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Support Family Planning

Social Mobilizer's Training Curriculum on Life Planning for Adolescent and Youth



June 2018



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Background

The Nigerian Reproductive Health Initiative (NURHI 2) is designed to increase contraceptive use in Kaduna, Lagos and Oyo States. It is an extension of the successful NURHI Project and will run from 2015 - 2020. This new phase of NURHI will build on successful strategies implemented over a six-year period by the first NURHI project in six Nigerian cities. Through a strategic combination of service delivery, communication, and advocacy inputs, the NURHI 2 project aims to increase demand for and supply of family planning, ultimately leading to long-term sustainability.

The Life Planning for Adolescents and Youth (LPAY) integrates a deliberate and innovative focus on adolescents and youth aged 15-24 years in its strategic approach responding to their needs and increase demand for Reproductive Health information and services among that segment of the population. This component will address current challenges facing young people's access to family planning, proactively considering the impact of interventions on young people and tailor them to have a deeper impact and wider spread among youth in Kaduna, Lagos and Oyo states.

NURHI 2 LPAY Demand Generation will use communication to increase adequate and accurate knowledge of contraceptive use, promote sexual responsibility and life planning among young people and trigger discussions about LPAY at both the household and community levels through an integrated communication strategy that employs a combination **social mobilization, media campaigns, and entertainment education.**

The NURHI 2 LPAY demand generation campaign will focus on four key audiences:

- 1. Unmarried 15 – 17-year-old girls/women (mostly in school)**
- 2. Unmarried 18 – 24-year-old girls/women (mostly out of school)**
- 3. Married and co-habiting 15 – 20-year-old girls/women**
- 4. 15 – 24-year-old boys/men (mostly unmarried)**

NURHI 2 Social Mobilizers come from different walks of life: Hairdressers, Barbers, Tailors, Traders, Youth Leaders, Religious Organizations, Community Volunteers; Ward Health Committees, Ward Development Committees, Teacher, Cobblers, Traditional Birth Attendants, Okada Riders, Keke (Tricycle) Napep riders, Mechanics, Housewives, Community Representatives or Women Leaders. NURHI 2 mobilizers are trained in the basics of family planning/ life planning, how to conduct social mobilization activities, and how to refer men and women for family planning services.

This training curriculum is to serve as a guide for training NURHI 2 social mobilizers on LPAY; ensuring its integration into routine social mobilization activities.



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Instructions for Use

This material has been developed for training NURHI 2 social mobilizers on LPAY.

- Participatory approaches should be used for training social mobilizers
 - Use more of role plays
 - Power point presentations should be highly visual; use pictures, infographs etc
 - Reinforce learnings with relevant class activities
 - Do not use a 'lecture' approach
 - Training durations recommended for the use of this curriculum is a 1-day for refresher training of old mobilizers
- The training team is expected to hold a planning meeting before the training sessions commence:
 - The team is to review the training curriculum during this meeting
 - The agenda for the training should be developed based on the curriculum
 - Individuals taking each section should be clearly identified on the agenda
 - Tea breaks and lunch times should be indicated in the agenda
 - Time should be included for energizers
- Ensure that all training materials are prepared before training commences
 - This includes providing writing materials for the mobilizers to take notes
 - Test all equipment such as projectors to ensure they are in good working condition
 - Print out the pretest and post-test questionnaires
- Ideal class size for the SM training is a maximum of 40 mobilizers (2 LGAs).
- Conducive venues/halls should be identified for the training.
 - The hall should be large enough to sit 20 more mobilizers than the number being trained
 - Chairs and table space should be available for all mobilizers being trained
- NURHI 2 Project materials should be on display in the hall



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Abbreviations and Acronyms

AYSRH	Adolescents and Youth Sexual and Reproductive Health
BCC	Behavior Change Communication
BMGF	Bill and Melinda Gates Foundation
CBS	Childbirth Spacing
CCP	Johns Hopkins Center for Communication Programs
CCSI	Centre for Communication and Social Impact
CE	Community Engagement
CPR	Contraceptive Prevalence Rate
DG	Demand Generation
FAQ	Frequently Asked Questions
FP	Family Planning
GIT	Get It Together
KLE	Key Life Event
LGAs	Local Government Areas
LPAY	Life Planning for Adolescents and Youth
NC	Neighbourhood Campaign
NURHI 2	Nigerian Reproductive Health Initiative
SBCC	Social and Behavior Change Communication
SM	Social Mobilizers
SMCs	Social Mobilization Consultants
SOW	Scope of Work
SPO ADG	Senior Program Officer, Advocacy and Demand Generation
TOR	Terms of Reference



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Time	Sessions/Topics	Materials needed	Summary Content	Remarks
10 minutes	Welcome		<ul style="list-style-type: none"> Facilitator should acknowledge the mobilizers' contribution to the project 	The NURHI State Senior Program Officer, Advocacy and Demand Generation (Or State team leader, if present) gives the welcome remarks.
30 minutes	Introductions		<ul style="list-style-type: none"> Everybody says their name, local government area, occupation, sing one line of your favorite song from childhood etc. 	<p>The Social Mobilization Consultant (SMC) facilitates the session on introductions.</p> <p>It is important that the training team sets this context and recognizes the contribution of the social mobilizers to successes being recorded in NURHI 2.</p>
20 minutes	Pretest	<ul style="list-style-type: none"> Pretest questionnaire (already typed up) 	<ul style="list-style-type: none"> Facilitator hands out the Pretest questionnaire Questions are: <ol style="list-style-type: none"> Complete this sentence "Get it Together _____" <i>(Local language versions can be used for this version)</i> What is Life Planning? Why is Life planning important? Who are adolescents and Youths? Only young people who are promiscuous use contraceptives T/F Young unmarried individuals should have access to FP services T/F 	<p>This session is facilitated by the Social Mobilization Consultant.</p> <p>The session is aimed at testing the Life Planning, Family Planning/Get it Together knowledge of the social mobilizers. This will form a baseline for comparison with the post-test that will hold at the end of the training; as such, mobilizers should write their names on the paper.</p>



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			8. Mention one young person in the radio drama Komai Nisan Jifa/Ireti-Eda/Se'rigbo? 9. What is a COMPLETED referral? 10. Name 4 social mobilization activities	
45 minutes	Introduction to NURHI 2 Life Planning for Adolescents and Youths	<ul style="list-style-type: none"> • Powerpoint • Flipchart • Marker 	<ul style="list-style-type: none"> • Facilitator opens the session by asking mobilizers “Who are adolescents and youth?” (Note responses on Flip chart) <ul style="list-style-type: none"> ○ Suggested responses: <ul style="list-style-type: none"> ▪ Adolescents are aged 10 to 19 years ▪ Youths are aged 20 to 24 • Facilitator explains: <ul style="list-style-type: none"> • There is a new Adolescent and Youth component in NURHI 2. This component will intentionally focus on young people aged 15-24 to increase demand for reproductive health knowledge and services in Kaduna, Lagos and Oyo states. • The Adolescent and Youth program will: <ul style="list-style-type: none"> ○ Help young people understand how their bodies work and equip them with information and skills to make informed decisions about their reproductive health. ○ Be integrated into what we are currently doing on NURHI 2. (It will NOT be stand-alone) 	<p>This session is facilitated by the NURHI State Senior Program Officer, Advocacy and Demand Generation, CCSI Program Officer, the Social Mobilization Consultant or the State Youth Program officer.</p> <p>This session highlights the importance of NURHI 2's Youth and Adolescent program</p>



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			<p>Facilitator should ask mobilizers “Why is it important to engage with young people on reproductive health issues?”</p> <p>(Note responses on Flip chart)</p> <p>Facilitator explains the following:</p> <ul style="list-style-type: none"> • This period of transition from childhood to adulthood requires special attention and protection. Significant changes and milestones are recorded during this period and the struggles for self-identification and recognition are sometimes drastic. • Adolescents and Young people go through different maturity stages and this could affect their emotional, physical and mental abilities. • It is during this period also that their knowledge and rights to health, productivity and life are developed. It is therefore important that for these rights to be fulfilled, focused investments and opportunities are created for these group of persons by families, government and stakeholders. <p>Why Life Planning?</p> <ul style="list-style-type: none"> • Life Planning helps young people make responsible life choices and healthy decisions about their reproductive health with complete and correct information. 	



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			<ul style="list-style-type: none"> • Young people are also armed with skills to help them achieve a healthy attitude, good decision making, communication and reach their desired future. 	
	Audience groups for NURHI 2 LPAY	<ul style="list-style-type: none"> • Flipchart • Marker 	<p>Facilitator explains the following:</p> <ul style="list-style-type: none"> • The Young people group falls into the following category: • Unmarried Adolescents and Youth • Married Adolescents and Youth who are: <ul style="list-style-type: none"> ○ 15 to 17-year olds ○ 18 to 24-year olds • The 15 to 17-year-olds are still considered as minors, who are still under parental care, and require parental consent. In cases where they may be married, they are considered to be under their husband's care. • The National RH policy support adolescents below 18 years to access appropriate FP counselling, they however require parental/ spousal consent to access FP services. <p>Unmarried Adolescents and Youth</p> <ul style="list-style-type: none"> • Studies have shown that there is a proportion of this group willing to abstain. For the abstaining AY, it is necessary to re-enforce their information base and relevant 	



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			<p>skills to continue to abstain until they decide to become sexually active based on informed decision, recognizing their ability to take responsibility for their actions. For the sexually active AY on the other hand, they need information and relevant skills that will enable them to either chose to engage in secondary abstinence or adopt safer sexual behaviors including adopting FP services.</p> <p>Married Adolescents and Youth</p> <ul style="list-style-type: none"> • This group is sexually active, living with partners and/or other significant family members who may influence the kind of information accessible to them as well as their fertility-based decisions. They also are exposed to their peers who may be married or unmarried. Therefore, they may also need information and skills to guide them into making informed Life Planning and fertility decisions. <ul style="list-style-type: none"> ○ This group may have some needs and challenges based on their locations 	
45 minutes	Social Mobilization events and activities in NURHI 2 <ul style="list-style-type: none"> • Community Engagements • Neighbourhood campaigns 	<ul style="list-style-type: none"> • Pictures • Video (if available) • Flipchart • Marker 	<p><i>Facilitator should call on the SMs to mention and describe the social mobilization activities they engage in.</i></p> <p>Key Social Mobilization Activities for NURHI 2 are:</p>	This session is facilitated by the Social Mobilization Consultant, CCSI Program Officer or the NURHI State Senior Program Officer, Advocacy and Demand Generation.



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	<ul style="list-style-type: none"> • FP Talk at association meetings • Key life events 		<ul style="list-style-type: none"> • Neighborhood campaigns: Social mobilizers play an active role, they move from door to door talking to people about the benefits of FP and refer them for service using the Go Cards. • Community engagements: Community members are brought to a central location. The NURHI team including social mobilizers and FP service providers are present to talk about the different FP methods and its benefits. The FP service provider facilitates the session on the different methods and addresses questions asked by the people present. • Key life events: The SMC and mobilizers attend key life event celebrations such as naming, wedding and graduation ceremonies to educate celebrants and their guests on the benefits of modern FP/CBS methods and refer clients to access services using the GO cards. • FP Talk at association meetings. The SMC and mobilizers attend meetings of different artisan associations to talk about the benefits of modern FP/CBS methods and refer clients to access FP services using the GO cards. <p>Mobilizers also provide support to the service delivery outreaches at facilities within their</p>	<p>The social mobilizers will use Neighborhood campaigns, community engagements and key life events to trigger life planning conversations both at the household and community levels.</p> <p><i>At the end of the session, the facilitator should explain to the mobilizers that their support on LPAY is very crucial. As such, they need to start reaching young people in the ways they have discussed.</i></p> <p><i>Given the peculiarities of young people, LPAY mobilizers (who are people within the age group of 15 and 24) will also be coming onboard in a few months' time, but the social mobilizers will be needed to 'hold their hands' as they learn the ropes.</i></p>



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			<p>LGAs. Selected mobilizers refer interested community members to access FP services at the facility during these outreaches (The activities have been described above).</p> <p><i>Facilitator should split mobilizers into groups of 10. Mobilizers should brainstorm on how and where they can reach young people effectively through the activities they currently engage in Sustainability is core to NURHI 2 activities and the mobilizers should be guided to keep this in mind.</i></p> <p><i>Each group should present back their approaches to plenary.</i></p> <p>Each group should present a role play of how they would engage young people during a neighborhood campaign, community engagement, association meeting and a Key Life event (Graduation).</p>	
90 minutes	Myths and Misconception, Undesired effects and Frequently Asked Questions on FP	<ul style="list-style-type: none"> • Copies of the FAQs in English and Hausa • Samples of questions from the field • List of compiled questions • Flip chart for putting up questions • Markers 	<p>Facilitator should explain:</p> <ul style="list-style-type: none"> • FP use has been shrouded in a lot of rumors/myths and misconceptions; especially amongst young people. However, the users and potential users need correct and adequate information so they can be confident enough to go and adopt FP • It is important to reiterate that there are trained service providers who will provide correct information, address their health concerns and give adequate counseling about side effects. 	<p>This session is facilitated by the NURHI Service delivery officer or the NURHI QI officer.</p> <ul style="list-style-type: none"> • Myths and misconceptions/ fear of side effects still continues to be an issue that needs to be addressed. • Reiterate that it is important to provide



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			<ul style="list-style-type: none"> • Explain that there is a difference between undesired effects and myths and misconceptions. <ul style="list-style-type: none"> ○ Undesired effects include headaches, changes in menstrual patterns, breast tenderness etc. and clients that experience these should return to their FP provider if the undesired effects bother them. ○ Myths and misconceptions are false information about FP use <p>Facilitator should ask mobilizers to write down questions they themselves or people like them have about FP use among young people. They should provide these comments starting with the sentence... Is it true that..... in Young people?</p> <p>Facilitator should note all the concerns on a flipchart and address them.</p> <ul style="list-style-type: none"> • Facilitator should remind the mobilizers that the FAQ booklet can be used to address many concerns about FP use. • One popular myth that does not appear in the FAQ is the association of FP use with promiscuity. Mobilizers should be reminded that: Modern FP methods have nothing to do with promiscuity; promiscuity existed long before the introduction of modern family 	<p>correct FP information and to direct potential clients to health facilities where trained service providers will attend to all their concerns</p> <ul style="list-style-type: none"> • Facilitator needs to note any concern or myth they mention that the FAQ does not currently address? • Mobilizers can role play how they will answer some of these questions on the field. • At the end, each participant should mention one thing learnt that he or she found surprising. All these should be compiled and form part of the report of the training



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			<p>planning. A man or a woman who is promiscuous, will be, regardless of whether they use FP or not. Sexual responsibility is a personal decision.</p> <p>Facilitator should also note the following FP related concerns amongst young people:</p> <ul style="list-style-type: none"> • Modern FP methods are safe and will not harm a young person's health or ability to have children in future. <ul style="list-style-type: none"> ○ Modern FP methods are not dangerous to a young person's health ○ Modern FP methods will not cause health problems for a young person's in the future. ○ Modern FP methods will not affect a young person's future fertility. ○ Modern FP will not make a young person's infertile. • Myths and misconceptions often arise because people do not have correct facts about modern FP methods. <p><i>Facilitator should remember that we want all participants to have all their concerns addressed and fears about FP use allayed so they can in turn be excellent FP ambassadors.</i></p>	



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			<p><i>A compilation of responses to FAQs developed at the NURHI 2 radio workshop is attached alongside this curriculum.</i></p> <p><i>Facilitator should have a few mobilizers role play how they will answer some of these questions when they encounter them in the field.</i></p>	
	<p>Myths Buster</p>	<ul style="list-style-type: none"> • Balloons • Office pins • Flipchart • Marker 	<p><i>Facilitator should inflate a balloon and ask the mobilizers ‘What will happen if this balloon is pricked with this pin?’</i></p> <p><i>Facilitator should note their responses and then go ahead to prick the balloon with the pin.</i></p> <p><i>Facilitator should tell mobilizers that this is how we want to handle myths and misconceptions going forward “BURSTING MYTHS”.</i></p> <p><i>Facilitator should ask mobilizers to inflate their balloons and tell them that they are inflating their balloons with all the myths and misconceptions they know about FP.</i></p> <p><i>Once inflated, all the mobilizers should burst the balloons</i></p> <p><i>Facilitator should inform mobilizers that the project is developing a ‘MYTHS BUSTER’</i></p>	<p>This session is facilitated by the Social Mobilization Consultant, CCSI Program Officer or the NURHI State Senior Program Officer, Advocacy and Demand Generation.</p> <p>The purpose of this session is to reinforce the importance of dealing with myths and misconceptions about FP in the community. A key outcome of this session is the compilation of myths and possible responses.</p>



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			<p><i>tool to support their work in social mobilization.</i></p> <p><i>Mobilizers should suggest questions that should go into that tool as well as possible answers.</i></p> <p><i>Facilitator should note all questions and answers on a flip chart.</i></p>	
60 minutes	Values Clarification (20 minutes)	<ul style="list-style-type: none"> • Powerpoint presentation • Flip chart • Marker • Paper tape 	<p><i>Facilitator should explain:</i></p> <ul style="list-style-type: none"> • Values are beliefs that are important to an individual. Values can be defined as principles, standards or qualities regarded as worthwhile or desirable. • Sources from which an individual forms his or her values are family, personality trait, peer groups, media, religion and society. Values can be influenced by religion, education, culture, or personal experiences. • Attitudes are the views or opinions that are formed by values and beliefs. • Tell participants that values differ and it is therefore important to have an understanding of the concept of values. Understanding values enables us to relate better with other people. 	<p>This session is facilitated by the Social Mobilization Consultant, CCSI Program Officer or the NURHI State Senior Program Officer, Advocacy and Demand Generation.</p> <p>This session is aimed at helping the mobilizer become aware of their own values and morals, especially as it affects mobilization for FP/CBS.</p> <p>The exercises are designed to help participants clarify their own values and understand how their personal belief systems influence their behavior, which can in turn, influence the community members.</p>



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			<ul style="list-style-type: none"> • Values clarification refers to the sorting out of personal values from the values of others and those of the larger society. Clarifying our own values enables us to relate appropriately with others. • It is not right to say values are wrong but rather need to be clarified so it does not get in the way of the interactions on FP. <p><i>Facilitator can give examples of scenarios of a Pastor/Deaconess/Imam who is a provider and an in-school youth walks in for service what would be a natural reaction?</i></p>	<p>Understanding their own values will help the SMCs avoid personal bias when relating with clients.</p>
	<p>Values clarification: Sexual Attitudes Game (40 minutes)</p>	<ul style="list-style-type: none"> • Paper • Tape 	<p>Exercise Steps</p> <ol style="list-style-type: none"> 1. Tape papers labelled “Agree” and “Disagree” on opposite walls of the room. 2. Read a statement from the list below to survey sexual attitudes and ask the participants to go to the sign that best represents their feelings. <ol style="list-style-type: none"> a. As an individual, I feel that adolescents should not be given sex education b. I believe that sexual activity should not occur before marriage c. I feel that STIs are God’s punishment for pre and extra-marital sexual activity d. Only young people who are promiscuous use contraceptives 	<ul style="list-style-type: none"> • The purpose of this game is to demonstrate that individuals’ values may differ greatly, even within a community, and that people have reasons for holding the values they do. • It is not necessary to cover all statements or obtain reasons for all of them. Use a few to illustrate the point of the exercise.



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			<p>e. Young unmarried individuals should have access to FP services</p> <p>3. Ask a few participants from each of the groups to explain why he/she agrees or disagrees with the statement.</p> <p>4. Repeat for a few statements.</p> <p>5. Process the game by asking the group:</p> <ol style="list-style-type: none"> a. Did any of the responses surprise you? b. How did people respond to different statements? c. How did you feel about other people's responses? Why? <p>If there are many varying responses to the statements, discuss why people had different values.</p> <p>Be ready to address the possible responses from participants. Some may be defensive, judgmental, ambivalent, afraid to express opinion, or angry at being forced to make a decision.</p> <p>Use this opportunity to have participants discuss these reactions.</p> <ul style="list-style-type: none"> • Why can it be so difficult to express our values and beliefs? • What do we risk by doing so? 	<ul style="list-style-type: none"> • The game is designed to help participants clarify their own values and understand how their personal belief systems influence their behavior, which can in turn, influence their clients. Understanding their own values will help participants avoid personal bias when interacting with clients. <p>This section is adapted from the <i>National Training Manual on Family Planning for Physicians and Nurses/Midwives (2010)</i></p>



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45 minutes	Referrals and the Use of the Go card	<ul style="list-style-type: none"> • Pictures of where SMs are actually referring clients for service • Sample Go card <ul style="list-style-type: none"> ○ Empty and sample of filled go cards • Organize to have a set of completed cards to showcase completed referrals • Flipchart • Marker 	<p>Facilitator should open the session by asking mobilizers to explain:</p> <ul style="list-style-type: none"> • What they understand by referrals on the NURHI 2 project? • The difference between referrals and COMPLETED referrals <ul style="list-style-type: none"> ○ A COMPLETED referral occurs when the client made it to the health facility and received FP services (both counselling and FP methods). <p>Facilitator should go over the use of the GO cards with the mobilizers</p> <ul style="list-style-type: none"> • Reiterate that the GO Card is very instrumental to the success of the project because we need to know the number of people that actually received services <ul style="list-style-type: none"> ○ Record details at the back of the “KNOW” referral card <ul style="list-style-type: none"> ▪ Date ▪ Activity ▪ Client’s Name ▪ Client’s Phone Number ▪ Mobilizer’s Name ▪ Mobilizer’s Phone Number ▪ Facility Name ▪ Facility Address ○ Record details at the back of the “TALK” and “GO” <ul style="list-style-type: none"> ▪ Date ▪ Client’s Name ▪ Mobilizer’s Name ▪ Mobilizer’s Phone Number 	<p>This session is facilitated by the Social Mobilization Consultant, CCSI Program Officer or the NURHI State Senior Program Officer, Advocacy and Demand Generation.</p> <ul style="list-style-type: none"> • Facilitator should start by introducing this session as the most important for the training as it is the element that measures how well we have done as a team • Referral is simply using the GO card to direct potential FP/CBS clients to facilities where a FP service provider can attend to their needs. • Give examples using outstanding SMs • Explain that SM must have a GO card on them all the time, because you don’t know when the referral opportunity will come up • Discuss need to keep the GO card stumps (KNOW) safe and always hand over to



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			<ul style="list-style-type: none"> ▪ Facility Name ▪ Facility Address <ul style="list-style-type: none"> • Detach the “TALK” and “GO” card and keep the “KNOW” card stub in the booklet. • Reiterate that it is not just enough to refer clients with the GO card but there should be follow up to ensure COMPLETED referrals <p>Facilitator should have mobilizers brainstorm on ways of following up referred clients**.</p> <p>Note responses on a flipchart.</p> <p>**Sensitivities should be highlighted during this discussion. E.g. some women take up methods discretely without their partner’s knowledge.</p> <p>Facilitator should emphasize the following:</p> <ul style="list-style-type: none"> • Mobilizers should request GO Referral Cards from SMC • Mobilizers should keep stock of referral cards and issue to client on needs basis <ul style="list-style-type: none"> ○ It is important that issuing of GO cards be strategic and clients should be encouraged to complete referrals. • Mobilizers should have a up to date list of NURHI supported health facilities and their address • Explain that meetings with FP Service Providers will be held when they come for community engagement activities. 	<p>SMC, making sure they request for another booklet before it gets exhausted.</p> <ul style="list-style-type: none"> • A recent finding is that it’s not the quantity but the quality that matters, so encourage a more strategic approach of giving out referrals so we can close the gap between complete and incomplete. This is key! • Social mobilizer can role play how to complete the referral cards



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20 minutes	Managing linkages for reaching Young people	<ul style="list-style-type: none"> • Flip Chart • Marker 	<p>Facilitator should have mobilizers brainstorm on areas in their community where young people can be reached. This session should cover best times to reach the young people as well as recommended approaches to use. As with the NURHI 2 mandate, sustainable approaches are key.</p> <p>Note responses on a flip chart.</p>	This session is facilitated by the Social Mobilization Consultant, CCSI Program Officer, the NURHI State Senior Program Officer, Advocacy and Demand Generation or State Youth Program Officer.
20 minutes	Post-test	<ul style="list-style-type: none"> • Post-test questionnaire (already typed up) 	<ul style="list-style-type: none"> • Facilitator hands out the Post-test questionnaire 	<p>This session is facilitated by the Social Mobilization Consultant.</p> <p>The session is aimed at testing the FP/GIT knowledge of the social mobilizers. These are the same set of questions used in the Pretest. The results of the Post-test will be compared against the pretest done at the beginning of the training to evaluate knowledge gained.</p> <p>Facilitators opens the session asking the SMs. "What have we learnt?"</p>
30 minutes	Mitigating potential challenges on LPAY	<ul style="list-style-type: none"> • Flipchart • Marker 	<p>Facilitator should open this session with the statement:</p>	This session is facilitated by the Social Mobilization Consultant, CCSI Program



Social Mobilizer's Training Curriculum on Life Planning for Adolescents and Youth – June 2018

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			<p><i>“Now that we have learnt about the Life Planning for Adolescents and Youth program, what do you foresee as potential challenges to your carrying out this activity within your communities?”</i></p> <p><i>Facilitator should prompt the mobilizers to think more along a systems level; particularly social structure and health systems.</i></p> <p><i>Note responses on a Flipchart.</i></p> <p><i>Once responses have been compiled, facilitator should ask mobilizers to brainstorm and suggest ways to deal with the challenges outlined.</i></p> <p><i>Note responses on a Flipchart</i></p> <p><i>Facilitator should note that mobilizers will encounter challenges in the field, but they should be reassured that these challenges will be promptly dealt with, with the support of the state team.</i></p> <p><i>Subsequent review meetings will also be an opportunity to refresh and reappraise the approach.</i></p>	<p>Officer, the NURHI State Senior Program Officer, Advocacy and Demand Generation or State Youth Program Officer.</p> <p>This session is to help mobilizers articulate potential challenges they can expect as they carry out LPAY in their communities. They would also brainstorm on how to mitigate these challenges.</p>
30 minutes	Conclusion and closing		<ul style="list-style-type: none"> • What are the next steps, SM leaders in each LGA should discuss potential workplan which includes reaching Adolescents and Youth in their communities during their routine SM activities. 	This session is facilitated by the Social Mobilization Consultant.



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				The NURHI State Senior Program Officer, Advocacy and Demand Generation gives the closing remarks.