

Tunda Summit: Facilitator Guide

A guide on how to facilitate key activities during the Tunda Summit

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Summit Objectives

Objectives	Indicators
1. Improve emotional connectivity with youth	Provider have improved empathy for youth experience & needs
2. Address provider fears of community backlash	Providers have an improved sense of social/institutional permission to give FP services to young, unmarried, nulliparous clients
3. Address concerns about fertility delays	<p>Providers have improved knowledge of what methods are appropriate across adolescent girls and young women segments (married/unmarried, parity, etc.)</p> <p>Providers have increased willingness to give long-acting and hormonal methods to young, nulliparous clients</p>
4. Humanize bias and hold up a mirror for providers	<p>Providers have increased self-awareness of their own personal biases (improved knowledge of what is bias is)</p> <p>Providers have heightened motivation to change personal biases and behavior</p> <p>Providers feel that they have agency to improve services to youth</p>
5. Prepare providers to participate in the Tunda program with their peers	<p>Providers understand the Tunda program goals and parts</p> <p>Providers are supportive of the Tunda program</p>

Principles for Success at the Summit

1. **Name bias but don't shame bias.** It can be hard for a provider to admit that he or she has biases against youth clients. It's your job as a facilitator to support your participants understand what bias is, why it is a problem, and openly discuss their own struggles with bias. In order to admit biases and mistakes in front of their colleagues, providers need to feel like they won't be punished or shamed. As a facilitator, your role is to create a safe, supportive environment where providers can take a risk in talking about their own shortcomings.
2. **Support discussion and dialogue instead of one-directional teaching.** Providers will not change their attitudes because you tell them to. Providers need time to engage with each other's opinions and experiences and come to their own realizations about bias and its impact on young people. Your job is to guide reflective conversations where participants can arrive at their own answers and solutions.
3. **Acknowledge provider's constraints and support them to identify feasible actions to take to improve service.** There are many factors that make it difficult for a provider to provide good service to youth clients -- stockouts, staff shortages, lack of space, etc. Help participants focus on the things that they CAN control, such as how they listen and speak to a young person, and what information about methods they give them.
4. **Celebrate providers' knowledge, experience, and commitment.** Providers are our partners in the Tunda program. They have a lot to teach us and to teach each other. Treat providers as experts and collaborators.
5. **Make it memorable and FUN!** The Summit shouldn't feel like an ordinary training for providers. Use frequent energizers, play music during breaks and lunch time, and encourage laughter.

Summit Agenda Overview

Time	Activity	Goal	Lead
8:00	<i>Facilitation team sets up</i>	Event preparation	Emcee
9:00	Welcome and Agenda		Emcee
9:30	Guest Speaker	Give sense of social/institutional permission to service youth	Emcee
10:00	Video story from Youth Client + Reflection Activity #1: Cause Effect Tree	Improve emotional connectivity with youth	Facilitators
10:40	<i>Break</i>		
11:00	What is Provider Bias?	Increase providers' awareness of bias as a problem	Emcee (or other assigned lead)
11:30	Reflection Activity #2: Self-Reflection on Bias	Improve providers' self-awareness of their own personal biases	Facilitators
11:55	<i>Energizer</i>		Emcee
12:00	Overview of Tunda Program	Providers understand the Tunda program goals and parts	Emcee
12:00	The Six Principles of Unbiased Care	Providers understand the Six Principles framework	Emcee (or other assigned lead)
13:15	<i>Lunch</i>		
14:15	Reflection Activity #3: Six Principles	Increase providers' motivation and agency to address their own biases	Facilitators
14:30	<i>Energizer</i>		
14:35	Reflection Activity #4: Action Planning + Posting on Tunda Connect	Providers commit to action in a community of peers.	Facilitators
15:00	Next Steps in the Tunda Program	Providers understand what comes next.	Emcee
15:15	<i>Energizer</i>		Emcee
15:20	Public Commitment Ceremony	Improve providers' motivation to take action	Emcee
15:45	Event Feedback	Gather feedback on event experience	Facilitators
16:00	<i>Close</i>		

Summit Checklist

✓	Preparation Logistics
	Venue: <ul style="list-style-type: none"> - Has the capacity to hold 30-35 participants - Has audio and video capabilities (speakers, projector, electricity) - Has space for small tables to hold 5-8 participants per table - Has a screen for the projector, or space to pin up a white sheet - Has access to electric outlets for plugging in a projector and computer.
	Set up: The room should be set up with small tables where groups (5-8 max.) individuals can sit at each table. Each table should have their own facilitator.
	Refreshments: Tea, lunch, and refreshments provided
✓	Technology Supplies
	Flash drive with videos and all digital materials <ul style="list-style-type: none"> - Slide Deck (to be used when the event starts) - Video Story files
	Projector + accessory to connect to computer
	Microphone
	Camera for event documentation purposes
	Computer with slide deck
✓	Welcome 'Check-in' Station Supplies
	Event banner
	Attendance list: Name, number, facility, role, want to join Provider Forum (tick box) consent to photos (tick box)
	Participant & Facilitator name badges (should include table number or name)
	Welcome bag: Notebook w/ Tunda sticker, 6 Principles booklet, Agenda sheet for participants
✓	Activity Materials
	Reflection Activity 1: Cause & Effect Tree Post-its Pens (1 per participant) Large Flipchart (1 per table) Markers (10 per table)
	Reflection Activity 2: Recognizing Bias in Provider Care Pens +Paper
	Reflection Activity 3: Provider/Youth Role Play Six principles booklet Copy of youth and provider stories Pens and markers Visual journey board (large blank poster papers, 1 per table) Post-its or small pieces of paper Small Six Principles cards Tape / pins
✓	Individual Action Planning Activity Materials
	Action Planning Card
✓	Commitment and Celebration
	Event Commitment Pin

Facilitator's Cheat-sheet

Reminder to Facilitators:

- * Be sure to join in during the ice breaker activity—introduce yourself and the role you will play for the day.
 - o You can say up front something like: “We have a lot to accomplish today...we want to be respectful of your time, use it well...thus, as a facilitator, I, may need to cut things short to stay on time and/or to stay on track. Do not take offense at this...it's nothing personal.”
- * You *can* give positive feedback throughout, but it needs to be equal. The encouragement /acknowledgement helps people feel like they can and want to contribute. Don't overuse “praise,” rather, use active listening skills.

Guiding Questions to Use in Discussions:

- * “What do you mean by__?”
(asking to explain a word or phrase more clearly—drawing people out)
- * “Can you say more about that?”
(asking to explain a word/phrase more clearly—drawing people out)
- * “Did others have a similar/different experience?”
(encouraging)
- * “Who else has an idea?”
(encouraging)
- * “What do others think?”
(encouraging)
- * “Let's hear from someone who hasn't spoken in a while.”
(encouraging)

Helpful Tips to Remember During Facilitation:

If group members...	Then you might...
Contribute relevant ideas	<ul style="list-style-type: none"> Recognize contribution and continue moving discussion forward.
Seem unfocused/are goofing around <ul style="list-style-type: none"> People become undisciplined when they are overloaded or worn out. 	<ul style="list-style-type: none"> Ask the group to take a break, "let's take a break." Add positive statement about what's been accomplished so far. Then, emphasize the goals of the small group discussion.
Interrupt each other while speaking <ul style="list-style-type: none"> This could be a good sign of engagement, but it may also require direction from you. 	<ul style="list-style-type: none"> If someone is interrupted, offer them the opportunity to finish what he/she was saying.
Are being repetitious <ul style="list-style-type: none"> People repeat themselves because they don't feel heard. 	<ul style="list-style-type: none"> Use paraphrasing to help that person summarize his or her thinking. In your own words, say what you think the speaker said. Occasionally preface with a comment like: "It sounds like you're saying..." then say something like, "Did I get it?"
Make vague, awkward, or incomplete statements	<ul style="list-style-type: none"> Help the speaker relax by drawing him/her out with open-ended questions: "Can you say more about that?" or "What do you mean by...?" or "How so?" or "What matters to you about that?"
Hesitate to contribute	<ul style="list-style-type: none"> Don't quickly press the issue, but instead look for an opportunity to direct a question to this person: "What do you think of that approach/idea?" or "Do you have anything to add?"
Go off on a tangent	<ul style="list-style-type: none"> Ask the person to help everyone see how his/her point connects with the broader context. Start by paraphrasing the statement, then ask for the linkage: "How does your idea link up with...[our topic]?" Validate the explanation: "Are you saying...[paraphrase]?" Then, follow-up with, "Okay, we have [name's] idea. Whose turn is it to go next?"

	<ul style="list-style-type: none"> You can also redirect by clarifying the objectives for the discussion.
Seem to have exhausted their contributions	<ul style="list-style-type: none"> If you think they have generated lots of good discussion already, then it's fine to end. If there are open questions or something needs clarity, you can use that to ask open-ended questions to elaborate more on an idea. If you see a "gap" in ideas ask the group for their opinion on that particular gap (e.g., "We haven't talked about what doctors can do...")
Are silent	<ul style="list-style-type: none"> Tolerate silence if they seem to be gathering thoughts; if simply quiet on subject, ask probing questions: Count to 5 or 10 slowly before prompting for input. Especially at the beginning of the day, silence may be longer and more likely as people gather their thoughts and hesitate to be the first to speak up. Look for non-verbal indicators of readiness to speak. "Any new thoughts?" or "You look as if you might be about to say something..." Also ask someone to restate the objective of the discussion.
Exhibit guarded expressions	<ul style="list-style-type: none"> Make inquiry and probe. "Looks like you're having a reaction to that. I'm guessing you're [emotion]. Am I close?"
Emotions are running "high"	<ul style="list-style-type: none"> Acknowledge the emotion "You sound a bit worried. Can you say more about what you are thinking?" Then paraphrase the content of the thought and redirect to task.
Emotions are running "low"	<ul style="list-style-type: none"> Invite expression of emotion with opinions
Dispute/oppose/attack with loaded questions	<ul style="list-style-type: none"> Remind participants about being respectful. Turn loaded questions into problems to be addressed by the group.

Reflection Activity 1: Cause and Effect Tree

A reflection activity to foster provider understanding of their role and impact on the lives of their clients

Total Time: 25 minutes

Time breakdown:

20 minutes group discussion

5 minutes: presentation to large group on the results/outcomes of small group discussions

Objectives

1. Strengthen provider empathy of the experience and challenges faced by young women
2. Support providers to identify bias and encourage self-reflection of their own biases

Materials

- Cause and effect tree
- Markers / Sharpies
- Post-its

Instructions for Facilitator:

1. **Present the activity:**
 - a. SAY: *"In the next activity, we will reflect on the stories we just heard and discuss why it happened. First take a few minutes to think about the young woman's story that you all just heard. Then we will go around the table so each of you can share your initial reactions. Next we will talk about what led to her situation."*
2. **[5 min.] Encourage participants to share their reactions to the video.**
 - a. PROMPT: *"What happened in this young woman's story?"*
Listen and allow participants to freely share their perspectives.
3. **[10 min] Exploring cause and effect – the tree map**
 - a. ASK QUESTION 1: *"This young woman was denied services by the provider. What was the impact on the denial of service on this young woman's life?"*
 - i. Write down the answers on post-its and them on the **outer branches of the tree**
 - b. ASK QUESTION 2: *"Why did those things occur?"*
 - i. Write down the answers on post-its and them on the inner **branches of the tree**
 - c. ASK QUESTION 3: *"Why did those things occur?"* (Dig deeper and probe, for example ASK: *"Why did the provider behave this way?"*)
 - i. Write down the answers on post-its and them on the **trunk of the tree**
 - ii. Keep probing until the groups are discussing the causes for the provider's beliefs, attitudes, and biases.

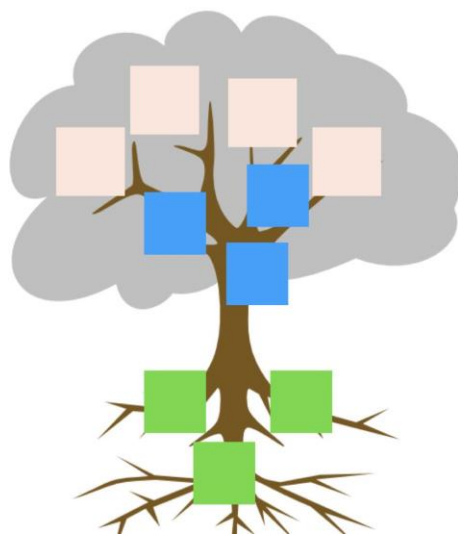
5. **[5 min.]** Encourage participants to share their own experiences.

SAY: "It can be difficult to know how to provide services to youth like this. Have you had any experiences like this as a provider?"

Observe and foster the conversation, as needed. If people are hesitant to share, and you're a provider it might be helpful to share your own story about a difficult scenario with a youth client or how you struggle with internal conflict related to giving youth information on FP.

6. **[3 min.]** ASK: Invite one group member to summarize the conclusions of the group.

ASK: "Please could you describe the causes this young woman's situation as they relate to the provider's behavior that we discussed in our group?"



REFLECTION ACTIVITY 1: TIPS FOR FACILITATORS

TIP 1: If the group talk a lot about the **community beliefs**, steer the conversation back to the provider. SAY: "And how do you think this influenced the provider's behavior in this case?"

TIP 2: If the participants are only discussing **lack of training and technical knowledge**, SAY: "Training certainly has an impact on service provision. But I have heard stories from even the most well-trained provider about their struggles with giving FP to youth. Why do you think that is?"

TIP 3: If the participants are having **difficulty in understanding the cause-effect activity**, offer an example – *unrelated to the story* – such as: "I arrived late to work this morning" Why? "Because I didn't have enough time to get ready this morning." Why? "Because I went to sleep too late"

TIP 4: There will be comments that are not relevant to the goal of the exercise. Acknowledge them but write them on a note in and put it in the "parking lot", to ensure the conversation remains on topic.

Example questions to guide the discussion and encourage critical reflection

Start with a simple direct approach:

- What caused this situation?
- What could have been avoided?
- What role did the provider play in how this story evolved?
- Do you think the provider showed bias in her interaction with the young woman?

Then, go into further detail:

- How does this story remind you of scenarios you've personally experience? Within your peer circle? Within your professional history? *(Remember it doesn't necessarily need to be the same experience, just something similar)*
- From your perspective, what did you learn from this story?

Reflection Activity 2: Self-Reflection on Bias

Total Time: 30 minutes

Time breakdown:

- 10 minutes** self-reflection
- 15 minutes** presentation
- 5 minutes** group discussion

Objectives

Foster provider self-reflection on their own biases in providing care

Materials

- Pens
- Paper

Instructions

1. **Present of the activity:** The event Emcee will present the activity to participants and instructions.
2. **Remind the participants of the goal of the activity.**
 - a. **SAY:** *"Reflect on the presentation you just heard. Write down a specific story from your own experience about a time when your own bias influenced how you provided services to a youth client. Do NOT write your name on the paper. These stories will be anonymous"*
3. **Provide each participant with a blank sheet of paper to write their reflections.**
 - a. **SAY:** *"You have **10 minutes** to complete this part of the exercise."*
4. **Remind participants that this is an anonymous and confidential activity.**
 - a. **SAY:** *"We are here to reflect together. This is a safe space and ANONYMOUS – non-judgmental and confidential. Any information shared during Summit will not be shared with your supervisors."*
5. **Set a timer** and remind the group at 5-minute and 2-minute marks to remind providers to complete their reflections.
6. **Collect the written reflections from the participants** at your table and give the papers to the presenter at the front of the room.

REFLECTION ACTIVITY 2: TIPS FOR FACILITATORS

TIP 1: Reassure providers that this exercise is anonymous. Their stories will not be linked to their names.

TIP 2: If participants are stuck or having trouble identifying a story to write, ASK:

- a. *"Have you had an experience where you turned a client away or didn't provide a client with a particular method because you felt she was too young or not married, or that you considered her like a daughter?"*
- b. *"Has there ever been when you should have provided a service, but you felt conflicted to do so?"*

7. The emcee will read 3-4 anonymous stories out loud. At the end of each example, he/she will request participants to stomp their feet or snap their fingers to validate this person's experience and demonstrate support and community.

8. Close of session [2 min.]:

- c. **SAY:** *"Thank you for your willingness to share your experiences. We recognize the great work that you are doing, and are here to support each other as we work to strengthen services for adolescents and young women."*

Reflection Activity 3: Six Principles

A reflection activity to help providers internalize the Six Principles and relate them to their own lives and professional practice.

Total time: 35 minutes

Time breakdown:

- **10 minutes** review of the provider story and discussion of similar situations experienced by the participants
- **10 minutes** review and discussion of youth experience
- **10 minutes** discussion of providers own experiences, completing the visual journey, and identifying solutions to the challenges encountered
- **5 minutes** 2-3 participants to present and share with the larger group

Objectives

- Participants are able to identify a link between the story and their own previous experiences through guided self-reflection
- The participants are able to articulate how they can apply the six principles for quality care in their daily practice, within the workplace challenges and constraints they face

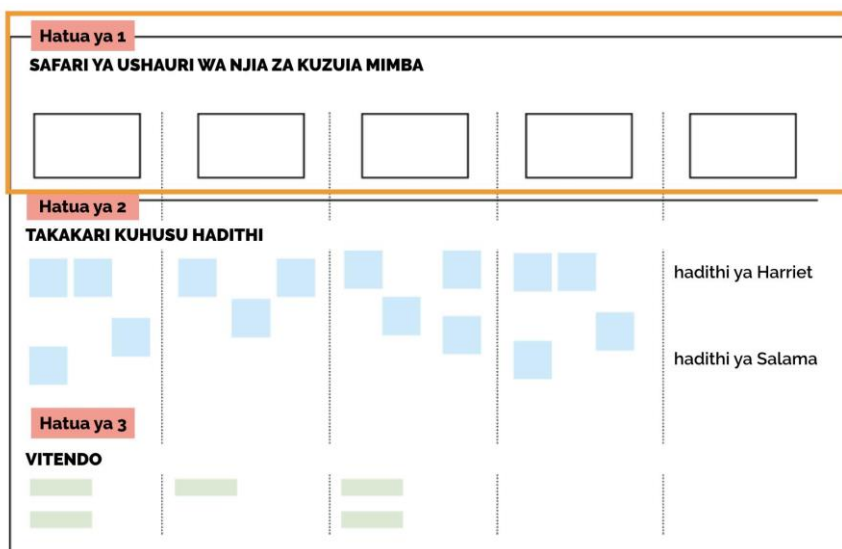
Materials

- Six principles booklet
- Copy of the stories (provider and youth)
- Pens and markers
- Consultation journey map
- Six Principles card packet
- Post-its

Instructions

1. Review the steps in the consultation journey with participants

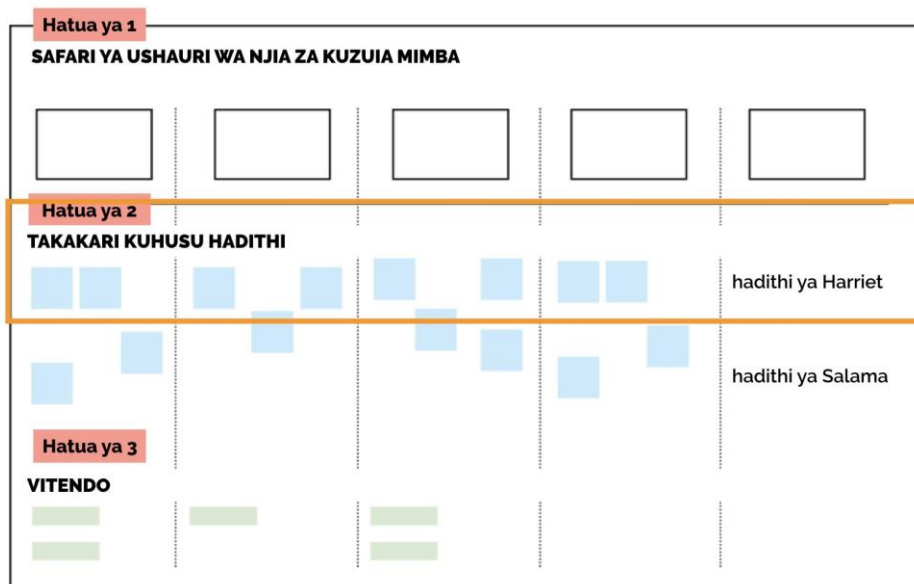
- Ask one participant to read the steps out loud.
- ASK: *“Do these steps reflect the general family planning consultation journey, particularly with a first-time family planning client?”* Modify steps if needed, based on participant feedback.



2. Distribute: Give each participant a copy of Harriet's story (provider)

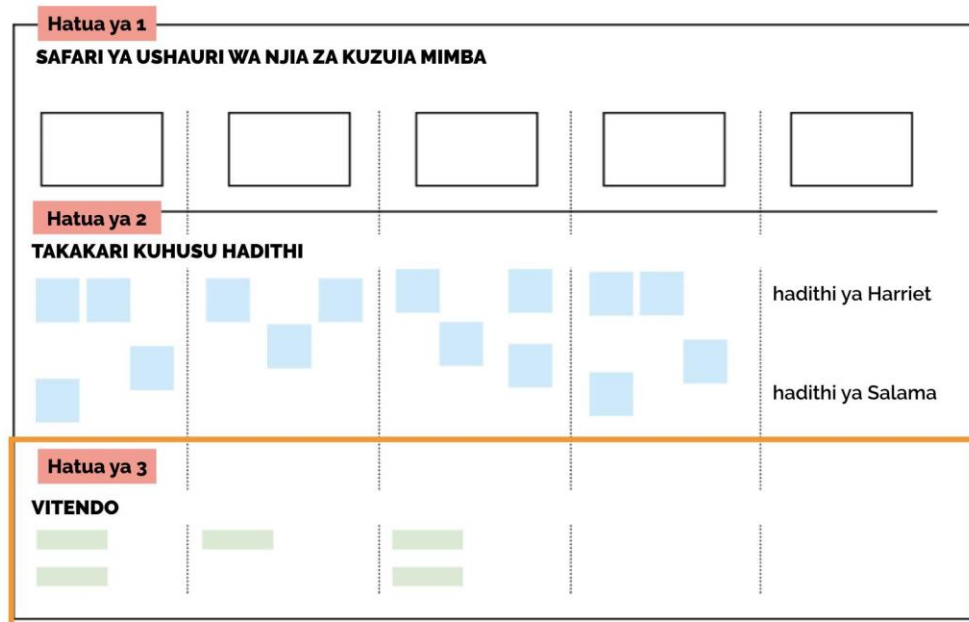
3. Guide participants to read and reflect on the Provider's Story (Harriet)

- a. Choose one of the participants to read the story, while other group members follow along on their handout. **[2 min.]**
- b. Reflect together on the story of Harriet **[8 min.]**
 - i. Ask participants to write down their answers on post-its to put on the journey map tool.
 - ii. ASK: *“What happened in Harriet's story before she even entered the consultation room?”*
 - 1. Examples: “She had a number of deliveries back-to-back; she had no time to eat.”
 - iii. ASK: *“At each step of the consultation journey, what happened from Harriet's perspective? How did she feel?”* (Capture answers and place them on the map.)
 - 1. Example: She recommended condoms and the implant. She felt rushed.



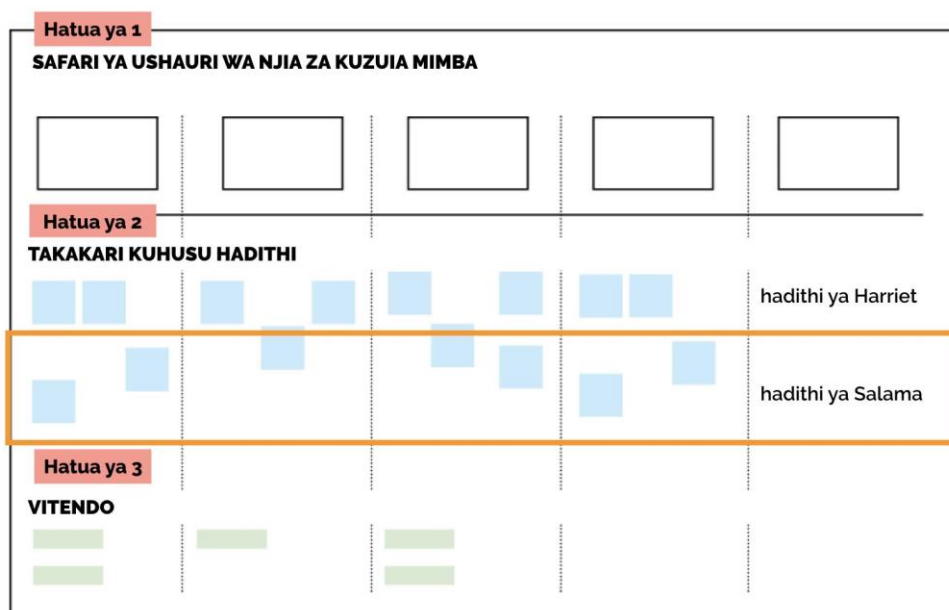
4. Invite participants to reflect on Six Principles and Harriet's story

- a. ASK: “At what points in Harriet's story was one of the Six Principles broken?”
- b. Write down each principle that was broken and place them on the journey map under “Actions.”



5. Give each participant a copy of Salama's story (youth)

- a. Choose one of the participants to read the story of Salama out loud, while other group members follow along on their handout. **[2 min.]**
- b. Reflect together on the story of Salama **[8 min.]**
 - i. ASK: "What happened in Salama's story before she even entered the consultation room?"
 1. Example: "She waited for a long time. She was afraid of being seen by her mom's friends."
 - ii. ASK: "At each step of the consultation journey, what happened from Salama's perspective? How did she feel?" (Capture answers and place them on the map.)
 1. Example: "The provider pushed a method on her, without listening to her needs. She felt embarrassed and left without a method."



6. Invite participants to reflect on Six Principles and Salama's story
 - a. ASK: "After listening to Salama's version of the story, are there additional points in the journey where you think that one of the Six Principles was broken?"
 - b. Write down each principle that was broken and place them on the journey map under "Actions."

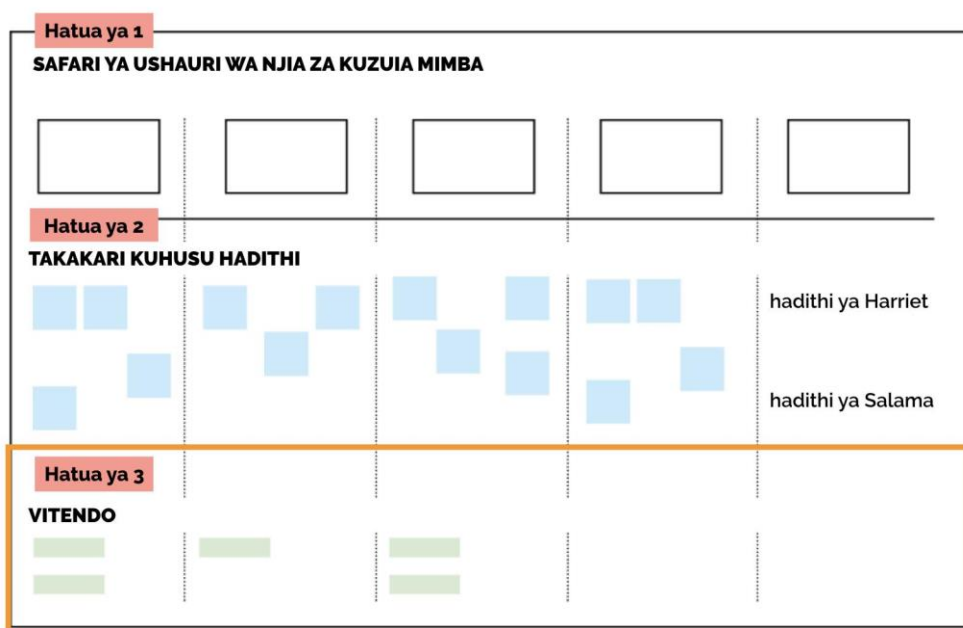
ANSWER KEY	
<p>Point in the story:</p> <p>The provider asked 'why are you here' without welcoming her. She didn't speak to Salama an engaging way and demonstrate active listening.</p> <p>The provider said that Salama is too young to use contraception and asks a judgmental question about her relationship status.</p> <p>The provider insisted on giving implants, instead of pills which was on the client's mind. She didn't give Salama complete information on available FP methods and instead recommended one method for her.</p> <p>The provider pressures Salama to take a particular method and makes a judgmental assumption about her ability to adhere to the pills due to her age and sexual behavior.</p> <p>The provider says that she must do an HIV test before giving FP, which is not medically required. She also does not respect the youth client's needs or concerns.</p>	<p>Principles broken:</p> <p>Sensitive communication</p> <p>Safe, welcoming space</p> <p>Simple, Comprehensive counseling:</p> <p>Sensitive Communication</p> <p>Say Yes to a Safe Method</p> <p>Seek Understanding and Agreement</p> <p>Say Yes to a Safe Method</p>

7. Reflect together on the experience of Harriet (the provider)

- a. ASK: "Do you think Harriet meant to cause those negative impacts on Salama?"
 - i. Encourage discussion and active listening.
 - ii. **Key summary learning point:** *We as providers may have good intentions for youth clients but by not listening to and respecting their needs, we may cause significant harm.*
- b. ASK: "What can you identify with in this story? Have you experienced similar situations to Harriet, and taken similar actions?"
 - i. Encourage discussion and active listening.
 - ii. **Key summary learning point:** *Bias exists in all of us! There are many different reasons it happens -- workplace challenges, too many clients, community norms, feeling like we are a mother or auntie for a young person... Those challenges are real. But we are also committed to giving the best services to our young clients despite those challenges. We can support each other to overcome our biases and challenges.*

8. Turn the discussion towards solutions

- a. SAY: "Let's think about how Harriet could have done better for Salama. Given the challenges she faces at work, what could Harriet have done differently in her consultation with Salama? What could have been improved at each step of the consultation journey, and how?"
- b. Encourage participants to identify SPECIFIC, practical actions, instead of general ones.
 - i. Example: "She could have explained more of the methods to Salama."
- c. Write down ideas from the providers and place them on the journey map poster.



9. TO CLOSE: The conclusions from self-reflection will not be shared with the larger group afterwards.

SAY: *"Thanks to all of you for the great contribution and discussion. As providers, it's true that we face multiple challenges in our day-to-day and we may have to be creative in finding ways to provide better services to youth. As you've heard the consequences of a five-minute conversation can last a lifetime. We have an important role to play in ensuring that young people in our community have a bright future."*

REFLECTION ACTIVITY 3: TIPS FOR THE FACILITATOR

TIP 1: Give participants time and space to share about their workplace challenges and the hardships of their jobs.

TIP 2: Acknowledge the challenges expressed and shift the conversation towards constructive problem-solving and solutions. For example, if providers start to spend a lot of time talking about the challenges of their work, listen, empathise, but say: *"It sounds like these are common challenges for you all. How can providers work to uphold the Six Principles even with these challenges in their facilities / communities?"*

TIP 3: After common themes have been expressed, make sure to move the conversation forward. You may need to be firm in moving the conversation forward towards solutions. Make sure that participants do not get caught in only discussing challenges for a long time.

Reflection Activity 4: Action Planning

Participants will reflect on the types of bias that they learned about today, and the specific actions they will take immediately to address those biases.

Time

10 minutes

Objectives

- Participants publicly commit to apply the lessons learned throughout the day.
- Participants identify and present two action steps to the group and why this commitment is important to them.

Material

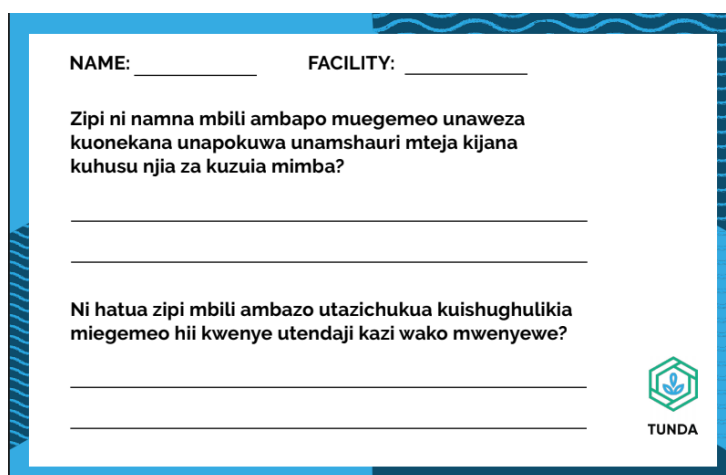
- Six principles booklet
- Action planning card
- Pens

Facilitator Instructions and Prompts

- After today's intensive peer-exchange and learning, we would like to invite each of you to identify a few specific actions that you want to commit to applying in your work with youth starting tomorrow. The only way to put knowledge into practice is to integrate it into our daily work

Instructions

1. Pass out the "Action Planning Cards" to each individual on the table.



The image shows a sample of an "Action Planning Card" with a blue border and a white background. At the top, there are two fields: "NAME: _____" and "FACILITY: _____". Below these, there is a paragraph of text in Swahili: "Zipi ni namna mbili ambapo muegemeo unaweza kuonekana unapokuwa unamshauri mteja kijana kuhusu njia za kuzuia mimba?". This is followed by two horizontal lines for writing. Below that, another paragraph of text in Swahili: "Ni hatua zipi mbili ambazo utazichukua kuishughulikia miegemeo hii kwenye utendaji kazi wako mwenyewe?". This is followed by three horizontal lines for writing. In the bottom right corner, there is a logo for TUNDA, which consists of a green hexagon with a white outline and a green leaf-like shape inside, with the word "TUNDA" written below it.

2. Ask participants to reflect on the following and write on their card:

- a. "What are two ways that bias can show up when you are counseling a youth client on contraceptive methods?"
- b. "What are two specific actions that you will take to address these biases in your own practice?"

3. After people have finished writing, go around the table and ask participants to share their action steps and why taking these steps is important to them.
 - a. SAY; *“Would anyone like to start us off and share the steps they chose and why they are committed to take these actions?”*
4. Close the activity
 - a. SAY: *“You will be doing a similar activity with your facility team where together you will choose 2-3 action steps that they want to achieve within a quarter to deliver unbiased service to youth clients. Every three months for the next year, you will get feedback on your performance, based on client data, and recognition if your facility is performing well and making improvements.”*

REFLECTION ACTIVITY 4: TIPS FOR FACILITATORS

Encourage participants to write down SPECIFIC action, rather than general ones.

For example, “I will take more time to explain side effects to youth clients.” or “I will smile and introduce myself at the beginning of each consultation to my youth clients.”

Questions to guide the reflection if participants are confused or stuck:

- “Why did you learn today about bias when serving youth that make an impact on you?”
- “What are concrete, specific steps you can take to apply these learnings? What are the immediate steps you can take tomorrow when you see a youth client?”

Getting Started on Tunda Connect

Post a Picture!

Time

5 minutes

Objectives

- Participants practice engaging with Tunda Connect and post their commitment to the WhatsApp group

Material

- "Action Planning" Cards
- Participants phones

Instructions

- Instruct participants to partner up and take a photo of their partner posing with their commitment card. Smile! Make it fun!
- Post it to the WhatsApp group (Tunda Connect)!

Facilitated Participant Feedback

Facilitators lead a qualitative discussion to get feedback from their participants at the end of the event.

Time

20 minutes total

Objectives

- Collect qualitative data on providers' experiences of the Tunda Summit event.

Material

- Notepad for taking notes on participant feedback.
- Audio recorder or phone to record the session

Facilitator Instructions and Prompts

1. **5 MINUTES, INDIVIDUAL SHARE:** What is one thing you learned today that you will bring back to your clinic?
2. **15 MINUTES:**
3. After the event, has your opinion on providing contraceptive counseling to youth changed? How so?
4. Did any of these stories change how you understand the challenges youth clients are facing? Which stories, and how?
5. Do you have any questions or concerns about providing contraceptive counseling for young people that were not answered today?
 - a. **PROBE 1:** Are you worried about backlash from neighbors or community members if you give services to young people?
6. After today's event, what do you see as the biggest barriers to you and your team improving services to young people at your facility?
 - a. **PROBE 1:** What do you think would help address those barriers?
7. Do you think that the opportunity for your clinic to be recognized and rewarded by the Tunda program each quarter will be motivating for your team? Why or why not?

APPENDICES: Six Principles Stories

HARRIET - PROVIDER'S STORY

"My name is Harriet. I am one of three midwives at a busy clinic. We never stop all day. Some days I don't even have the time to eat lunch. In a typical day, I am covering family planning and deliveries, as well as dealing with any emergencies that come up. This week was more busy than usual, since our assistant nurse has been absent due to illness, which doubled my workload. Yesterday started in the usual way. I arrived at the clinic to find the waiting room already full with family planning clients and mothers bringing children for check-ups and vaccinations. Before I could start seeing patients, I was called to a delivery; the child had some difficulty breathing after birth and it took some time to make sure he was stable. I get very nervous when I have to deal with such situations. There's no supervisor here presently for me to call on if something goes wrong.

By the time I reached the FP room, all the clients were complaining about the long wait and the heat of the day. So, I spent the next few hours trying to see everyone quickly alongside my colleague. I didn't even pause to eat. I was just praying that there were no more emergencies to deal with, but of course I was kept running between deliveries and the FP room. It was late afternoon when I saw a young client called Salama. 17 years old, if that's her real age, and coming to ask for contraception! I don't know where the world is going. She is not yet married and said she had a boyfriend. In my view these girls should be focusing on their schoolwork and not playing around, putting themselves and other at risk of HIV and other diseases. What would her mother think? But I do know it's my job to give her service. I asked her what she wanted. She was asking for the pill. I've seen so many silly girls end up pregnant because they don't take it properly. I knew that I had many other clients waiting, so I tried to recommend condoms and the implant, and spent some time explaining the advantages of using both methods together. I told her that I would need to give her an HIV test before giving her the implant. She said she only had one partner and he was clean, but I know girls like her just say things like that. Besides, the boyfriend could be lying, too. She didn't even listen to me and said she wanted to think on it. I had just wasted all this time and effort on a really busy day. And I still hadn't eaten lunch. Some days I wonder why I do this job."

Facilitator Copy

SALAMA- YOUTH CLIENT'S STORY:

"I am Salama. I am 17 years old. Today I want to tell you a true story about an experience that I had six months ago. I am a student and in a relationship with my boyfriend for the last two year. We often used Condoms, but not always. I was lucky that I was not pregnant by then. I truly didn't want to get dropped out from the school. I had been thinking of going to a clinic and seek a contraceptive method which was more effective. One of my friends told me about some pills she got from a clinic.

One morning I decided to go to the clinic. I arrived there at 1pm. There were many women waiting to see provider. There was another young girl sitting there who told me that she already had a child. I was so nervous that I would see one of my mom's friends. I tried to hide my face as much as I could. After around an hour it was my turn to go in. I entered the room and provider asked me to sit. She asked my name and noted down somewhere. Then she looked at me without looking up from her papers and asked, "Why are you here?"

Notes for facilitator

Examples of bias:

The provider asked 'why are you here' without welcoming her. She didn't speak to Salama an engaging way and demonstrate active listening.

Relevant principle:

Sensitive communication:

Demonstrates active listening, through nods, eye contact and verbal signs, and gives time for questions

I told her that I needed family planning services. She immediately responded, 'you are too young for that, are you in a relationship?'

Notes for facilitator

Examples of bias:

The provider said that Salama is too young to use contraception and asks a judgmental question about her relationship status.

Relevant principle:

Safe space:

Speaks to youth in a non-judgmental and non-discriminatory manner

I said yes and two years now. We are using condoms, but not all the time. That's my fear as I might conceive. To this question she asked, "how long do I want to wait?" I said that I want to finish my school first which was three years from then. She immediately said that the perfect

method for me was IMPLANT, but she also advised that I shouldn't stop using condoms as it protects me from HIV.

Notes for facilitator**Examples of bias:**

The provider insisted on giving implants, instead of pills which was on the client's mind. She didn't give Salama complete information on available FP methods and instead recommended one method for her.

Relevant principle:

Comprehensive counseling:

Presents a range of modern contraceptive methods, including LARC and emergency contraception.

I told provider that my friend is using pills and I would wish to know more about that. Provider said that "I know girls like you. You will forget to take the pills and then you will end up pregnant. For you implants and condoms would be best."

Notes for facilitator**Examples of bias:**

The provider pressures Salama to take a particular method and makes a judgmental assumption about her ability to adhere to the pills due to her age and sexual behavior.

Relevant principles:

Sensitive Communication

Speaking to the client in a non-judgmental way and actively listening to the client to understand her needs.

Say Yes to a Safe Method

Supports the client to choose a method for herself. Avoids pressuring client in her decision making.

I asked her what was involved in taking the implant. She said that she would do an HIV test on me first and then could insert the thing into my arm. I said I didn't have HIV, and neither did my boyfriend, and I didn't want to do the test. I have a strong fear of needles, and I especially didn't like the idea of something going into my arm. She became a little frustrated and said that I didn't know what was best for me and why did I come here if I didn't want to take the recommendation? I felt ashamed by her words. I wanted to leave. I said I would talk about it with my boyfriend some more and come back. I took some more condoms and left the clinic disappointed.

Notes for facilitator**Examples of bias:**

The provider says that she must do an HIV test before giving FP, which is not medically required. She also does not respect the youth client's needs or concerns.

Relevant principles:

Seek Understanding and Agreement

- Provider checks the client's understanding of the procedures and seek verbal agreement from the client.

Say Yes to a Safe Method

- Does not require unnecessary tests before giving services, such as administering an HIV test.
- Supports the client to choose a method for herself. Avoids pressuring client in her decision making.