Training of Trainers

Sensitisation of Service Providers.

Trainers Manual

This training manual is part of a series

Sensitisation & minors

Health, rights and safety

Aids Fonds

Introduction

How to use this manual

Sensitisation & minors

Health, rights and safety

Minors (children below the age of eighteen) and young people (age group 18-24) who sell sex lack access to appropriate healthcare and other social services. At the same time, they have an increased risk of contracting HIV and other sexually transmitted infections (STIs) and are more often faced with unplanned pregnancies and legal and illegal abortions than others. People who sell sex face a complex legal system that varies widely between countries.[1] When service providers and staff of community organisations encounter minors selling sex, they face a dilemma: how can they work with minors without being seen to be encouraging them to work in the sex industry? Service providers are also faced with the challenge of how to deliver the best possible care according to laws and rights of minors on the one hand, and meet professional ethics on the other.[2]

Training programme

This manual supports trainers giving the three-day course 'Training of Trainers - Sensitisation of Service Providers'. The objective of the course is to give new trainers the knowledge, skills and practical experience required to provide sensitisation workshops for service providers working with minors who sell sex. The training course consists of a variety of exercises that can be used for sensitisation on the topic of minors selling sex. The participants also prepare and put into practice a sensitisation programme themselves.

Potential participants for this training programme are sex workers, staff of community-based organisations concerned with sex work and/or minors. The effectiveness of this training increases when participants hold various professional backgrounds. Including service providers in this training will stimulate mutual understanding of the topic.
The training is interactive and participatory by design, using innovative methods that draw on the knowledge and experience of the group, rather than passive, classroom-style teaching and lectures. The training requires a three-day programme and is best followed over a short period of time in the order the manual suggests.

Preparation in advance by the trainer

The trainer needs to be familiar with the context and country-specific laws and regulations that apply to sex work, minors and access to services. The trainer needs to familiarise herself or himself with the exercises in the manual before the programme begins. The exercises require facilitation skills from the trainer to draw on the knowledge and experience already present in the group. The learning objectives are listed to enable the trainer to measure the knowledge and skills participants should have gained after completing each exercise. The training schedule gives the approximate time it will take to do each exercise. Users of this training manual can follow the progress of the training in the timeline at the top of the pages.

Materials needed

It is recommended that the learning objectives and hand-outs for the participants are printed out. In case participants don't read English, it is advisable to translate this manual into the appropriate language beforehand. For the sensitisation workshop it is sufficient to translate the hand-outs. PowerPoint and projection equipment are required to perform one of the exercises in this training.

Development of the training and the manual

The manual has been developed by the Sex Work Programme of Aids Fonds. This training derives from published literature and qualitative research. The theoretical framework is based on the Intervention Mapping methodology, which is a protocol for developing effective behaviour change interventions. This manual is one of six training manuals that have been developed in collaboration with the international sex worker community. The other manuals deal with peer-based outreach, counselling skills, leadership, financial skills and material development.

Aids Fonds wishes you an inspiring and joyful training experience.

1 unaids.org/en/resources/documents/2015/2015_young_people_who_sell_sex
2 aidsfonds.nl/steppingstones

DAY 1

DAY 2

DAY 3

DAY 1 — **Output**

- **Introduction to the training**
  - ✔ Learning expectations
  - ✔ Rules
  - ✔ Tasks
- **Memories** — ✔ Mind map
- **Norms and values** — ✔ Statements
- **Context** — ✔ List of network partners and their services
- **Barriers** — ✔ List of barriers
- **Services** — ✔ List of minor-friendly service
- **Stigma** — ✔ Stigma tree

DAY 2 — **Output**

- **Rights and laws** — ✔ Quiz questions and answers
- **Ethical dilemmas** — ✔ Steps
- **Preparing sensitisation workshop** — ✔ Workshop plan

DAY 3 — **Output**

- **Implementing sensitisation workshop**
- **Reflect**

DAY 1

	Time	Facilitation skills
Introduction - Introducing the training topic - Experiential learning model - Learning principles - Facilitator's web - The three zones	09:00 AM - 10:30 AM	Using ice-breakers and energisers
Break	10:30 AM - 10:45 AM	
Youth memories	10:45 AM - 11:30 AM	Introducing a topic
Statements about minors	11:30 AM - 12:15 PM	Exploring norms and values
Mapping the context of minors selling sex	12:15 PM - 01:00 PM	Brainstorming
Lunch	01:00 PM - 02:00 PM	
Barriers for minors to access healthcare services	02:00 PM - 02:45 PM	Using case studies
Sex worker-friendly healthcare services	02:45 PM - 03:30 PM	Lecturing using PowerPoint
Stigma and discrimination	03:30 PM - 04:15 PM	Creating a challenge tree
Closing of the day	04:15 PM	

DAY 2

	Time	Facilitation skills
Recap of day 1		
Rights, laws and regulations	09:00 AM - 09:45 AM	Playing a knowledge quiz
Ethical dilemmas	09:45 AM - 10:30 AM	Increasing participation by asking questions
Break	10:30 AM - 10:45 AM	
Ethical dilemmas (continued)	10:45 AM - 01:00 PM	Increasing participation by asking questions
Lunch	01:00 PM - 02:00 PM	
Preparing the sensitisation workshop	02:00 PM - 04:15 PM	Group work
Closing of the day	04:15 PM	

DAY 3

	Time	Facilitation skills
Implementing a sensitisation workshop for service providers	Depends on the planning	Group work
Break		
Reflecting on the three-day training	15 minutes	Group work
Lunch		
Closing of the day	04:00 PM	

Colophon

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Day 1.

DAY 1

1. Introduction to the training

This chapter provides exercises to lay a solid basis for effective collaboration and to promote a thorough understanding of the training programme. It also contains exercises on using ice-breakers and energisers, one of the facilitation skills offered in this training.

Getting to know each other

Indicated time:
- **30 minutes**

Objective:
- **Trainers and participants get to know each other**

Output:
- **List of learning expectations for the training**
- **Rules**

Materials:
- **A4 white paper**
- **Markers**
- **Tape**
- **Annex 1**

Method:
- **Group work**

Exercises

The trainers welcome the participants and introduce themselves. The participants get to know each other by doing one or more of the introduction exercises (see annex 1).

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Annex 1

Agreeing on basic training rules

Indicated time:
- **30 minutes**

Objective:
- **Participants agree on roles and responsibilities during the training**

Output:
- **List of rules to be followed during the training**
- **List of participants and their specific tasks during the training**

Materials:
- **Flipchart sheets**
- **Markers**

Method:
- **Group discussion**

Exercises

Set the training rules

A safe and positive learning space is crucial for a successful training experience. The trainer explains the importance of a joint set of agreements, emphasising the participants' rights and responsibilities throughout the training. The trainer asks each participant to discuss essential rules on confidentiality, punctuality, telephone use, praying and so on, as well as the importance of respecting each other's opinion. The trainer asks if all participants agree, and discusses with the group what to do when agreements are broken. Rules can be added at the end of the day, anonymously on sticky notes if appropriate. The trainer writes the input from the group on a flipchart sheet.

The flipchart sheet is kept on the wall, visible to everyone in the room, for reference during the training.

Divide roles and responsibilities

During the training days some participants will take on specific responsibilities to benefit the group process. The trainer invites participants to take the following roles:

- Timekeeper;
- Person responsible for the energiser;
- Person responsible for recap and summary;
- Participant who can speak on behalf of the group.

The participants assign the roles among themselves and the trainer writes them down on a flipchart sheet, visible to everyone in the room. The roles rotate during the training days.

Share your expectations
The trainer asks participants to discuss the following with their neighbour:

- Why did you come to this training programme?
- What are your expectations of the programme?

Pairs report back to the group, while the trainer takes notes on a flipchart sheet.

Indicated time:
- **60 minutes**

Objective:
- **Participants have insight into the different parts of this training programme**

Output:
- **Overview of expectations of the training**

Materials:
- **Hand-outs 1, 2 and 3**
- **Flipchart sheets**
- **Markers and tape**

Method:
- **Presentation**

Facilitation skill:
- **Using ice-breakers and energisers**

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Hand-outs 1, 2 and 3

Introducing the training topic: Training of trainers - Sensitisation of service providers

About the training: the experiential learning model

The trainer introduces the training. The trainer explains that a model has been created that is like the layers of an onion. This model is based on the theory of experiential learning and learning through reflection on doing. This involves participants in an active way that incorporates their own experience. Participants have the opportunity to develop their skills and receive immediate feedback. It also creates the opportunity to participate in the training exercises and techniques first-hand before they engage others in such exercises. The experiential learning model includes four elements: participation, reflection on the experience, generalisation (lessons learned), and application of lessons learned.

How the experiential learning model is like an onion:

- **Centre:** The middle is the exercise itself. The trainer facilitates the exercise and the participants experience the training exercise first-hand.
- **Layer 1:** Reflection on the learning effect. The trainer invites participants to reflect on the learning effect of the exercise.
- **Layer 2:** Reflection on the facilitator skills that were demonstrated. The trainer invites participants to reflect on the skills that were demonstrated by the trainer.
- **Layer 3:** Participants perform the exercise in a real-life situation (when this is not possible, they do it in the classroom) and receive feedback.

Exercises

Explore learning principles

The trainer asks the group what they consider to be important learning principles and turns the feedback into a mind map on a flipchart sheet. The trainer makes sure they fall under the categories on hand-out 2. The trainer adds principles if necessary.

The facilitator's task is to ease the process, planning, guiding and managing the group during the workshop. The facilitator makes sure the objectives are met according to the plan with full participation by everyone. The trainer asks the group how they, as facilitators, can work according to these principles. The trainer writes down the responses using a different coloured marker. The trainer continues the brainstorm by asking what type of skills a trainer needs to work according to these principles.

The flipchart sheet is kept on the wall, visible to everyone in the room, for reference during the training.

Notes for the trainer

Basic facilitator skills

A skilled facilitator is able to:

- **Ask questions.** Questions can open a learning conversation or shut it down. Use probing questions, curious questions, questions that make people think a bit more, dig deeper and so on. Focus on drawing ideas out of the participants.
- **Review statements.** By rephrasing what you have heard, you clarify your own understanding and encourage the participants to hear what it is she or he has said. Reflect and ask participants to clarify if necessary.
- **Foster discussion.** Discussion extends learning and introduces other perspectives. It allows for reciprocity between learner and learner, and learner and trainer. Lead the discussion, don't direct it.
- **Listen reflectively.** Active listening is essential for effective facilitation of a discussion. It builds understanding and consensus in a group. Active listening skills include encouraging, paraphrasing, clarifying, reflecting, summarising and validating.
- **Provide consistent feedback.** Honest and compassionate feedback can be a powerful stimulus for learning.

Create a facilitator's web

The trainer asks participants to think of facilitator skills they want to learn or develop during this training. The participants write the different skills in the boxes on hand-out 3. Then they plot the level of confidence they have about this particular skill on the line – a mark near the centre shows they have very little confidence about that skill, while a mark closer to the outside shows they are very confident. The participants connect the dots on the line, thereby creating a 'web'. Each participant can list different skills and each are likely to have different webs. During the training, participants can review their progress and at the end of the training they should draw a web with a different colour, on the same figure.

Explore the three zones
The trainer asks the participants to stand behind their chairs and tells them: 'Please close your eyes. One of you will receive a pat on the back from me. The person who receives the pat goes to the front of the room and does 30 push–ups.'

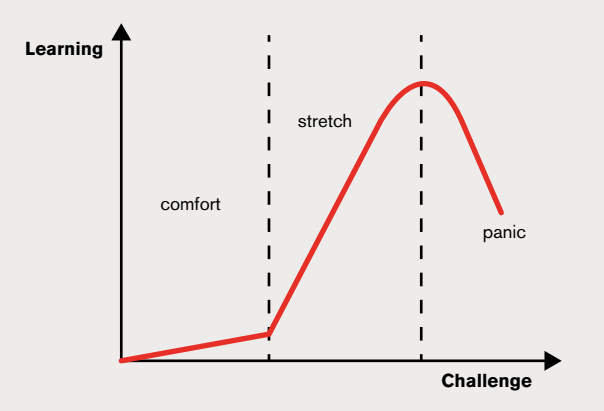
The trainer slowly and formally walks behind the backs of the participants but does not pat anybody on the back, building tension. Then the trainer asks the participants to open their eyes and take their seats. The trainer asks the participants: 'Can the person who received the pat on the back go to the front of the room?' Nobody will step forward. The exercise is not about the assignment but about the feelings participants have during this exercise.

1. Comfort zone
The trainer asks the group: 'Who felt comfortable with this assignment? Why?' The trainer draws the first zone on the flipchart sheet: the comfort zone. The trainer explains to the group that we are in our comfort zone if we do what we already know and are capable of doing in the known context. We feel confident, secure, easy and comfortable, and we learn nothing new.

2. Stretch zone
Then the trainer asks the group: 'Who felt excited, was not sure if she or he could manage the situation, but was willing to try?' The trainer draws the second zone on the flipchart sheet: the stretch zone. The trainer explains to the group that learning takes place in the stretch zone.

3. Panic zone
Then the trainer asks the group: 'Who thought this was going too far? Who felt uncomfortable and was sure that this would never work out?' The trainer draws the third zone on the flipchart sheet: the panic zone. In the comfort zone and in the panic zone people do not learn anything.

The trainer explains that to fully take advantage of this training it is important that all participants are in the stretch zone, but the exercise demonstrated that not everybody is in the same zone because people are different and have had different experiences. For participants it is important to recognise when they move to the comfort or panic zone. Then they can take a moment to see what they can do to move to the stretch zone, where they can be challenged or learn something.



Facilitation skill: Using ice-breakers and energisers

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on using ice-breakers
When you want to surprise your participants and get their attention, an ice-breaker can be used. Ice-breakers are short activities that are often used in training. They help participants feel energised and feel comfortable with each other. Ice-breakers also inject an enthusiastic tone into the training and can help ensure everyone is actively engaged.

Types of ice-breakers:

- Tell a short story or funny anecdote, use an interesting metaphor or discuss an article in the newspaper. Invite participants to react to this.
- Brainstorm on a confronting or challenging question (For example: 'What kind of challenges do we face when…?'). Write down the input and explain how the question connects to your training topic.
- Discuss a mini case study. Think of a case and explain it in ten sentences. Pose a difficult question related to the case and ask the group to think about an answer.
- Role-play a situation related to the training topic.
- Show a short (three-minute) film or clip to introduce your topic.
- Start at the end. Show your participants your last slide or exercise to make them curious.

Tips:

- Know your topic: find ice-breakers that fit your training topic.
- Know your audience: make sure the ice-breaker is something your participants will enjoy.
- Participate yourself: only choose an ice-breaker that you are comfortable with yourself.
- Everyone can join in: make sure nobody is uncomfortable with your exercise.

Background information on using energisers

When the energy in the group is low, learning can be difficult. Energisers are a good way to regain people's interest. Energisers are exercises – usually involving humour or physical activity – that only take a few minutes and can be used at any moment. They help get the blood flowing and give the mind a break.

Examples of energisers:

- Dancing with a ball: Get participants to stand in a circle, with one person in the middle. The person in the middle has a small ball and puts this on any part of their body. By moving around, she or he guides the ball to another part of the body, for example from the back of the neck to the hand. Participants in the circle copy the movements of the person in the middle.
- Drawing a face on your head: Ask everybody to stand up and take a piece of blank paper and a pen. Ask participants to put the paper on top of their heads. Then, while the paper is still on top of their heads, ask participants to draw different parts of a head: start with the shape of a head, then tell them to draw the nose, eyes, ears and hair. When they're finished, the participants can have a look at the result.

More examples and explanations about energisers can be found here: aidsalliance.org/resources?q=100+ways&country=&priority=

2. Youth memories

Indicated time:
- **45 minutes**

Objectives:
- **Participants possess general knowledge on transition into adolescence**
- **Particiants connect own experiences during adolescence to professional practice**

Output:
- **Mind map on adolescents**

Materials:
- **Hand-out 4**

Methods:
- **Mind mapping**
- **Guided discussion**

Facilitation skill:
- **Introducing a topic**

Page 38 →
Hand-out 4

This chapter provides exercises to make participants aware of how 'messages from the past' may influence their current ideas. Here, the trainer uses the skill 'introducing a topic'.

Exercises

The trainer introduces the exercises about adolescence in the following way:

Adolescence is the period of psychological and social transition between childhood and adulthood. Puberty refers to the process of physical changes and accelerated sexual development by which a child's body becomes an adult body capable of reproduction.

Brainstorm on changes

The trainer brainstorms with the participants on all the changes they experienced when growing up. The trainer uses the drawing from hand-out 4 and adds input from the group. The trainer tries to categorise physical changes, psychological changes, changes in relationship to others and so on.

Recall your sexual education

The trainer divides the group in pairs and asks the pairs to interview each other using the following questions:

- Who gave you your first sexual education? How did you experience this?
- What was your family's attitude to talking about sexuality, being naked and expressing intimacy?
- Which feelings can you remember from puberty?

Recollect messages from the past

The trainer explains to the group that people's personal history influences their current ideas about sexuality and relationships. The trainer asks participants to mark the messages about sex they learned in their youth on hand-out 4. They can add other messages. The trainer discusses with the participants to what extent these messages play a role in their life. In what way do these messages influence their professional work?

Notes for the trainer

Adolescents can experience the following psychological and social changes: changing body image (bodily dissatisfaction, low self-esteem), mood swings, a need to assert independence, sexual awakening, increasing awareness of gender differences and desire to experiment with sex. It can be difficult for an adolescent brain to plan and think ahead, estimate the risks and results of their action, control and define their own behaviour, deal with freedom and complex choices, assess others' emotions and 'read' the facial expressions of others.

Adolescents can experience the following physical changes: hormonal changes, underarm hair growth, pubic hair growth, facial hair growth, voice change, breast growth, menstruation and ejaculation.

Possible points on the boy and girl picture on hand-out 4 are (from head to toe):

Boys:
- Pituitary gland
- Facial hair
- Voice change
- Underarm hair
- Pubic hair
- Ejaculation
- Testicles

Girls:
- Pituitary gland
- Underarm hair
- Breast growth
- Hip growth
- Ovaries
- Pubic hair
- Menstruation

Facilitation skill: Introducing a topic

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on introducing a topic
There are several ways to introduce a new topic or exercise. An introduction has different functions. It can put the participants in the learning position and get them interested. It can get participants to recall prior knowledge. It can encourage the sharing of information and resources. It can also break down resistance to discussion or learning.

3. Statements about minors

Indicated time:
- **45 minutes**

Objectives:
- **Participants show motivation to explore different norms, values and opinions with regard to minors and sexual health**
- **Participants explore their own presumptions and preconceptions related to minors selling sex**
- **Participants consider community assumptions about minors selling sex**

Materials:
- **Hand-out 5**
- **Posters with 'Agree' and 'Disagree'**

Method:
- **Guided discussion using statements**

Facilitation skill:
- **Exploring norms and values**

Page 39 →
Hand-out 5

The exercise in this chapter will support the participants by exploring their norms and values about minors and sex. This will enable them to support others in the same process.

Exercise

Discuss statements

The trainer defines two corners in the training room: one is the corner 'Agree', one is 'Disagree'. The trainer tells the participants that she or he will read statements about minors one-by-one and that they should, after each statement, go and stand in the corner that best represents their opinion about the statement which has been read out.

The trainer chooses statements from hand-out 5 or makes other statements, reads them aloud to the group and asks the participants to go stand in the corner that represents their opinion best. When all participants have chosen a corner, the trainer then asks a number of them to explain their choice. If other participants are convinced by the arguments, they can move to another corner.

The trainer discusses each statement in full and focuses on differences in opinions and the main issue in the subgroups. The trainer checks to see if everybody agrees, and if they don't, why not. The trainer guides the debate so that participants speak in turn, ensuring everybody listens to each other and corrects arguments which are based on misconceptions or myths, giving, if needed, facts and evidence to back themselves up. The trainer reminds participants that an opinion is never wrong and that only facts can be right or wrong. The trainer emphasises that each person should respect the personal opinions of others and makes clear that opinions can never be imposed on others. The trainer discusses each statement and digs deeper by asking, 'Why?'

Facilitation skill: Exploring norms and values

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on exploring norms and values
There are usually no right or wrong answers when exploring personal values. The purpose of exercises like this one is for participants to explore their own perceptions and preconceptions about a topic. The role of the trainer is to facilitate and guide this exploration. This is best done by:

- approaching the topic and the participants in an open, unbiased and non-judgemental manner;
- being curious about participants' ideas and asking open-ended questions;
- inviting participants to express themselves and stimulating discussion among participants themselves.

The trainer must recognise her or his own values and biases so they can help the trainees begin to understand their own. It is challenging to lead a group through a process of self-awareness without having already done this same work yourself. Attitudes and values are not easy to teach and measure. However, there are techniques, such as group discussion, using case studies and 'statement discussions' that can help explore and influence people's attitudes and values.

4. Mapping the context of minors selling sex

Indicated time:
- **45 minutes**

Objective:
- **Participants can describe the surroundings of minors selling sex, including the services offered, links to community-based providers' referrals and follow-ups, hotspots, and places where minors solicit their clients**

Output:
- **List of network partners and their services**

Materials:
- **Poster (four flipchart sheets taped together) containing one paper circle in the centre with 'Minor' written on it**
- **Sticky notes**

Methods:
- **Brainstorming**
- **Guided discussion**

Facilitation skill:
- **Brainstorming**

This chapter offers an exercise about mapping the surroundings of minors selling sex. In this way, the participants also learn to think creatively through brainstorming.

Exercise

Map the context of minors

The trainer introduces the exercise in the following way:

Understanding where minors who sell sex operate and how you can reach them is essential for effective service. Collecting essential information starts with a mapping. Mapping should always be done discreetly, to prevent drawing undue attention to the activity. Also the mapping information should be kept strictly confidential, since it can cause harm in hands of law enforcement authorities.

Next, the trainer asks the participants to work in groups and answer the following question: Who are the network partners a minor selling sex encounters in daily life? The groups then write each partner on a sticky note. The trainer gives examples: parents, family members and church members. The trainer encourages the groups to be specific in their descriptions and let them discuss within their group the strength of the relationships. The groups are asked to explore the deeper levels of the network by using the following questions: What exactly is the relationship between the network partner and the minor? Is the relationship supportive or harmful? Jointly, participants place the sticky notes on the large poster in the room.

All participants are invited to come forward, in front of the large poster. The trainer discusses what can be seen with the group, using the following questions:

- Who are the most important network partners? In what way do they influence the health and well-being of minors?
- What are the services offered to minors? Are there any gaps?
- What is the position of your organisation?
- In what way can we influence these network partners or collaborate with them?

Facilitation skill: Brainstorming

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on brainstorming
To many people brainstorming simply means sitting together exchanging ideas. But a brainstorm session is much more than that. It is a technique designed to develop creative and better ideas in a quick manner. The purpose of brainstorming is not to get only one correct answer to a question or challenge, but to generate as many ideas as possible. Brainstorming can be engaging and energising. And because there are no correct or incorrect answers, participants usually feel more comfortable contributing ideas.

These are the three essential phases of a good brainstorm:

Phase 1: Start with one specific question
One clear question generates better ideas then two or three different questions. When there are more questions or subquestions, divide them into different brainstorm sessions. Formulate a simple, clear question in common language that everybody understands. Be specific and concrete. Use inspiring questions: questions that challenge, are ambitious and stimulate thinking outside the usual. Check that everybody understood the question; repeat the question during the brainstorm. Explain that the purpose of brainstorming is not to arrive at one correct answer, but to generate as many ideas as possible.

Phase 2: Generate ideas - Divergence
Generate as many ideas as possible.

Tips for the idea-generating phase of the brainstorm:

- Postpone judgement and do not express criticism about others or yourself; all ideas are valuable and should be noted.
- Go for quantity and variation. This increases the chances for generating good ideas.
- Wild ideas are allowed; go from here to there – chaos is permitted and necessary.
- Hitchhike: go along with other people's ideas and encourage participants to let their ideas flow. Keep the pace lively.
- Be aware of brainstorm killers. Avoid phrased like 'Yes, but...', 'This has already being done before', 'Our boss will not like this', 'This isn't realistic' and so on.

Phase 3: Evaluate the ideas - Convergence
In this phase you can choose, compare, measure pros and cons, and select the best idea. Start by categorising the ideas together with the group. Cut your list of ideas down so you have between five and twenty. This can be done by voting. Start working on the best ideas. Make them more concrete. Discuss follow-up steps. It is possible to do another round to get more in-depth ideas.

Tips for guiding brainstorm sessions:

- Stress that there are no wrong answers.
- Each round should take no more than ten minutes.
- The most effective size for a group brainstorm is a maximum of ten people. If your group has more participants, let them work in smaller groups and collate all the ideas afterwards.
- Sticky notes help generate ideas, because participants do not have to wait their turn to express their ideas – they can write them down immediately.
- When you want to generate ideas it is more effective to ask all participants to take five minutes to write down five ideas, collect them and discuss them in full. This will generate more ideas than a group discussion.

5. Barriers for minors to access healthcare services

Indicated time:
- **45 minutes**

Objective:
- **Participants identify barriers preventing minors from accessing healthcare services**

Output:
- **List of barriers faced by minors selling sex**

Materials:
- **Case study**
- **Flipchart sheets**

Method:
- **Case study**

Facilitation skill:
- **Using case studies**

This chapter offers a case study exercise about barriers minors selling sex might face when they want to access healthcare services. Discussing the case study makes participants aware of the value of learning from examples.

Exercise

Explore the barriers Cynthia faces

The trainer reads (or asks one of the participants to read) the Cynthia case study to the group, and, listening closely, asks the group to note down all the difficulties Cynthia encounters.

A case study: Cynthia

This morning, Cynthia is woken up by a bad stomach ache. Her lower belly is cramping and she feels a bit feverish. She has a tough day ahead. Before, times have been financially okay: her work allowed her to give some extra cash to her mother and occasionally buy pretty things. She felt good. But lately Cynthia has struggled to get by. Last week she did not make as much money as she had hoped, so she feels pressure to work today. However, her mind is not on working. She worries something may be wrong. What if she caught some scary infection? If only she could get a doctor to take a look at her, she'd feel reassured.

Then she remembers her friend once told her about a health clinic on the other side of town. Cynthia considers her options. Maybe after work she'd be able to make it to the clinic. However, she doesn't know where this day will take her. She has no idea when she will be finished. Also, she never knows where she will end up. If the clinic is far, she'll have to find a way to get there. She regrets not saving enough money to pay her travel costs. Borrowing from her older brother is not an option; he'd ask what she needs it for. And if she asked him to take her to the clinic, she's afraid he may suspect things.

She sighs. Well, the clinic wouldn't be able to help her anyway, Cynthia reasons. When they will find out she's only fourteen years old, they'll tell her to bring her parents. How could she tell them she has had sex with strangers in exchange for money? She can only imagine their faces… They'd probably start telling her what to do. As if she doesn't know. 'I don't need another mother,' she thinks. 'I'm old enough to make my own decisions.' She had heard of girls who went to the clinic and were forced to take an STI test and pay for it… Besides, what if they ask her name? Or want to see her ID? Who knows who they give this information to? Cynthia shakes her head. This is her biggest secret.

Anyway, the fact is, she needs the money really bad. So, Cynthia finally decides, she'll toughen up and work today instead. Maybe the pain will go away by itself…

The trainer asks the group what barriers minors selling sex face and lists them on a flipchart sheet. The trainer encourages the group to share stories about experiences that will deepen understanding of these barriers, asking questions such as 'Why?', 'How could you recognise or identify this barrier?' and 'Do you recognise this in your daily work?' Finally, the trainer discusses with the group the way in which these barriers can be overcome.

Notes for the trainer

Possible examples of barriers in this case are:

- Fear of authorities
- Mobility of population
- Lack of a support system
- Legal implications
- ID requirements
- Consent requirements

Facilitation skill: Using case studies

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on using case studies
Many participants learn better from examples than from basic principles. The use of case studies can be an effective teaching technique. Cases come in many formats, from a simple 'What would you do in this situation?' question to a detailed description of a situation with accompanying data to analyse. Whether to use a simple scenario-type case or a complex and detailed one depends on your training objectives.

Most case exercises require participants to answer open-ended questions or develop a solution to an open-ended challenge with multiple potential solutions.

Presenting multiple cases can help participants to get a better insight into certain topics and feel involvement, empathy and understanding. This will help develop critical thinking skills. Therefore the cases used should be realistic and approach the daily reality of participants. It can be very effective to ask participants to come up with their own cases or scenarios, as these may resemble their own situation and highlight the challenges they face.

6. Sex worker-friendly healthcare services

Indicated time:
- **45 minutes**

Objectives:
- **Participants can apply the principles of sex worker-friendly services to their own professional context**
- **Participants can apply principles of sex worker-friendly services to minors selling sex**

Output:
- **List of minor-friendly services**

Materials:
- **Hand-outs 6 and 7**

Methods:
- **Group work**
- **Group prioritising**
- **Lecturing**

Facilitation skill:
- **Lecturing using PowerPoint**

Page 40
Hand-outs 6 and 7

The exercise in this chapter focuses on applying the principles of sex worker-friendly healthcare services to minors selling sex, using lecturing and PowerPoint skills to engage participants.

Exercise

Apply minor-friendly principles

The trainer explains the principles of sex worker-friendly services by giving a PowerPoint presentation on the principles from hand-out 6. The trainer explains to the group that these principles can be applied to minors selling sex and that the participants will look into standard health services and the way they can be made minor-friendly using the principles.

The trainer asks the group what service they offer at their clinic or what other services are offered that they know of. Different groups or pairs are assigned one or more of the standard services. They make suggestions on how these services can be made friendlier using the principles and the output from previous exercises. The trainer collects the input and writes the suggestions next to the standard services on the flipchart sheet.

The trainer discusses with the group what adjustment to each service is possible and in what way this can be realised, and how network partners can be involved (using the input from the mapping exercise). Hand-out 7 can be used for inspiration.

Facilitation skill: Lecturing using PowerPoint

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on lecturing using PowerPoint
A lecture can be used to pass on information in a quick manner. No input from participants is required; it only involves conveying information to the participants. You do not know what they think or what they will do with the information. If you add an exercise that allows them to process the information from the lecture, participants will learn more and incorporate it in their daily practice.

Make sure that the PowerPoint slides:

- are readable from a distance;
- present an image representing your topic;
- work as a reminder for your audience;
- do not contain more than seven items per sheet;
- contain graphs and diagrams to illustrate your point;
- have colour and humour (where appropriate);
- contain the company logo.

7. Stigma and discrimination

Indicated time:
- **45 minutes**

Objectives:
- **Participants reflect on and analyse the many layers of stigma and discrimination that exist in society and their implications in the context of minors selling sex by explaining:**
  - **the various causes, manifestations and effects of stigma towards minors selling sex;**
  - **the effects on the health and well-being of minors;**
  - **the effects on healthcare services (anonymity, mandatory testing).**

Output:
- **Stigma tree**

Materials:
- **Hand-outs 8 and 9**
- **Flipchart sheets**
- **Sticky notes**
- **Markers**
- **Tape**

Methods:
- **Mapping**
- **Guided discussion**

Facilitation skill:
- **Creating a challenge tree**

Page 42
Hand-outs 8 and 9

The exercise in this chapter is about creating a 'challenge tree', which is a helpful tool to identify the causes, forms and effects of a challenge. The participants will focus on the stigma minors selling sex face.

Exercises

Create a stigma tree

The trainer explains that the participants will create a 'challenge tree' that represents the causes, forms and effects of stigma faced by minors selling sex. The trainer explains the purpose of this challenge tree tool and how they will create it.

The trainer sets up the structure of the tree on the wall or uses a picture of a tree and places a few example notes for the forms of stigma, such as gossip and segregation. Or the trainer asks participants to draw a challenge tree, showing forms of stigma (main trunk), effects (branches) and causes (roots). The participants are asked to write key words and sentences on sticky notes, which will be placed on the corresponding level (root, trunk, branches) in the symbolic stigma tree. Hand-out 8 can be used during the explanation.

The trainer gives the following directions:

- Think about different forms of stigma. Start by writing one key word or sentence per note and stick the notes on the main trunk of the challenge tree.
- Then move on to the effects and put sticky notes on the branches.
- Finally put sticky notes with causes on the roots.

The trainer makes sure that the focus remains on minors engaged in selling sex and their unique situations, and supports participants to explore different levels, for example immediate effects or impact on minors selling sex (for example shame), spin-off effects (for example avoidance of healthcare) and wider effects on the economy or society (for example no further development or participation in society). The trainer challenges participants to dig deeper by asking 'Why?' and 'How does this apply to minors selling sex?' The trainer asks the group to come up with examples and personal experiences. Hand-out 9 can be used for inspiration.

Optional: Further analyse the stigma tree
In two smaller groups, participants can further analyse the tree. The trainer asks one group to look at the effects by asking the following questions:

- What are the effects on the family, the community, the country?
- How can we minimise the effects of stigma?

The trainer asks the other group to look at the causes by asking the following questions:

- Why is this a root cause of stigma? Can you explain by using examples?
- What can you do to change or challenge this cause of stigma?

Optional: Plan action
The trainer organises topic groups for different notes and asks groups to do a detailed analysis by asking the following questions:

- As people who are concerned about stigma regarding minors selling sex, what can we do to change these root causes?
- How can we design our support programmes for minors selling sex to avoid these effects, lessen their impact or support people to deal with these effects?

Facilitation skill: Creating a challenge tree

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on creating a challenge tree
A challenge tree provides an overview of all the known causes, forms and effects involved in an identified challenge. Understanding the context helps reveal the complexity of the identified challenge. In a challenge tree exercise participants gain insight into a challenge in a participatory manner. The outcome can be used for further planning of interventions as it establishes the causes and effects of certain challenging situations. This can be important for planning community engagement and behaviour change.

A challenge tree involves writing causes in a negative form (for example 'lack of knowledge' or 'not enough money'). Reversing the challenge tree, by replacing negative statements by positive ones, creates a solution tree. A solution tree identifies goals and ways to achieve them as opposed to looking at causes and their effects. This provides an overview of the range of projects and interventions that need to be introduced to solve the core challenge.

Tips for this exercise:

- Make sure you create a focused key issue that is clearly specified.
- You can also start by generating a list of relevant concepts and organising them before constructing the actual tree.
- Give participants the opportunity to revise. Trees evolve as they become more detailed and may require rethinking and reconfiguring.
- Stimulate a hierarchical structure that distinguishes concepts and facts at different levels of specificity.
- Draw multiple connections, or cross-links, that illustrate how ideas in different domains are related.
- Include specific examples of events and objects that clarify the meaning of a given concept.

Hand-outs
Day 1.

DAY 1

Annex 1
Introduction exercises

Play the ball game
The trainer explains to the group that they will play a ball game to help get to know each other. The trainer invites the participants to stand in a circle and, to show everyone how the exercise works, starts the game by saying her or his name and thoughts about what she or he would like to get from the training session. The trainer then throws the ball to another person, who introduces herself or himself by answering these questions:

- What is your name?
- What would you do want to learn in this training session?

This person then throws the ball to another person, who will also answer the two questions. When everybody has introduced herself or himself, the ball returns to the trainer.

Meet your neighbour
Each participant shakes hands with her or his neighbour and explains why she or he is attending the training. The participant then does the same with the other neighbour. Everyone walks around the room and, when the trainer gives the word, participants shake hands with their new neighbour.

Join your team
The trainer writes different categories (for example age groups, years with the organisation, outreach activities, colours) on four separate sheets of A4-sized paper and puts the sheets up in the four corners of the room. The trainer poses questions and asks the participants to go and stand in the corner of the category most relevant to them. This exercise provides insight into the composition of the group and makes participants feel more at ease in the training room.

Create a self-portrait
The trainer asks participants to draw a self-portrait on a piece of paper. They can choose any style they like (realistic, cartoon, abstract). The trainer asks them to write their name on the portrait and to write down three 'stepping stones' (important events) that led them to this training. When everyone is finished, the trainer asks the participants to show their self-portraits and talk about themselves through the drawing, including a short explanation of their stepping stones.

Hand-out 1

Training topics

Hand-out 2

Learning principles

RESPECT
EXPERIENCE
PARTICIPATION
RELEVANCE
AFFIRMATION

Trainer

RESPECT
Confidentiality, equality, trust, comfort, safety, autonomy

Participants need to feel comfortable, safe, respected and feel like equals in order to be able to participate and learn. The trainer must acknowledge that each individual has as much right to contribute, influence and determine the direction of the group as another.

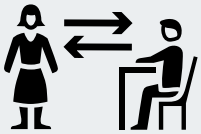
The trainer can create and show respect by not judging or interrupting participants, by creating and following ground rules, taking participants' questions seriously and responding promptly, arriving on time, keeping track of time and so on. The trainer can create a safe and comfortable environment by providing comfortable seating and a place to write, a comfortable room, drinks and food, pencils and good materials, amongst other things. The trainer should also use open and friendly body language.

EXPERIENCE
Valued personal experience

Participants learn best by drawing on their own life, professional experience and prior knowledge. Each participant's contribution to a discussion and a skill-sharing activity is equally valid and valuable.

The trainer can elicit participants' experiences by asking participants what familiarity they have with the topic and plan activities that draw on participants' experiences.

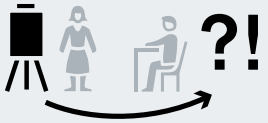
PARTICIPATION
Dialogue, engagement



Teaching and learning must work both ways to ensure that the participants enter into a dialogue with the teacher. Participants must engage with the material through dialogue, discussion and learning from peers. The trainer should consult regularly with the group on direction, pace, content and method. The trainer must be open for suggestions and ready to adapt the programme.

The trainer can engage participants by planning a variety of small- and large-group activities, use energisers, plan activities that invite participants to problem solve, discuss, or otherwise work with content they must learn and so on. The trainer can create dialogue by asking open-ended discussion questions - questions which do not have only one correct answer - and by responding to participants' questions by asking other participants how they would answer and what they know.

RELEVANCE
Immediacy, agreed goals, goal-orientated, practical



Learning must meet the real-life needs of participants for their work and families, for example. Participants must be able to apply the new learning immediately. Participants must share an agreed goal of the training if they are to develop a belief in and sense of ownership of the group.

The trainer should make sure that training content is relevant by finding out what participants are expected to know and do, doing research if needed, learning about participants' backgrounds and needs, asking participants what they need to learn and so on. The trainer should ensure that participants apply learning immediately, and teach content they will be able to use right away, following up with participants after training, and during the next training asking how participants use what they learned, amongst other things.

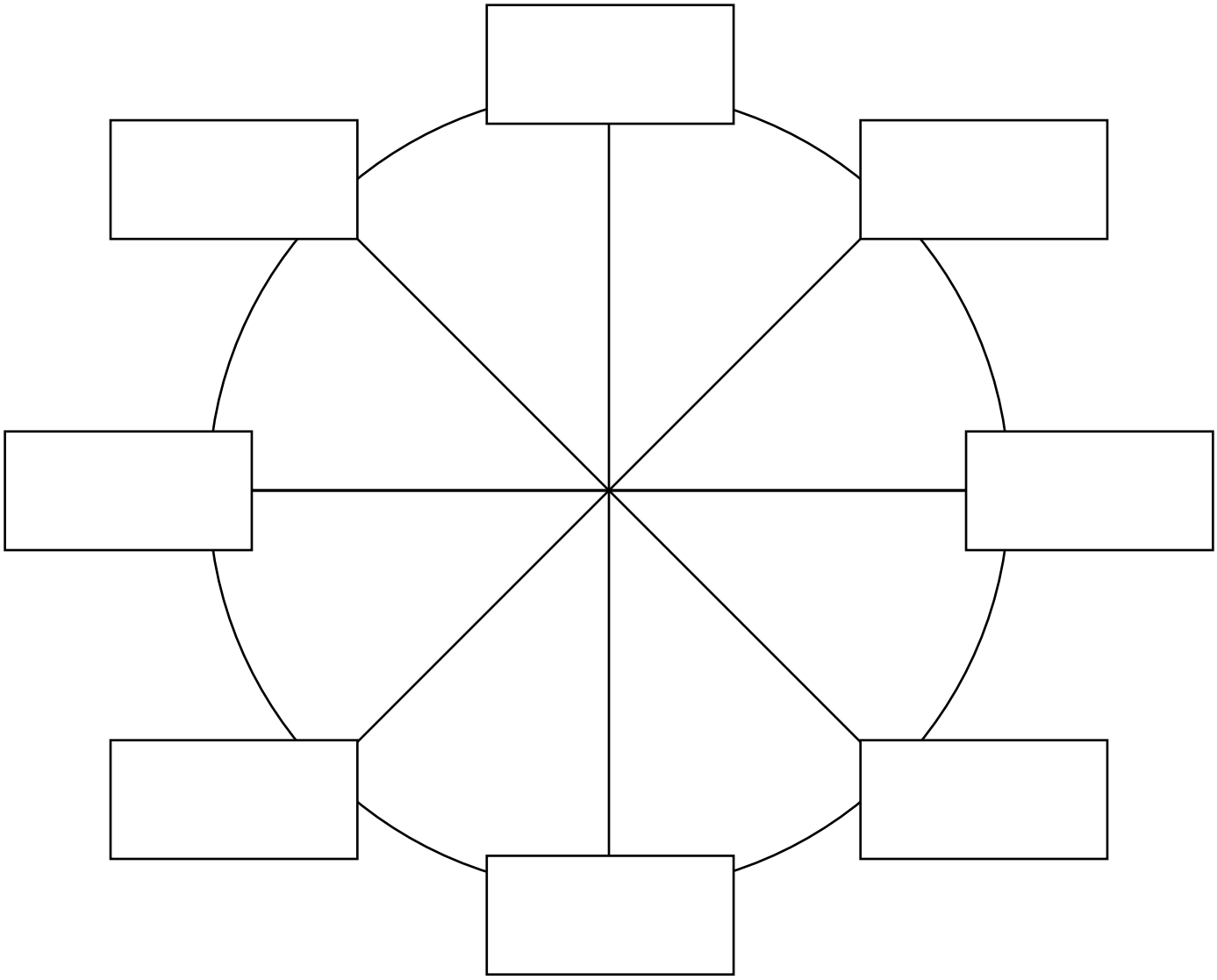
AFFIRMATION
Inclusion, encouragement

Participants learn best from a positive and beneficial experience. Participants need to receive praise and encouragement. Everyone in the group must be included and encouraged to participate, share ideas, suggestions and solutions, and take the initiative.

The trainer must recognise that everyone is entitled to positive experience in the group. The trainer can create a positive environment by thanking participants for their ideas, pointing out what they already know and are good at, and so on.

Hand-out 3

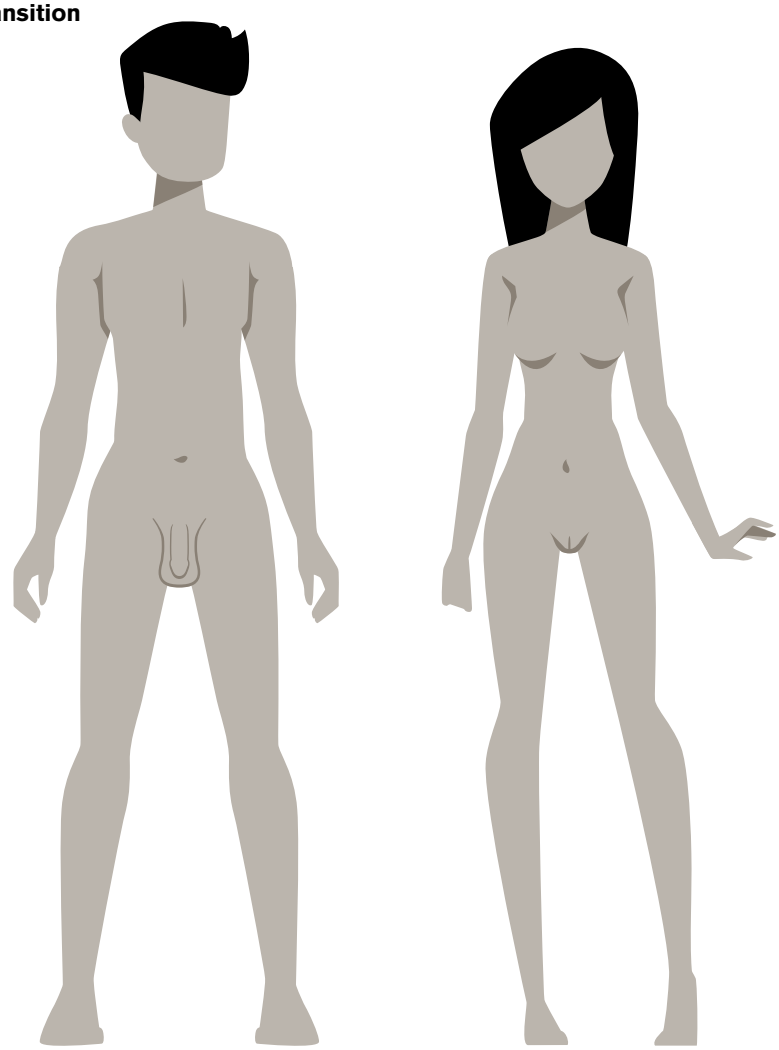
Facilitator's web



Hand-out 4

Youth memories

Transition



Messages from the past

- ☐ You do not talk about sex with strangers.
- ☐ You should appreciate your own body.
- ☐ Masturbation is not acceptable, especially not in a relationship.
- ☐ Men always want sex.
- ☐ Sex is a part of marriage.
- ☐ Petting shows that you love each other.
- ☐ Boys and men should take initiative.
- ☐ Girls and women should wait, not take initiative.
- ☐ It is good to have lots of sexual experience.
- ☐ Masturbation is something pleasant.
- ☐ Sex is exciting.
- ☐ Sexual lust is bad; you should repress it.
- ☐ Sex is always beautiful, nice and romantic.
- ☐ If you love each other a lot, the sex will be good.
- ☐ Men should be sexually active; women should be passive.
- ☐ If a woman gets a man excited (sexually aroused), she has to go all the way.
- ☐ A real man always wants to have sex and can always have sex.
- ☐ Hetero sex is the only real sex.

Hand-out 5

Statements on norms and values

- Minors should grow up being looked after by their family.
- If a boy takes a girl on a nice date and spends $50, she owes him sex.
- It is healthy for minors to experiment with sexuality and their sexual feelings.
- Minors never lie about abuse.
- Parents are to blame when their child is selling sex.
- People would never engage in selling sex out of free choice.
- The government should lock up minors who sell sex for their own good.
- The best way to prevent minors from selling sex is to force them back to school.
- Minors decide for themselves to earn money by selling sex.
- Minors who sell their body are themselves to blame for their abuse.
- It is dangerous to have sex with a minor.
- Minors selling sex need counselling on safer sex methods.
- Minors selling sex should be involved in intervention programming.

Hand-out 6

General principles for sex worker-friendly services[3]

1. **Voluntary and informed consent:** Sex workers have the right to decide about their own treatment and have the right to refuse services. Healthcare providers should explain all procedures and respect the sex worker's choice if she or he refuses examination or treatment.

2. **Confidentiality:** Confidentiality of patient information, including clinical records and laboratory results, should always be maintained to protect the privacy of sex workers. Sex workers should be allowed to provide identifying information other than their official birth name (identification papers or biometric data should not be required). Continuity of services may be assured by assigning an enrolment number.

3. **Appropriate services:** Clinical services should be effective, of high quality, provided in a timely manner and address the needs of sex workers. Health services should be in line with international standards, current best practices and guidelines.

4. **Accessible services:** Clinical services should be offered at times and places convenient for sex workers. Where possible, services should be integrated or closely linked so that a broad range of health services can be accessed at a single visit.

5. **Acceptable services:** Healthcare providers should be discreet, non-judgemental, and non-stigmatising and trained to address the special needs of sex workers.

6. **Affordable services:** Services should be free or affordable and should bear in mind the cost of transport and lost income opportunities for sex workers visiting a service provider.

3 World Health Organization (2013). *Sex Worker Implementation Tool (SWIT): Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions.* A collaboration between the World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. See who.int/hiv/pub/sti/sex_worker_implementation/en/

Hand-out 7

Minor-friendly healthcare services[4]

How can standard services be sensitised for the needs of minors selling sex?

Most services are likely already available in most clinic settings, however, very few are sensitised to the unique needs of minors selling sex. Minors-sensitive/friendly healthcare services are those services that take into consideration the unique circumstances of minors selling sex. Sensitive or friendly services also create an enabling and welcoming environment, which encourages open and non-judgemental discussion between a healthcare worker and the minors engaged in selling sex.

HIV counselling and testing

Minors selling sex should be tested more frequently since they engage in frequent and potentially higher-risk sexual activity. HIV and risk-reduction counselling should be adjusted in order to provide suitable and tailored comprehensive HIV and sexual and reproductive health and rights (SRHR) information and education with a focus on skills-based risk reduction.

ART referral

Minors who are HIV-positive and qualify for antiretroviral therapy (ART) should be linked to a minor-friendly and sex worker-friendly ART clinic. Initiating ART is not only important for the health of minors selling sex, but also because it can significantly lower the risk of passing the virus on to their clients. Since minors selling sex may be more mobile than other patients, it may be necessary to provide them with the opportunity to collect medication from multiple clinics.

STI treatment

Minors selling sex are highly susceptible to contracting STIs and should be encouraged to test for them regularly. Anal STIs are often overlooked and should be assessed as well. Where available, the human papillomavirus (HPV) vaccine should be distributed to minor females selling sex in order to lower the risk of cervical cancer. Some clinics require that patients bring their sexual partners into the clinic when they are receiving treatment for STIs. This is ineffective for minors selling sex and can often place them in a compromising position.

Reproductive health services

Minor female sex workers are also exposed to the risk of unwanted pregnancy. Healthcare workers should discuss contraceptive needs with minor female sex workers with particular emphasis on dual protection and emergency contraception information should be made available on termination of pregnancy where appropriate.

Referral or provision for mental health counselling

Given the risk of developing mental health issues among minors selling sex, in particular because of their vulnerable psychological development, any minor seeking services should also be screened for common mental health illnesses such as depression and anxiety.

Screening assessments

Minors selling sex face a significant risk of being exposed to violence, human rights abuses and assault. Minors in particular have a subordinate power position in relationships with others – they have limited negotiating skills, for example. These circumstances may also lead some minors selling sex to develop a dependency on alcohol and/or drugs. Therefore, minors selling sex should be screened for drug use, a history of violence and past abuses. This information will give healthcare workers a better ability to refer minors selling sex to additional care where needed.

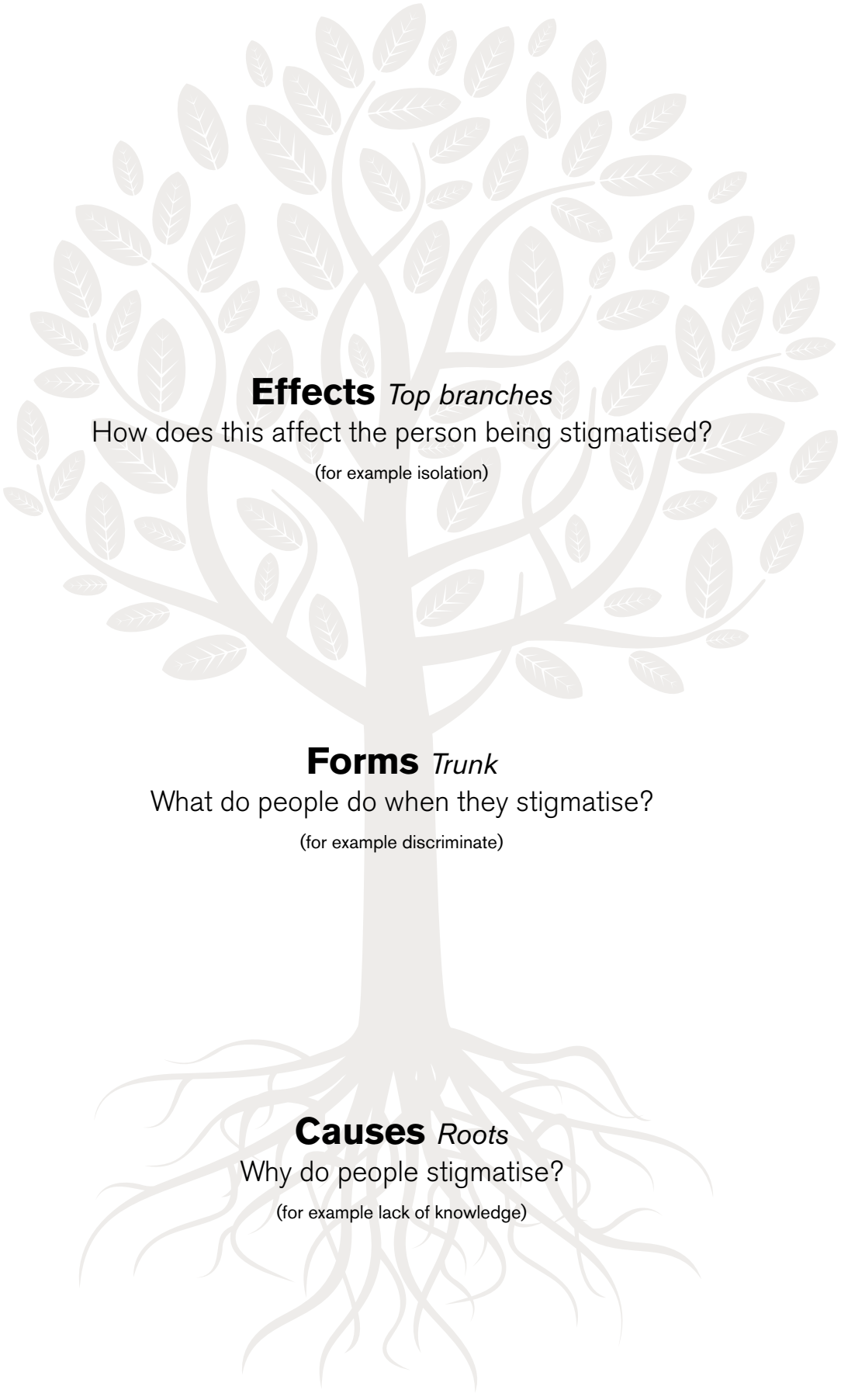
HIV prevention education and risk-reduction counselling

Healthcare workers should always educate minors selling sex about HIV prevention and safer sex practices. Particularly for minors selling sex, the most important message and strategy is to encourage them to decrease the number of unprotected sexual acts they have with clients.

4 World Health Organisation (2013). *Sex Worker Implementation Tool (SWIT): Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions.* A collaboration between the World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects. See who.int/hiv/pub/sti/sex_worker_implementation/en/

Hand-out 8

Example of a stigma tree



Effects *Top branches*

How does this affect the person being stigmatised?

(for example isolation)

Forms *Trunk*

What do people do when they stigmatise?

(for example discriminate)

Causes *Roots*

Why do people stigmatise?

(for example lack of knowledge)

Hand-out 9

Input for a stigma tree

Causes of stigma towards minors selling sex could include:

- Age: People tend to believe minors are irresponsible and unable to make their own decisions and that young people do not have autonomy.
- Legal aspects: Unfavourable laws that criminalise sex work in minors are in place; people tend to believe that minors are not entitled the same rights as anyone else; and restrictive government policies are in place.
- Morality: People tend to have the view that minors selling sex are sinners, dirty and untrustworthy, and that they 'sleep around'. Selling sex is seen as immoral. Prejudice and the tendency to judge others exist.
- Ignorance: Lack of knowledge makes people condemn minors selling sex. There are misconceptions about the context and the grounds for minors to sell sex.
- Poverty, poor healthcare, media, gender, inferiority and superiority complex play a role.

Forms of stigma towards minors selling sex are very context-specific but usually include:

- Discrimination, denial of access, services and rights.
- Name-calling, scapegoating, finger-pointing, teasing, ridiculing, and labelling.
- Blaming, shaming, judging, back-biting, rumour-spreading, gossiping, making assumptions, and victimising.
- Neglecting, rejecting, isolating, separating, hiding, and staying at a distance.
- Harassment, physical violence, and abuse.
- Self-stigma: blaming and isolating oneself; associated-stigma: family and friends also affected by stigma; and stigma by looks and appearance.

Effects of stigma on minors selling sex could include:

- Low self-esteem caused by shame, denial, self-isolation, loneliness, neglect, loss of hope.
- Depression, death/suicide, isolation, self-rejection (giving up on yourself), self-blame, self-pity, self-hatred, anger, violence, and distrust.
- Reluctance to seek healthcare: refraining from approaching healthcare workers, services and centres. Not making use of healthcare, STI testing and social support programmes at all. Being deprived of medical care, as health staff argue support for minors selling sex is a 'waste of resources'. Diminished social security and diminished health.
- Increased risk of not using condoms with clients or using condoms with clients less frequently. Increased risk of HIV and other STIs.
- Increased violence and risk of violence by clients (low self-esteem may lead to a lower chance of minors standing up for themselves). Accepting lower fees from clients (low self-esteem may lead to a lower chance of minors standing up for themselves in negotiations).
- Decline in school performance or dropping out from school. Living on the street. Abuse or poor treatment by relatives. Loss of accommodation.
- Withdrawal from public activities. Becoming very quiet. Suicide or thinking about suicide. Feeling useless. Leaving the community by force. Being kicked out of the family. Loss of social support. Ending up in abusive, criminal or dangerous social circles.
- Lack of belief in ability to find another job.
- Being sent back to the village and property grabbing. Quarrels within the family and arguing over who is responsible for the situation and who will take care of the 'immoral' minors.

Day 2.

DAY 2

8. Rights, laws and regulations

Indicated time:
- **45 minutes**

Objective:
- **Participants are familiar with:**
  - **specific laws and regulations that apply to minors, including the age, social and legal markers that are used to define adulthood and age of consent;**
  - **specific rights that apply to minors, including the right to health, protection and self-determination.**

Output:
- **Hand-out 10: Knowledge quiz statements and answers**

Materials:
- **Green and red papers**
- **List of questions***
- **Paper and pen**

Method:
- **Playing a quiz**

Facilitation skill:
- **Playing a knowledge quiz**

*** Answers may differ for different countries. Therefore the questions either need some preliminary research to have the correct answers or the correct knowledge is extracted from the participants.**

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Hand-out 10

The exercise in this chapter helps participants increase their knowledge on rights, laws and regulations that apply to minors. At the same time, the participants discover the value of playing a knowledge quiz.

Exercise

Play a knowledge quiz

The purpose of this exercise is to increase the knowledge of the participants on the topics of rights and regulations regarding minors selling sex, and to encourage critical thinking. During this exercise participants will be given a number of statements regarding topics mentioned above. By discussing why these statements are true or false, knowledge is gathered and opinions are explored together by the participants and the trainer.

The trainer divides the participants into small groups (maximum of four) and hands out one red and one green piece of paper to each group. The trainer chooses ten questions in total from hand-out 10, at least two from each category, picking the ones that seem most relevant to the participants.

The trainer presents the statements one-by-one to the group, by reading them aloud, writing them on a flipchart sheet or presenting them through PowerPoint. The trainer asks the participants: 'Is this statement true or false?' and instructs the participants to shortly discuss each statement within the group. Then, the group should either hold the green ('True') or the red ('False') paper in the air.

If the groups all hold up papers of the same colour, the trainer asks one of the groups to explain their choice. When different answers to the question are given, the trainer asks the group with a green paper and the group with a red paper to explain their choice. The trainer leads the discussion. Paper and pen can be used by the participants to make notes. Questions and answers can be handed out to the participants after the quiz.

Notes for the trainer

Pay special attention to the following:

- The focus of the discussion should be why an answer is the right answer.
- Accept that there is not always one right outcome. 'Agree to disagree' can also be an important outcome.
- Laws and regulations may have recently changed.
- Laws and daily practice may differ. Discuss these differences with the group.
- Create a learning environment: encourage participants to be constructive rather than defensive in discussing their answers.

Facilitation skill: Playing the knowledge quiz

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on playing the knowledge quiz
A quiz can be used as a training method to collect prior knowledge, to make participants curious about a topic and to stimulate discussion. A quiz can also be used to test participant's knowledge before or after the training. When using a quiz as an exercise to stimulate discussion and to increase knowledge, the trainers should make sure they have the answers to the questions at their disposal.

When the trainer poses a question, participants can be invited to discuss the answer with each other. Let participants who have the correct knowledge answer the questions. The trainer should only jump in when the answers are incorrect. Working in groups creates a safe environment. A little competition makes a quiz more fun.

9. Ethical dilemmas

Indicated time:
- 90 minutes

Objectives:
- Participants can describe the conflict of duties between practising the right to health and adhering to laws and regulations
- Participants are motivated to discuss professional ethics and duties
- Participants demonstrate the ability to apply professional ethics after moral deliberation, taking into account:
  - the right to health, protection and self-determination;
  - the laws and regulations regarding minors selling sex.

Output:
- Filled in steps on Hand-out 11

Materials:
- Hand-out 11
- Flipchart sheets
- Markers

Method:
- Guided group work

Facilitation skill:
- Increasing participation by asking questions

Page 60
Hand-out 11

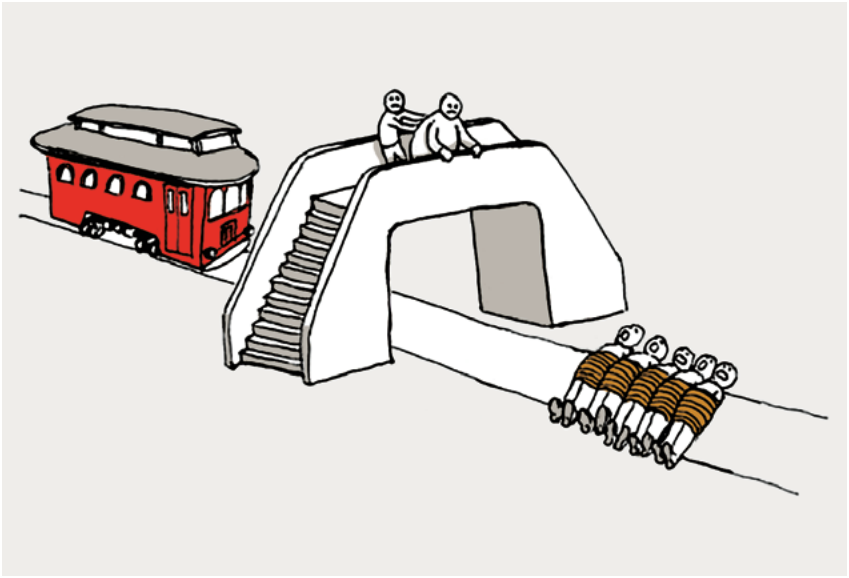
The exercises in this chapter focus on the different steps the participants can take when they are faced with an ethical dilemma, and will also give insight into how participation can be increased by asking questions.

Exercises

Select an ethical dilemma

The trainer and the participants together define what an ethical dilemma is. The trainer can support the participants by giving an explanation in the following way: An ethical dilemma is a choice between two options, both of which may bring a negative result. This can occur in a situation in which a person is being torn between, for example, laws and regulations, professional ethics, and personal morals and values. Examples of general ethical dilemmas are:

- A train's brakes are broken, so the driver has no way of stopping. The train rails split in two: on the left he sees a child playing on the tracks. On the other side he sees two old men crossing. The driver will hit someone whichever side he chooses. Which side should he choose?
- A healthcare worker in a hospital must treat two people who urgently need oxygen, but the nurse only has one oxygen tank available. Either way, treating one person means the death of the other person. Who should she choose to treat?



An ethical dilemma: Should you push the fat man in front of the train to save the life of five other people?

The trainer divides the participants in groups and asks the participants to think for ten minutes of situations in which they are presented with an ethical dilemma in their work in the provision of services to minors selling sex. The trainer elicits the cases from the groups and lists them on a flipchart sheet. Subsequently, the trainer checks with the group which of the cases that have been noted down are most relevant and closest to their experience in their work (providing services to minors selling sex).

Notes for the trainer
Examples of cases can be: A minor selling sex asks the healthcare worker for an abortion, but her parents do not consent. A fifteen-year-old boy selling sex wants an HIV test but comes to the clinic by himself.

It is important for the trainer to stress that in an ethical dilemma there is never one right answer and there is no such thing as right or wrong. The only option is to follow a line of arguments to find a solution that is most satisfying in that particular case.

Take the steps to deal with an ethical dilemma
The purpose of this exercise is to offer participants a hands-on tool to examine and deal with ethical dilemmas for grounded decisions in working with minors selling sex. During this exercise, participants will move through three phases each containing a number of questions. By answering these questions, participants are challenged to examine different perspectives and explore all courses of action. They will practise with a case that is close to their own experience.

From the selection of cases in the previous exercise, the trainer and the participants collectively choose one case to work with. The person who has experienced this case in real life is asked to assist during the exercise. This person will be the 'I' person, the person who is presented with the ethical dilemma and needs to make a decision. All participants will 'step into the shoes' of this one person. The trainer asks this person to elaborate a bit more on the case and answer questions from the group. The trainer lets the participants explore the situation deeper, by asking the 'I' person questions, for example regarding the age, gender, company and background of the persons involved. The 'I' person can answer by sketching the situation. The trainer should be careful not to enter in discussion on how the person should have handled the situation. Then, step by step, the participants find answers to the questions below, and the trainer writes them on a flipchart sheet. The trainer asks participants to write along on hand-out 11.

PHASE 1: SITUATION AND DILEMMA

Question 1: What is the moral question? (plenary) The trainer asks the participants what the moral question is within the chosen case and writes the question on the flipchart sheet.

Make sure to formulate this clearly and concisely, directed at an action or behaviour of one person (the 'I' person). A moral question involves terms such as 'should', 'have to', 'would', 'being obliged to', or their opposites, and should be about an action or behaviour of a person or persons.

Question 2: Who are involved? (in groups) The trainer asks the participants to explore in groups which people, organisations or groups are involved in the case, and their rights, duties or interests. The participants explore in groups for ten minutes and then share with the full group. The trainer writes a list on the flipchart sheet.

Do not overlook the 'I' person and persons, organisations and groups that are not physically present. The main persons or parties involved will usually be clear within a few minutes. Keep a maximum of four to five persons, groups or organisations involved. This helps to keep focus on the core of the dilemma in the specific case.

PHASE 2: ANALYSIS

Question 3: What is the moral interest of the people involved? (plenary) The trainer asks the participants what the moral interest or concern of each person, group or organisation on the list is and adds them to the list on the flipchart sheet.

It could take some time to get a grip on the moral concerns of the people involved. Moral concern should specify the pros and cons, rights or obligations of the person involved in the question being examined.

Question 4: What information do I need? (plenary) To make a well-informed decision, the situation's context should be as complete as possible. This information can be gathered by asking questions. The trainer writes down a list of background information that has been gathered on the flipchart sheet.

Information should be factual rather than based on assumptions. 'I don't know' as an answer is preferred over speculative information, because it makes clear what information is lacking. Information can be gathered by anonymising the case and discussing it with other people, for example colleagues.

Question 5: What are all the alternative actions? (in groups) The trainer asks the participants what actions or behaviours are possible. After contemplation in groups, the participants collectively share possible scenarios. The trainer writes at least three possible scenarios on the flipchart sheet. The trainer must be creative and encourage the participants to think of alternative actions beyond the most obvious.

Question 6: What are the benefits and downsides of these possible scenarios? (plenary) The trainer asks the participants to identify arguments for and against the possible actions, for example norms and values, interests, laws and regulations, and duties. The trainer challenges participants to think of both arguments for and against for each scenario. The trainer lists the arguments in two separate columns on the flipchart sheet, next to the relevant scenarios.

Formulate arguments that are as specific as possible. This may require formulating complete sentences. For example, when something is 'unjust', try to formulate what is unjust, for example: 'It is unjust to deny person X information.'

PHASE 3: DECISION MAKING

Question 7: How would you rank the possible actions? (plenary) The trainer asks the participants to define which arguments in favour and which arguments against are most persuasive. The trainer lets them justify their choices by posing the following questions:

- Did I take all possible actions into account sufficiently?
- If it were me ('I' person), would I accept this choice? (principle of reciprocity)
- Would you treat other clients in the same way? (principle of equality)

Question 8: What is my conclusion? (plenary) The trainer asks the participants to formulate a final conclusion as follows: 'I should act in ... way, because ..., despite ...'. The trainer writes the conclusion on the flipchart sheet.

When at this point participants cannot make a decision and come up with new arguments, go back to question 6 to complete the arguments list. Make sure the conclusion really is formulated as an answer to question 1.

Question 9: Am I satisfied with the final decision? ('I' person) The trainer checks how the 'I' person feels, now that all arguments have been weighed and a conclusion has been formulated.

It may well be that some participants differ in their moral qualification regarding a certain act and experience different feelings. The trainer explores what the differences are and how they lead to a certain level of satisfaction. The trainer underlines that there is never one right answer in ethical dilemmas.

Optional: Reflect on all cases
The trainer goes back to the flipchart sheet with all cases of the first exercise and reflects with the participants on the following questions:

- Could you use these steps for decision-making in ethical dilemmas for all these cases?
- Could you do this alone or with colleagues, a team, or peers?

Facilitation skill: Increasing participation by asking questions

1. Reflection on the learning effect
The trainer invites participants to reflect on the learning effect of this exercise using the following questions:

- What was the objective of this exercise?
- What was the main point to convey to the group?
- Did the method achieve the objective?

2. Reflection on the facilitator's skills
The trainer invites participants to reflect on the skills demonstrated by the trainer using the following questions:

- What technique did the facilitator demonstrate?
- What facilitation skills did the trainer demonstrate?
- Did the facilitation skills fit the exercise?

3. Reflection on using the exercise in practice
The trainer invites participants to reflect on ways this exercise can be used in sensitisation sessions by asking the following questions:

- Do you feel comfortable using this exercise?
- Do you have the necessary skills? Check your web from the introduction exercise.
- How can you learn the skills you require? What resources do you need?

Background information on increasing participation by asking questions
Asking questions can be a method to engage participants and increase participation. To ask the right questions the trainer must listen carefully to what people are saying and tuning in to what they are not saying. This includes being aware of verbal and non-verbal means of communication. Probing can stimulate participants to dig deeper and build on each other's knowledge. The trainer can invite participants to clarify what they mean by asking 'Why is this or that the case?', 'Do you have an example?', and 'Who else recognises this?', and so on.

Tips for increasing participation:

- **Use examples.** Ask participants to visualise and apply an example that you are proposing. Ask the group for examples of the topics you are addressing in the training. Bring up a dilemma in relation to your training topic and ask the group for their opinion.
- **Stimulate discussion.** Use moments in a discussion to include all participants. Ask participants how they can apply the training topic in relation to their daily practice. Involve the group when one of the participants has a question. Do not answer yourself but ask if the group knows the answer. Asking reflective questions, rephrasing and summarising input can stimulate discussion.
- **Check.** Regularly ask if everybody understood everything so far. Ask questions about already-present knowledge in the group.
- **Be careful not to ask questions to which only one answer is possible.** This type of question makes participants feel exposed and anxious to give the correct answer and is a participation killer.

10. Preparing the sensitisation workshop

Indicated time:
- **180 minutes**

Objective:
- **Participants plan and prepare a one-day sensitisation workshop for service providers on minors selling sex**

Output:
- **Workshop plan**

Materials:
- **Hand-out 12**

Method:
- **Group work**

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Hand-out 12

The exercises in this chapter support the participants in designing and planning a sensitisation workshop themselves.

Exercises

Decide on the objective of the workshop

With the general objective of sensitisation on minors selling sex in mind, the group needs to prepare the workshop for the next day, when they themselves are the trainers. Sensitisation means the process of becoming sensitive to specific events or situations. With that in mind, the objective of this workshop will be mainly focused on knowledge and attitude, and not so much on skills training. The trainer discusses with the group what the desired outcome of this workshop is. What should participants in their workshop do when they go home at the end of the day? Does this connect to the needs of the audience? The trainer should be aware that the next step of designing the workshop is only effective when the objective of the workshop is agreed. Invest sufficient time in deciding on the objective.

Design the workshop

The trainer asks the group to select five exercises they want to include in their workshop, keeping the following in mind:

- Does each exercise contribute to the objective?
- Is there variation in the types of exercises? These include:
  - plenary work, group work, individual work;
  - addressing attitude and knowledge evenly;
  - brainstorm, discussion, case study, video, role-play.
- Is there a natural 'flow' in the day? Do exercises follow a logical path to reach the overall objective?
- Include ice-breakers and energisers (see Chapter 1).
- Is the trainer comfortable with the exercises? Is any additional practice necessary?

Make a workshop plan

The trainer explains that a workshop plan is a handy tool to gain insight into and oversight on what your group wants from the workshop. The 'Workshop checklist' can be helpful when making a workshop plan.

Hand-outs
Day 2.

DAY 2

Hand-out 10

Knowledge quiz statements and answers

A - Laws and regulations: minors and sex

In my country, a minor is considered someone under the age of eighteen years old.
The age, social or legal markers used to define adulthood or being under age depend upon the country. In most countries, the age of maturity is eighteen years old. However, the age of maturity may differ in legal, biological and social contexts, such as sex, alcohol use, healthcare, work, education, and driving. For an overview of the ages of legal maturity in all sub-Saharan countries, visit ncbi.nlm.nih.gov/books/NBK217954/

It is defined by law that persons under the age of eighteen are not allowed to have sex.
The legal age of consent – the minimum legal age at which you can decide to have sex with someone – varies quite a bit around the world. The legal age of heterosexual consent ranges between twelve and eighteen years old, but sixteen is by far the most common age of consent. However, no one, no matter how old, should ever feel under pressure to have sex. And the age of consent, whatever it may be in a country, certainly does not mean a person should be having sex at that age. More information can be found at unicef.org/rightsite/433_457.htm#to_have_sex

In my country, minors are not allowed to buy condoms.
The age, social or legal markers used to define the age from which a person is considered old enough to buy condoms varies by country, as does the legal age at which a request for contraception should be honoured. For instance, in South Africa, it is illegal to refuse to sell (or supply freely available) condoms to children aged twelve or over. However, in some cases this also depends upon the level of risk for certain STIs. Also, in some countries this may not be explicitly defined by law.

Minors selling sex may be reluctant to carry condoms, because of fear of the police.
True. In some countries where sex work is illegal, police often consider the possession of condoms proof of selling sex. Minors may be afraid of getting caught selling sex. This puts them in danger for unprotected sex.

It is defined by law that persons under the age of sixteen are not allowed to perform any type of labour.
The age, social or legal markers used to define the age from which a person is considered old enough to be allowed to work varies by country. However, the Convention on the Rights of the Child makes it clear that persons under eighteen should not have to do work that harms or exploits them. Work that does not violate these conditions is sometimes thought to contribute to child development, and the International Labour Organisation Convention says that children should be able to do light work from the age of thirteen (or as young as twelve in countries at a lower level of development) as long as it does not interfere with their education. 'Child labour' is the term used for work that does not meet those standards. More information can be found here:
unicef.org/rightsite/433_457.htm#to_work

From the age of 16, minors are considered 'adults' by law, an age at which selling sex is legal.
Whether selling sex is illegal or not and whether this is bound to a specific age depends on the country. In most countries where sex work is illegal in itself, the act of selling sex is not criminalised, but related conduct – such as soliciting clients or advertising services – is.

When minors selling sex are being exploited by someone, the minors are punishable by law, their exploiters are not.
Not true. In most countries, those who exploit are criminalised by law. Sexual exploitation may include demanding payment or rewards from a sex worker to keep her or him in a brothel or manage her or his business, and keeping a brothel where sex workers live for immoral purposes.

Parents of minors selling sex can become prosecuted.
True. In most countries parents are punishable by law when causing or allowing her or his under age child to sell sex.

B - Laws and regulations: minors and HIV and other STIs testing

In my country, minors are allowed to request an HIV test without the consent of a present parent, guardian or adult friend.
In some countries, persons under the age of eighteen are not allowed to request an HIV test without the consent of an adult. However, it could be argued that everybody is entitled the right to health, and therefore it is the duty of the healthcare provider to provide such service.
The laws regarding legal age of consent differ per country. For example, in some countries (South Africa, Uganda, Lesotho), anyone over the age of twelve may request an HIV test without parental knowledge or consent. But in others, the age of independently consenting to HIV testing is fifteen (Ethiopia, Senegal), sixteen (Zimbabwe, Swaziland, Mozambique) or there is no age set in law, but rather depends on risk (Kenya) or

the age of maturity (Botswana, Ghana). For an overview of all sub-Saharan countries, see ncbi.nlm.nih.gov/books/NBK217954/

A minor selling sex can be tested for HIV mandatorily.
Not true. Everybody, including minors, is entitled the right to self-determination and autonomy. This means that everybody should be free from mandatory or forced testing for HIV and other STIs. This also counts for treatment of STIs. The Convention on the Rights of the Child states that children have the right to participate in decisions that are relevant to them. This is called the right to self-determination and means that everybody should be free from mandatory or forced HIV and other STIs treatment. This also counts for testing. Minors have agency over their own body. This is called 'respect for bodily integrity'. This means that they are allowed to refuse to have an STI test when they do not want to. No one can force them to have a test without their consent.

C - Offering healthcare services to minors selling sex

Minors who sell sex are not entitled to healthcare services, because what they do is illegal.
Not true. Despite the illegality of sex work in many countries, there are no laws that restrict a healthcare worker's ability to provide medical care to anyone who sells sex. Actually, usually there are many laws that protect a sex worker's right to receive effective healthcare, and there are many laws that require healthcare workers to provide unbiased and fair services to sex workers.

Healthcare workers are allowed to deny minors access to sexual and reproductive healthcare services when they disclose selling sex.
Not true. Despite the illegality of sex work in many countries, there are no laws that restrict a healthcare worker's ability to provide medical care to anyone who sells sex. Actually, usually there are many laws that protect a sex worker's right to receive effective healthcare, and there are many laws that require healthcare workers to provide unbiased and fair services to sex workers. Moreover, according to the Convention on the Rights of the Child, all minors, regardless whether they sell sex or not, have the right to sexual and reproductive health. This includes information and education about safe sex methods, prevention and support.

Healthcare workers are allowed to disclose the health status, including HIV status, of minors who are engaged in selling sex without their consent.
Not true. Everybody has the individual right to privacy. This includes confidential healthcare services. It makes no difference whether someone is under age, or is engaged in selling sex or not: consent to disclose personal information in healthcare must always be obtained.

Minors selling sex who have become pregnant can be offered an abortion without the consent of their parents.
Whether healthcare workers are allowed to offer minors an abortion upon request depends on the country. First, the legal status of abortion may differ between countries. Secondly, when abortion is allowed in the country, the age at which someone can request an abortion may vary: in some countries being under age requires consent from a parent or guardian. However, in some countries, for people in the age range between sixteen and eighteen years old, it is up to the healthcare worker to decide whether this person is mature enough to self-consent (often referred to as a 'mature minor'). In the case of pregnancy, some countries consider this person to be a 'mature minor', regardless of the age.

D - Human rights and sexual and reproductive rights

The police can request personal information about a minor selling sex from the healthcare worker, overruling the duty of confidence.
Not true. In terms of rights, everybody has the right to privacy in healthcare, irrespective of their age. That is why healthcare professionals have the duty of confidentiality regarding their patients. This means that the police, in theory, do not have the right to gain insight into the personal information.

The right to self-determination means that minors have the right to sell their body if they want to.
True. In the Convention on the Rights of the Child it is stated that children have the right to participate in decisions that are relevant to them, which is called 'the right to self-determination'. If it is their free will, minors can decide to offer sexual services. They have the right to be or become whoever or whatever they want to be.

When a client pays a fair price, minors cannot refuse sex with this client.
Not true. Minors, as any other person, have agency over their own body. This is called 'respect for bodily integrity'. This means that they have the free choice of who they offer services to; they cannot be forced to have sex with anybody.

Minors have the right to sexual and reproductive health, except when they disclose selling sex.
Not true. According to the Convention on the rights of the Child, all minors, regardless whether they sell sex or not, have the right to sexual and reproductive health. This includes access to safer sex methods, as well as information and education about safer sex, prevention and support. The right to health means that everybody should have access to whatever they need to live in the highest attainable state of health. Sexual and reproductive health in specific includes access to safer sex methods, as well as information and education about safer sex, prevention and support.

Hand-out 11

Ethical dilemma - Phases and steps

Phase 1 and 2

1. Moral question:		
2. Who are involved?	3. What is their concern?	4. What information do I need?

5. Acts	
Scenario 1:	
Scenario 2:	
Scenario 3:	
Scenario 4:	

6.	Scenario 1	Scenario 2	Scenario 3	Scenario 4
	Benefits:	Benefits:	Benefits:	Benefits:
	Downsides:	Downsides:	Downsides:	Downsides:

Phase 3

7. Most important benefit: Most important downside:
8. Conclusion: 'I should act in … (act) way, because … (benefit), despite … (downside).'
9. Satisfaction final level:

Hand-out 12

Workshop checklist

My target group is:

Number of participants Preparation by participants Expected advance knowledge	

Focus of the workshop is:

Objectives for this workshop ▪ Knowledge ▪ Skills ▪ Attitude	

Materials needed:

Materials for trainer Materials for participants	
▪ Venue ▪ Tables and chairs ▪ Lunch, tea, snacks	

Programme overview

Tip: When making a programme overview with the group, the trainer can write each person's name next to a time slot – the division of roles will then be clear.

Example programme:

Programme day 1	
9:00 AM - 9:30 AM	*Welcome* *Introduction to training* *Objectives*
9:30 AM - 1:30 PM	*Exercise 1* *Exercise 2*
1:30 PM - 2:00 PM	*Lunch*
2:00 PM - 3:00 PM	*Energiser* *Presentation 1* *Exercise 3*
3:00 PM - 3:30 PM	*Evaluation* *Closing of the day*

Day 3.

DAY 3

11. Implementing a sensitisation workshop for service providers

Indicated time:
- **Time depends on the planning made on day two**

Objective:
- **Participants execute the workshop plan as trainers, to sensitise service providers**

Output:
- **Facilitator's web**
- **Other output depends on the chosen exercises**

Materials:
- **Hand-out 3**
- **Optional: certificates**
- **Other materials depend on the chosen exercises**

Methods:
- **Group work**
- **Other methods depend on the chosen exercises**

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Hand-out 3

This chapter focuses on the implementation of the sensitisation workshop by the participants themselves.

Implementing the workshop

The groups execute the planning they made on day two with the exercises they chose.

The trainer who led the first two days steps back and really moves into the background. The fresh and newly-trained participants will now be the trainers. Giving them control over the day increases their feeling of responsibility and capability.

Reflecting on the three-day training

After the one-day workshop of the service providers has taken place, it is advisable to reflect on the three-day training programme collectively with the group of new trainers. How do the participants feel having completed this sensitisation session?

The trainer uses the facilitator's web (hand-out 3) from the introduction of the first day to reflect on what the group feels they have learned. The trainer uses hand-out 3 again and makes a new web, with a different colour pen, to visualise the progress of the participants.

A final option is to provide the participants of the three-day training with certificates of participation in the training. This is a way of expressing gratitude, and may help to increase motivation and self-esteem in providing sensitisation sessions in future.

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