana can be found in Appendix 2 for reference. This example charter may be useful to share or discuss during this session, as it ensures that service personnel as well as patients/clients and their families understand their rights and responsibilities.

### Objectives

By the end of this session, the participants will have:

- Recognized that adolescents have rights
- Identified different rights that could be violated because of stigma and discrimination
- Developed realistic strategies for protecting the rights of adolescents.

### Time

1 hour

### Materials

- Photocopies of the case studies
- Flipcharts and markers

### Preparation

- Arrange seats in small groups.

## Steps

1. **Introduce** the session as a discussion of how human rights relate to adolescent health care.
2. **Ask** the participants to split into pairs. **Ask:**
  - *“What are human rights?”*
  - *“Can you think of some examples of human rights that link to health care?”*
  - *“What about human rights that are particularly important for adolescents?”*
3. **Report back:** Take an answer from each pair and record it on a flipchart. Some sample responses are below:
  - *“What are human rights?”*
    - Fundamental things that every person must have because they are human
    - To be treated fairly by everyone, regardless of who they are and what they do, regardless of gender, age, occupation, sexual orientation, etc.
    - Practices that protect human beings against ill treatment or violence
  - *“Can you think of some examples of human rights that link to health care?”*
    - Right to health care
    - Right to privacy
    - Right to make decisions
    - Right to protection (from abuse or exploitation)
    - Right to development
    - Right to information
  - *“What about human rights that are particularly important for adolescents?”*
    - Adolescents have the same human rights as adults. In some cases, children and adolescents are provided more rights because they are not always able to speak up for or defend themselves.
    - Because adolescence itself can be a source of discrimination, it is important to recognize human rights violations and respond appropriately.
    - Many adolescents are members of one or more marginalized groups, such as people living with HIV, LGBTQ+ people, young girls, people with disabilities, and people with mental illness.
    - Providers play a role in protecting the adolescents’ right to confidentiality and decision-making. In Ghana, adolescents 16 and older do not need parental or guardian consent for anything except surgery. For adolescents under 16, health care workers need to ask the child for consent before notifying their parents.
4. **Discuss the case studies:** Divide the participants into small groups and give each group a case study (see handout below). Ask for one volunteer in the group to read the case study aloud to the group and then instruct the groups to discuss the questions listed in the case study.
5. **Report back (1-2-4-all):**

- Ask the participants to spend a few minutes alone, reflecting on what they have discussed as a group about rights and stigma with respect to their case study. Why are the adolescents in the case studies being stigmatized, and how is that leading to a human rights violation?
  - Now, ask them to pair with someone from a different group (i.e., a group that reviewed a different case study) and share some key points from their discussion.
  - Ask pairs to join with another pair and agree on two key learning points that they want to share with the whole group.
  - Listen and record points from each group of four.
  - Ask for one or two participants to share a personal example of how they have seen the protection or abuse of adolescent human rights in their facility.
6. **Summarize**, using points raised by the participants and adding from those below, if they are not mentioned:
- Adolescents have human rights like anyone else and should be able to access those rights, but their rights are often abused because of stigma and fear.
  - Raising awareness among health workers about adolescents' rights can help to protect adolescent clients' rights and ensure that they have access to health care.
  - Developing a code of conduct to reduce stigma and make facilities more welcoming is one way of protecting human rights.
  - We need to ensure that adolescents are involved in making decisions about their lives.
7. **Engage** in large group reflection: Using the summary points, refer to the Code of Practice/Action Plan flipchart. Record some responses to the following questions:
- *“As a health worker, what are some steps or strategies that I can use to improve the realization of human rights for adolescents?”*
  - *“As a facility, what are some steps or strategies that can be taken to improve the realization of human rights for adolescents?”*



**Reminder: Code of Practice/Action Plan**

- Encourage the participants to add issues that they feel are important to address to the “Code of Practice/Action Plan” flipchart.
- Share the issues captured on the “Code of Practice/Action Plan” flipchart with the group.



## HANDOUT: Human Rights Case Studies

### Case Study A

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Susan is 18 years old and living with HIV. She went to the clinic where she receives antiretroviral therapy (ART) to inquire about family planning. The provider scolded her and refused to give her contraception because of her age and HIV status. Susan felt ashamed and did not return to the clinic for ART.

#### Discussion

- Which rights have been violated?
- How well do you think Susan is able to stand up for her rights in this situation? What could you do if you were Susan?
- As a health worker, what do you think should be done to protect Susan's rights?

### Case Study B

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Asha is 16 years old, unmarried, and visibly pregnant. She has been noticing a rash and vaginal discharge and goes to the health facility for treatment. The receptionist looks pointedly at her belly, then clucks her tongue disapprovingly and tells her to go sit down and wait. Asha waits patiently but notices that many patients who arrived after her are being called back to see the nurse. After waiting for several hours, Asha is the only client still waiting and is finally called back to see the nurse. The nurse begins by looking pointedly at her belly, shaking her head, and asking, "How did you get yourself into this situation? I know your family, and I'm sure they taught you better than this." When Asha tells the nurse about the rash and discharge, the nurse tells her she has a sexually transmitted infection and scolds her further, saying, "Well, it's no wonder, with the way you have been behaving. What did you expect?"

#### Discussion

- Which rights have been violated?
- Do you think that Asha is able to stand up for her rights in this situation? What could Asha do differently?
- As a health worker, what do you think should be done to protect Asha's rights?

### Case Study C

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Barbara is a receptionist at the local community health facility and has traditional views about the roles of young people. When healthy adolescents come to the facility, she knows that they are coming for family planning or sexually transmitted infection testing. She gives them dirty looks, does not address them politely, and often lets other clients go ahead of them. When adolescents come to the facility, she yells at them that they are disrespectful and immoral and points them to the box of free condoms on a nearby table. These clients don't say anything, and sometimes, they don't come back. The hospital manager has noticed that clients do not respond well to Barbara and that many of them leave before being seen.

## Discussion

- Which rights have been violated?
- Do you think that the adolescent clients are able to stand up for their rights in this situation? What could you do if you were one of the clients?
- What do you think should be done to protect these clients' rights?

## Case Study D

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Prince is a 15-year-old student who presents at the local health facility after a motorbike accident. He is fortunately not severely injured, but during the intake assessment, he reports feelings described as mood swings and irritability. The provider shakes her head and tells Prince he is lucky to be young and healthy and to stop complaining about made-up problems. Prince attempts to clarify for the provider that he agrees he is healthy but notices differences between his feelings/moods and those of his classmates. He asks for more information about what causes these feelings, but the provider dismisses Prince and discharges him with pain relievers for the accident injuries.

## Discussion

- Which rights have been violated?
- Do you think that Prince is able to stand up for his rights in this situation? What could Prince do differently?
- As a health worker, what do you think should be done to protect Prince's rights?

## Case Study E

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Abena is 16 years old and has been having constant, severe headaches ever since she turned 13. Because of this, she often frowns and is unhappy. Her parents attribute this behavior to Abena having a disrespectful attitude. Abena decides to go to the hospital to seek help for her headaches, but the nurse, who is her aunt, reprimands her and tells her to go home and be more respectful to her parents. Another nurse at the hospital notices this interaction but does not want to get involved in family matters. One day, Abena collapses. She's rushed to the hospital and is diagnosed with severe hypertension.

## Discussion

- Which human rights were violated?
- Was Abena able to stand up for her rights in this situation? What could she have done differently?
- If you were the other nurse, what could you have done to protect Abena's rights?

## 15. Client Flow Mapping (NON-CORE)

### Adapted from:

Kidd, R., Prasad, N., Jyothsna, Tajuddin, M., Ginni, R., & Duvvury, N. (2018). *Reducing HIV stigma and gender based violence: Toolkit for health care providers in India*. ICRW, BPWT, Levi Strauss Foundation.

### Facilitators' Notes

This module allows the participants to visualize how the physical space in their facility, as well as the interactions adolescents have at each step in their journey within the health facility, can facilitate client care or perpetuate stigma. The group will discuss spaces or interactions that facilitate flow and care for adolescents, as well as the stigma-specific barriers to care caused by the physical layout of the facility or interactions with staff or other clients. Because of time limitations, this module cannot involve an actual walkthrough of the facility but instead will use a collective drawing of a rough map of the facility to include all the different spaces and departments an adolescent might visit to facilitate visualizing and discussing the journeys several different adolescents might take on their way to seek health services. This provides a non-threatening way for health staff to learn how patients perceive practices at the facility and which practices are potentially stigmatizing.

Be sure to incorporate the flipchart notes into the Code of Practice/Action Plan flipchart. These will be revisited at the end of the training, when the participants are working on action planning.

### Objective

By the end of this session, the participants will be able to:

- Recognize how the layout of their health facility may reduce or create opportunities for stigma
- Identify the potential forms of stigma that may occur in the different parts of the facility that adolescents may need to pass through or visit
- Discuss reasons for why stigma may occur in a particular space in the facility and whether this is due to the physical space/layout and/or the personal interactions with health facility staff or other clients present in that particular space within the health facility.

### Time

1 hour

### Materials

- Two flipcharts, side by side: one flipchart to draw the facility map on and another to write discussion points relating to each place on the map
- Markers

- A list of all possible adolescent health needs (use the list of answers to the question: *What are the health issues that adolescents face in Ghana?* from the first exercise, Adolescent Health Overview and Challenges)
- Scenarios in which different adolescents seek help for a health issue (provided at the end of the session)

## Steps:

1. **Introduce** the participants to the session. Explain that the purpose of this activity is to put ourselves in the shoes of adolescent patients. Say, *“Let’s imagine ourselves as an adolescent who arrives at the health facility and consider the experience of navigating the grounds in order to find a health worker that can help us.”*

**Explain** that the group will work together to draw a rough map of the health facility and identify all the various places and departments that adolescents may need to visit. Say, *“Let’s think broadly about the full range of health issues that adolescents may have as we draw our map.”* As you speak, refer the participants to the health issues discussed in the very first exercise, which should be posted on the wall.

2. **Begin** drawing the facility map by asking the group, *“Where would an adolescent have to pass first on their journey in the health facility?”* Probe to ensure that each possible point is mentioned. For example, you may need to ask about whether the health facility has a gate with guards who may interact with clients or ask, *“What if they are not registered for the national health insurance scheme?”*
3. **Ask** the group to help you draw on the map all the possible places that were mentioned. Keep probing until the group is satisfied that the map includes all relevant spaces and departments.
  - **Note:** The map does not have to be pretty or exact. The idea is to put the spaces and departments an adolescent might enter on a single map for the next step.
  - **Note:** Be sure to ensure that the registration, outpatient department, lab, radiology, pharmacy, and Adolescent Corner (if there is one in that facility) are mentioned, in addition to all the specific departments an adolescent might go to (e.g., antenatal care, sexually transmitted infection, nutrition, fevers, male ward, female ward, mental health).
4. **Introduce** the adolescent journey through role-playing.

**Explain** that as a group, we will use provided scenarios to role-play a facility visit in the shoes of a particular adolescent character. Explain that the participants, acting as that particular adolescent, will make a journey through the health facility to seek the care we need for our health issue. We will identify what helps them access services and where stigma might occur and be a barrier to services.

**Read** Scenario 1 (provided below). Ask for a volunteer to be Emma, the adolescent, and come to the front of the room. Now, ask the volunteer and all participants to imagine themselves as Emma.

Emma has arrived at the health facility. Ask the volunteer:

- *“You have arrived at the facility. Where does your journey as Emma begin? What do you see?”* (e.g. the gate, if there is one; guards)

- *“Who do you interact with there? (Are they male or female?)”*
- *“What is your interaction like?” (e.g., “What might be the tone of the interaction—both verbal and body language? What instructions or guidance is given?”)*
- *“Is it helpful? (What happens that is supportive/helpful to Emma?)”*
- *“Was there anything that made you uncomfortable? If yes, what? Anything that felt stigmatizing?”*
- Ask the group if they agree with what the volunteer has described or if they think there is another interaction that could possibly happen there.

Then ask the group, *“Where does she go next? How does she know to get there?”* (Remind the participants that she is by herself and has never been to the health facility before.) Probe the participants to address each place that Emma has to visit in the health facility to receive care. Ask the participants to discuss how stigma is present and which elements may contribute to stigma, such as body language or words used by health staff or a lack of confidentiality.

As one facilitator leads the journey through the facility, a second facilitator should record on flipchart paper the name of each location and details of how the adolescent found the space and the interactions they had in that space.

Repeat the same process for Scenarios 2 and 3. Read the scenario and then begin the journey as the adolescent through the health facility, repeating all the steps above.

5. **Debrief/Summarize:** Review the map and the flipcharts for each of the scenarios and ask:

- *“Where is stigma happening in the health facility? Does it happen for all adolescents or only for some? Why?”*
- *“What forms is the stigma taking?”*
- *“What is causing it? Is it due to the physical space or due to personal interactions? Or for some other reason?”*
- *“What are the supportive actions or spaces for adolescents that we identified during the journey through this facility? Are there other supportive actions that happen or should happen?”*



### Scenarios:

- **Scenario 1:** A 16-year-old girl, let's call her Emma, who has just started menstruating is worried she can get pregnant. She has come after school by herself to the facility because she is afraid to ask her mother or the school nurse about this, and she has heard other girls talking about getting information at the health facility. She has never been to the facility before. She does not have a National Health Insurance (NHI) card.
- **Scenario 2:** An 18-year-old boy, let's call him Richard, is worried because he has been experiencing bloody discharge from his penis. He comes by himself to the facility. He has never been to the facility before. He does not have an NHI card.
- **Scenario 3:** An 18-year-old girl has been vomiting off and on for the last few days and has had headaches. She comes by herself to the facility. She has been to the health facility before with her mother, and she has an NHI card. Her mother cannot take off work to bring her.



### Reminder: Code of Practice/Action Plan

- Encourage the participants to add issues that they feel are important to address to the "Code of Practice/Action Plan" flipchart.
- Share the issues captured on the "Code of Practice/Action Plan" flipchart with the group.

## 16. Closing Session (CORE)

### Facilitators' Notes

A successful closing session allows the participants to process learning and reflection from the training session, particularly after multiple days of content. Facilitators should feel that they can use their discretion when transitioning from the previous session to the closing session. Because action planning is a good method to wrap up discussions and learnings, the session may begin to organically wrap up. Tailor this session to allow for any final discussion needed but do not feel it needs to continue for the allotted time if the closing has naturally progressed.

### Objectives

By the end of this session, the participants will be able to:

- Consider how they can apply their learning in their day to day roles and responsibilities
- Reflect on what information they still have questions about
- Develop individual small steps to address adolescent stigma and discrimination.

### Time

30 minutes

### Materials

- Blank flipchart and markers available, should any final thoughts need to be recorded

### Preparation

- Compile discussion points, questions from each session, the Code of Practice/Action Plan, and the expectations set in the opening session.

### Steps

1. **Acknowledge** that the participants have sat through multiple days of training content and that it is a lot of material to process! **Thank** the participants for their contributions to the discussions and for their insightful questions.
2. **Explain** to the participants that they have reached the closing session. They have accomplished a lot of concrete planning, and they should feel they have what they need to continue building on their learning.
3. **Ask** the participants to, in their own minds, reflect on one key message that resonated with them throughout the workshop. Ask them to think of one new thing they can do to make sure they do not forget this key message. It can be big or small. Ask for one or two volunteers to share.

4. **Refer** to the expectations set at the beginning of the training. **Ask** the participants if all their expectations were met or if there are remaining questions or discussions that did not happen.

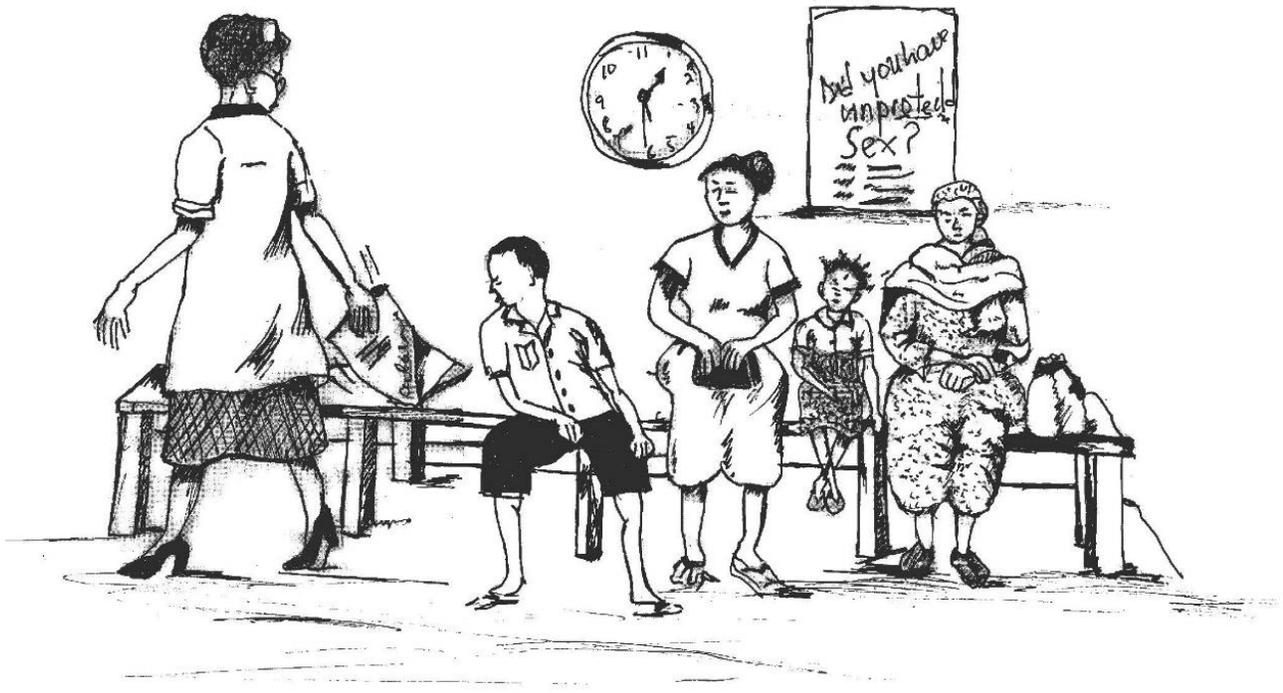
If there are expectations that have not been met, ask what additional information or reference is needed. Be prepared to provide the answer or another resource within the facility that they can call on after the training.

5. **Thank** the participants for their time dedicated to the training, acknowledging that this training required them to take time away from their jobs. Dismiss the participants with applause for each other.

## Appendix 1: Picture Tools



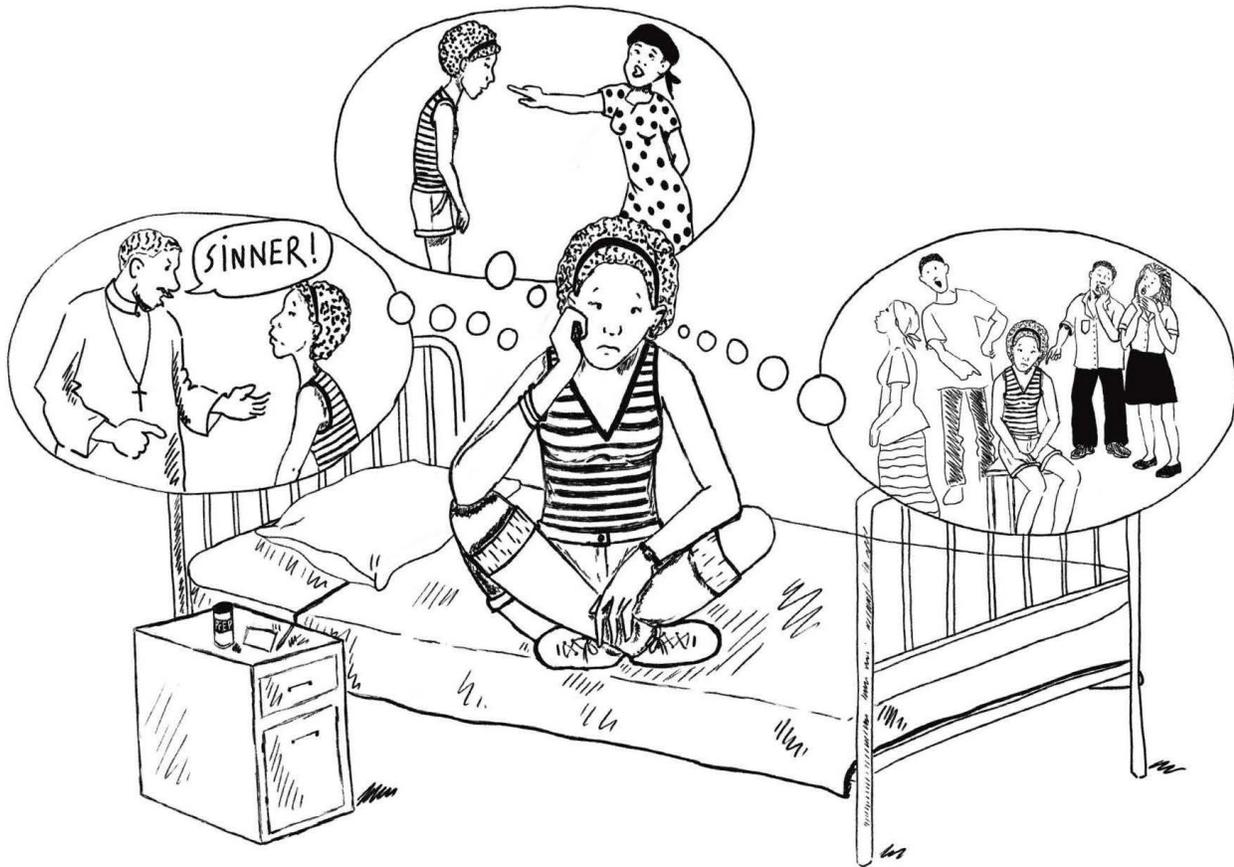
Source: Riëtte Cawthorn and the RTI team for the PrEPARE Pretoria Project



Source: Edwin Mankattah



Source: Riëtte Cawthorn and the RTI team for the PREPARE Pretoria Project



Source: Riëtte Cawthorn and the RTI team for the PrEPARE Pretoria Project



Source: Petra Rohr-Rouendaal



Source: Edwin Mankattah



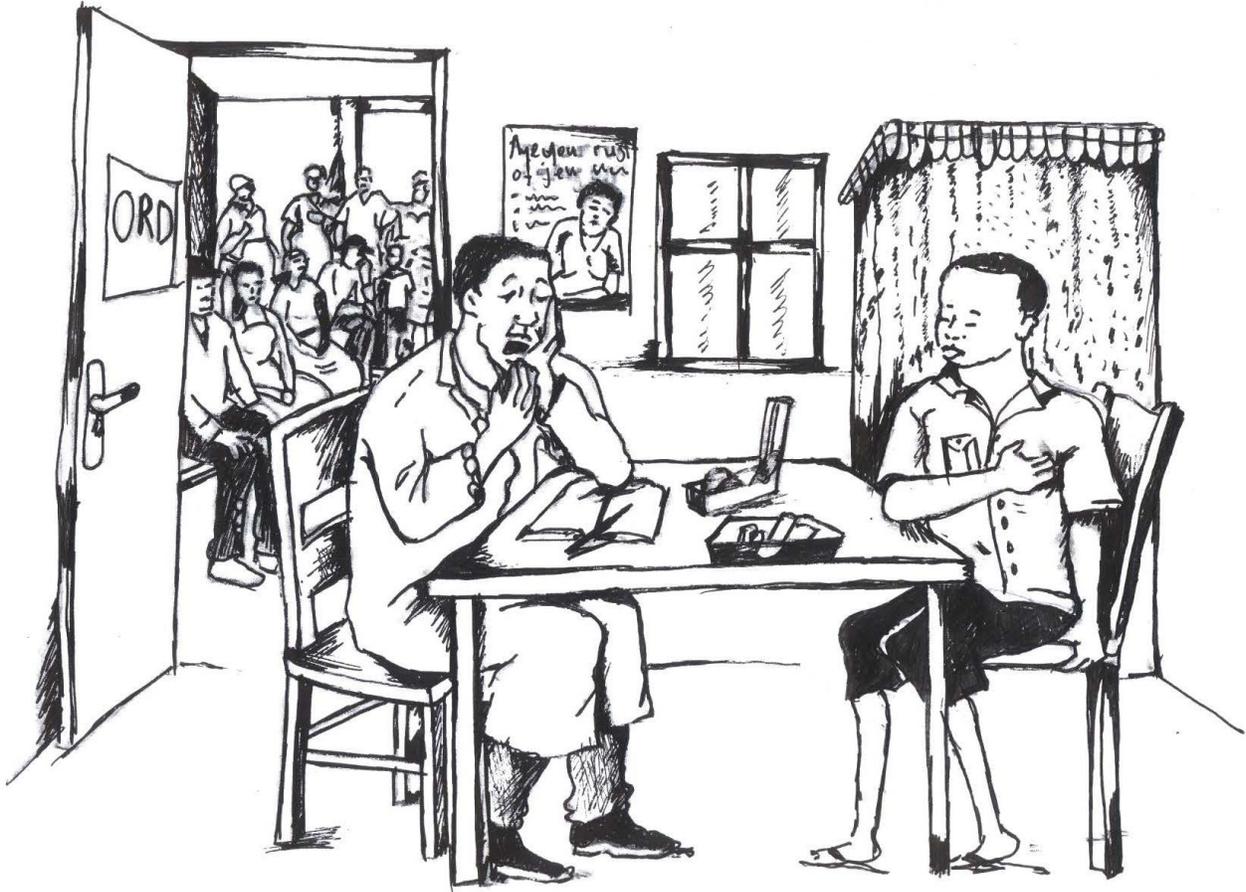
Source: Petra Rohr-Rouendaal



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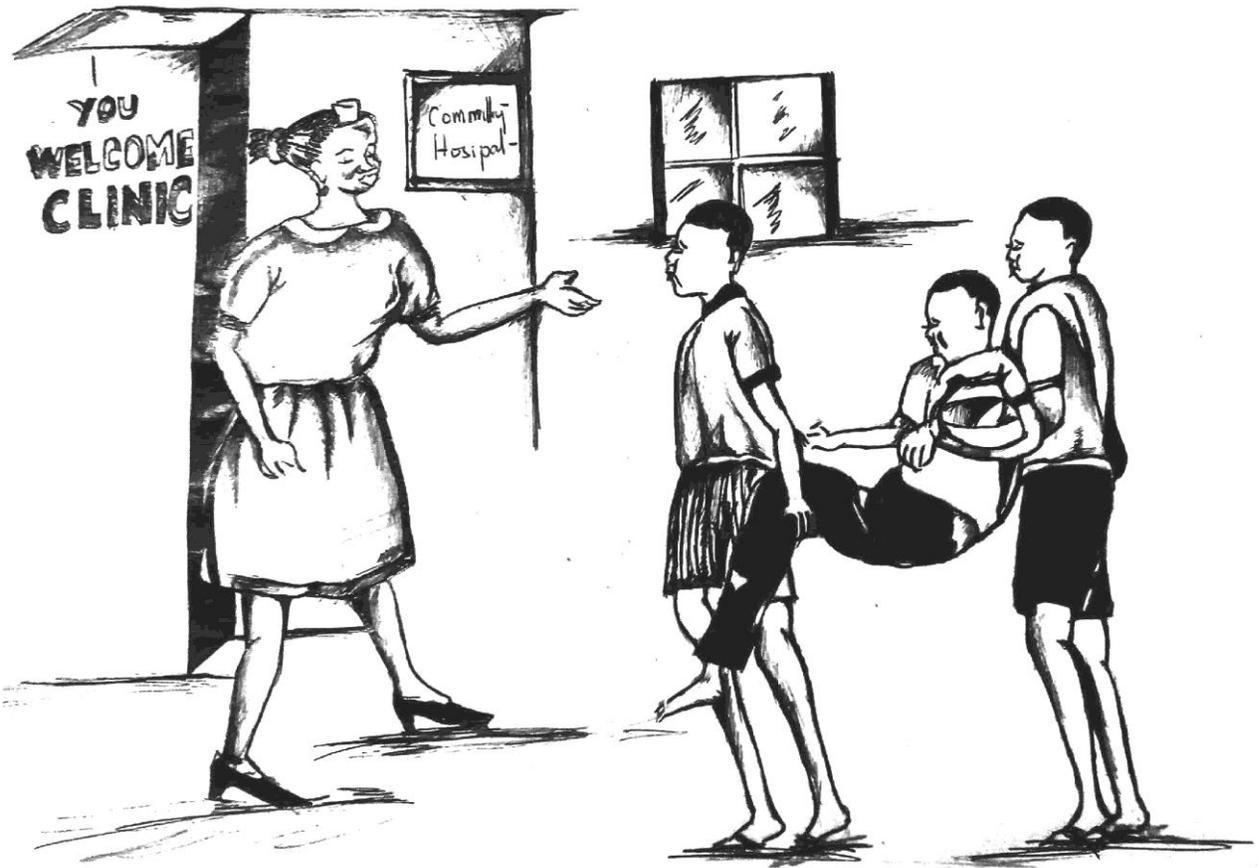
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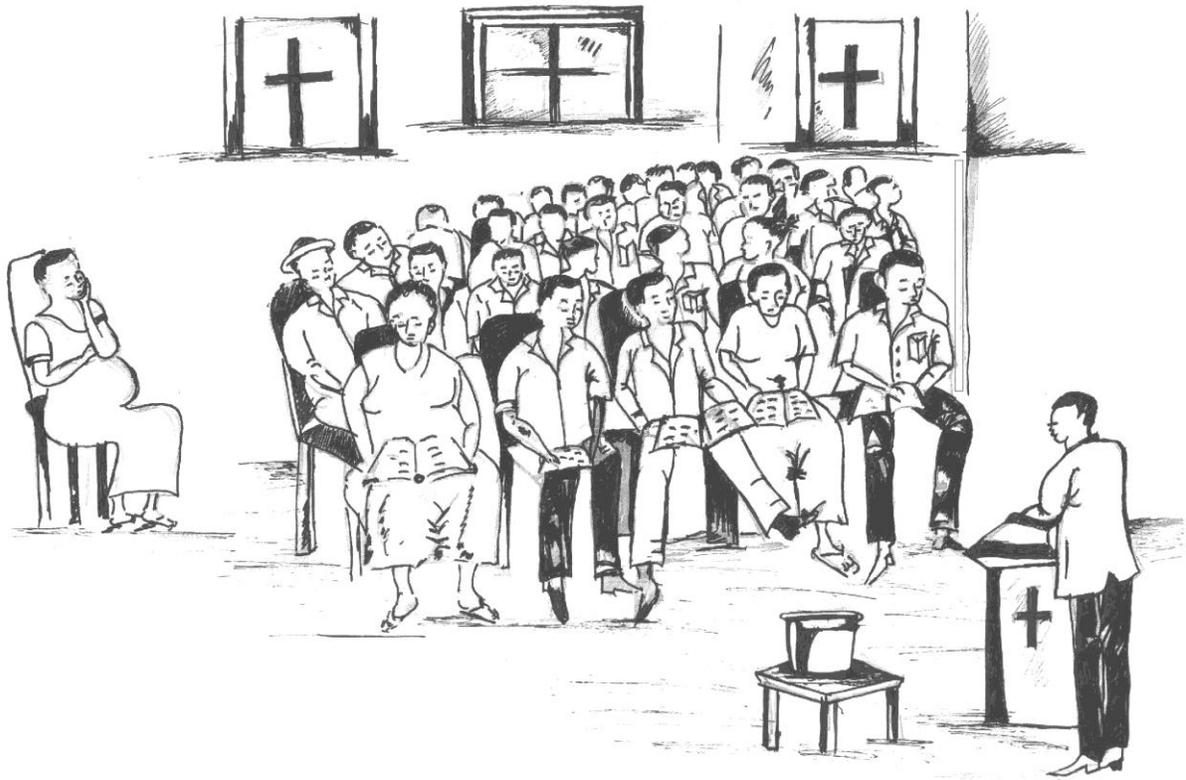
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## Appendix 2: The Patient's Charter

**Source:** Nyaho Medical Centre, Accra, Ghana. Found at: <https://www.nyahomedical.com/about/updates/the-patients-charter-ghana>

The Patient Charter addresses:

The Right of the individual to an easily accessible, equitable and comprehensive health care of the highest quality within the resources of the country.

Respect for the patient as an individual with a right of choice in the decision of his/her health care plans.

The Right to protection from discrimination based on culture, ethnicity, language, religion, gender, age and type of illness or disability.

The responsibility of the patient/client for personal and communal health through preventive, promotive and simple curative strategies.

These rights and responsibilities shall be exercised by accredited and recognized representatives on behalf of minors and patients who are unable for whatever reasons to make informed decisions by themselves; in all healthcare activities the patient's dignity and interest must be paramount.

### THE PATIENT'S RIGHTS

1. The patient has the right to quality basic health care irrespective of his/her geographical location.
2. The patient is entitled to full information on his/her condition and management and the possible risks involved except in emergency situations when the patient is unable to make a decision and the need for treatment is urgent.
3. The patient is entitled to know of alternative treatment(s) and other health care providers within the Service if these may contribute to improved outcomes.
4. The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees and ancillary workers.
5. The patient has the right to consent or decline to participate in a proposed research study involving him or her after a full explanation has been given. The patient may withdraw at any stage of the research project.
6. A patient who declines to participate in or withdraws from a research project is entitled to the most effective care available.
7. The patient has the right to privacy during consultation, examination and treatment. In cases where it is necessary to use the patient or his/her case notes for teaching and conferences, the consent of the patient must be sought.
8. The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is required by law or is in the public interest.
9. The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends.

10. Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives.
11. Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment.
12. Exemption facilities, if any, shall be made known to the patient.
13. The patient is entitled to personal safety and reasonable security of property within the confines of the Institution.
14. The patient has the right to a second medical opinion if he/she so desires.

## **THE PATIENT'S RESPONSIBILITIES**

The patient should understand that he/she is responsible for his/her own health and should therefore co-operate fully with healthcare providers. The patient is responsible for:

- Providing full and accurate medical history for his/her diagnosis, treatment, counseling and rehabilitation purposes.
- Requesting additional information and or clarification regarding his/her health or treatment, which may not have been well understood.
- Complying with prescribed treatment, reporting adverse effects and adhering, to follow up requests.
- Informing his/her healthcare providers of any anticipated problems in following prescribed treatment or advice.
- Obtaining all necessary information, which have a bearing on his/her management and treatment including all financial implications.
- Acquiring knowledge, on preventive, promotive and simple curative practices and where necessary to seeking early professional help.
- Maintaining safe and hygienic environment in order to promote good health.
- Respecting the rights of other patients/clients and Health Service personnel
- Protecting the property of the health facility.



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