



Guidance Note on

Youth Integration

into the Women Friendly Health
Spaces (WFHS)

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Foreword by UNFPA Afghanistan Representative

Afghanistan has one of the youngest and fastest growing populations in the world – with approximately 63 per cent of the entire population under the age of 25. Ensuring their access to reproductive health information and services is essential to overcoming the significant challenges that young Afghans face related to health and gender inequality.

UNFPA plays a critical role in providing SOS – Services, Opportunities and Support – for Afghan adolescents and youth in the current challenging environment.. Adolescents and youth accessing Women Friendly Health Spaces (WFHS) are provided with chances to explore, express, earn, belong, and influence their communities through volunteering opportunities as peer educators, and in the supply chain process (Last Mile Assurance). They are also supported to enhance interpersonal skills to take full advantage of existing services and opportunities.

This Guidance Note will provide practical orientation to youth educators, youth officers, and WFHS staff on how to successfully integrate adolescent and Youth (A&Y) programming into the WFHS. The guidance provides a step by step process to implement interactive adolescents and youth activities, and incorporate key resources for female and male youth educators.

I would like to thank all UNFPA partners, youth groups and activists who supported the development of this guidance and led the piloting and roll-out of the work.

Dr. Aleksandar Sasha Bodiroza

Country Representative UNFPA Afghanistan

Abbreviations

A&Y	Adolescents and youth
ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
FGD	Focus group discussions
FHH	Family Health Houses
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
MAYE	Meaningful and Adolescent Youth Engagement
NEET	Not In Employment or Education
PFA	Psychological First Aid
PSCCs	Psychosocial Counseling Centers
PSS	Psychosocial Support Services
UNFPA	UN Population Fund
WFHSs	Women Friendly Health Spaces

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Feedback and review Comments on the Guide are welcome at any time and can be sent, along with enquiries, to qamar@unfpa.org. All comments received will be addressed in the next revision of the Guide.

Introduction

Overview

UNFPA has been implementing programming for women and girls through Women Friendly Health Spaces (WFHSs), which provide access to critical services, information and support. The WFHS is providing: psychosocial counseling services; awareness raising sessions on PSS in the community; and life skills & vocational training opportunities. The WFHS also facilitates referral to other services including Psychosocial Counseling Centers (PSCCs).

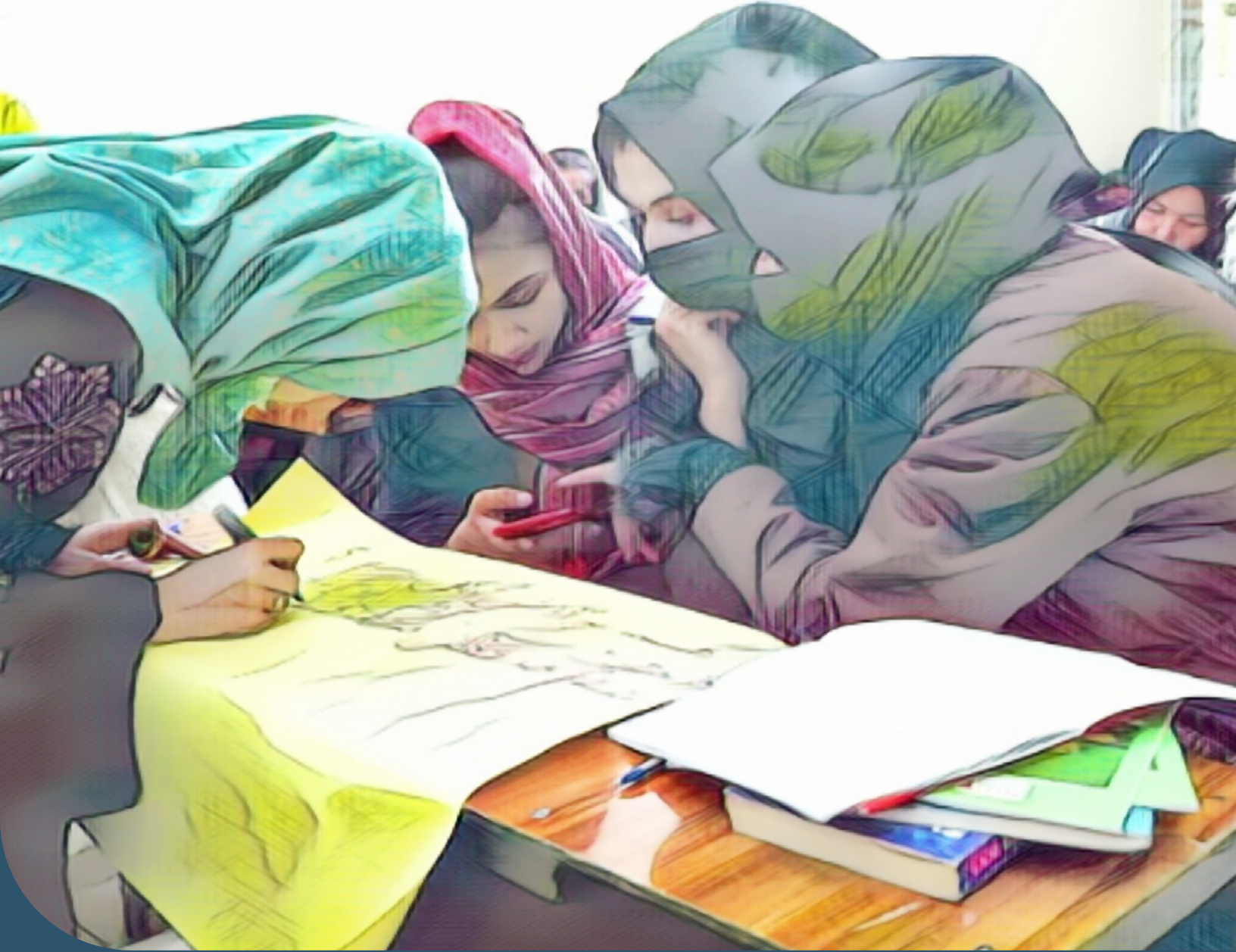
The aim of this guidance note is to provide an overview of approaches on how to successfully integrate adolescent and youth (A&Y) programming into the WFHSs. UNFPA activities for women's and girl's protection in health facilities aim to protect women and girls including child marriage. Given that vulnerable women and girls in Afghanistan continue to access health facilities, particularly for reproductive health and maternal health services, it is crucial to provide support for survivors in the same location to improve access to essential psychosocial and protection support for women and girls. To support the integration of A&Y in the WFHS programming each WFHS will be supported by two full time Youth Educators. A female Youth Educator who will be working within the WFHS and a male Youth Educator who will be working in the community. The role of the Youth educators is to increase A&Y awareness and knowledge on living healthy lifestyles and ensuring a referral system to services in existing facilities. To support this awareness messages are provided in Annex 1.

Objectives

- To provide Youth Educators with an overview of their roles and responsibilities
- To provide clear guidance to WFHS staff and Youth Educators on how to integrate A&Y into their programming

Target Group for Guidance Note

The primary target of this Guidance Note is Youth Educators, however it is intended that a wide range of stakeholders can utilize this note including Implementing Partner project staff and WFHS staff, as well as UNFPA staff.



Chapter 1:

Introduction to Key Concepts for Adolescents and Youth

Key Terms

Adolescent¹

An adolescent is anyone between the ages of 10 and 19 years. It is a phase of life between childhood and adulthood.

Youth²

There is no one universally agreed definition for youth.

The United Nations defines youth as anyone aged 15 to 24 years .

In Afghanistan, people aged 18 to 35 years old are considered youth .

Young People³

Like youth, there is no one universally agreed definition of young people.

UNFPA often refers to young people as anyone aged between 10 and 24 years⁴. Other definitions refer to young people as under 30 years of age or under 35 years of age.

Child⁵

According to the United Nations Convention on the Rights of the Child, a child is any person under the age of 18 years of age.

Meaningful Adolescent and Youth Engagement (MAYE)⁶

The Global Consensus Statement defines MAYE as an inclusive, mutually-respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries, and world.

1 Adolescent Health. World Health Organization. Available here https://www.who.int/health-topics/adolescent-health#tab=tab_1

2 Youth. United Nations. Available here <https://www.un.org/en/global-issues/youth#:~:text=Who%20Are%20the%20Youth%3F,of%2015%20and%2024%20years.>

3 Government of Islamic Republic of Afghanistan. Afghanistan National Youth Policy. 2014.

4 Youth participation and leadership. UNFPA. Available here <https://www.unfpa.org/youth-participation-leadership>

5 United Nations. Convention on the Rights of the Child. 1989.

6 Global Consensus Statement on Meaningful Adolescent and Youth Engagement. Available here <https://pmnch.who.int/resources/publications/m/item/global-consensus-statement-on-meaningful-adolescent-and-youth-engagement>

Adolescent Well-being⁷

Adolescent well-being is defined as when adolescents thrive and are able to achieve their full potential. There are 5 domains of adolescent well-being: good health and optimum nutrition; connectedness, positive values and contribution to society; safety and supportive environment; learning, competence, skills and employability; and agency and resilience

Healthy Lifestyles Programming

Programming on healthy lifestyles can equip adolescents and youth with facts and information about their bodies and hygiene. It also provides adolescents and youth with information on healthy relationships, self-management, negotiation and decision-making.

Psychosocial Support (PSS)⁸

Any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. In the Afghanistan context, PSS also provides support to women and girls who have experienced violence.

Life skills⁹

Life skills are a group of psychosocial competencies and interpersonal skills that help adolescents and youth make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others and cope with and manage their lives in a healthy and productive manner.

Parents and Caregivers

Parents is a term that refers to the biological parents of an adolescent and youth. The term caregivers is also used to refer to any adult person that an adolescent or youth lives with and who acts in the role of “parent” regardless of biological relationship.

Community¹⁰

A community is often a subset of society that is found at the local level. Members of a community often share certain commonalities such as norms, religion, interests, customs and values. For the purpose of this guidance note, community refers to the individuals who make up the local area surrounding the WFHS.

7 https://pmnch.who.int/docs/librariesprovider9/meeting-reports/adolescent-wellbeing-background-paper-introduction.pdf?sfvrsn=6c297cdf_14&download=true

8 UNFPA. Guidelines for the provision of remote psychosocial support services for GBV survivors. 2020.

9 UNICEF. Knowledge brief: basic life skills curriculum.

10 United Nations. United Nations community engagement guidelines on peacebuilding and sustaining peace. 2020.

Why Focus on Adolescents and Youth?

There are over 1.8 billion adolescents and youth aged 10 to 24 years old in the world today. This is the largest generation of young people ever.¹¹ Much like the world, Afghanistan is a young country with 63% of its population under the age of 25¹² and 73% of the population is below the age of 35¹³. Investing in adolescents and youth is an investment in the health and development of Afghanistan. Adolescents and young people are the key to achieving the demographic dividend, which is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working age share of the population.

Adolescence is a key moment in a person's life that will determine their future health and wealth – and if adequate investment isn't made into their **education, health, and decent work**, supported by **good governance** the demographic dividend will not be achieved. Adolescents that are healthy, well-educated, and productive members of society are key to ending **intergenerational poverty** and are overall more resilient.¹⁴ Additionally, investment in the health of adolescents provides a triple dividend - impacting their health now, the health of their future selves, and the health of future generations.¹⁵

11 United Nations. Youth and the SDGs. Available here: <https://www.un.org/sustainabledevelopment/youth/>

12 Young People. UNFPA Afghanistan. Available here: <https://afghanistan.unfpa.org/en/node/15227>

13 Government of Islamic Republic of Afghanistan. Afghanistan National Youth Strategy 2018-2021. 2021.

14 On World Population Day, UN calls for investment in young people. United Nations. Available here: <https://news.un.org/en/story/2014/07/472832>

15 World Health Organization. Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation. Available here: <https://apps.who.int/iris/rest/bitstreams/1084415/retrieve>.

Adolescents and Youth in Afghanistan

Key statistics on A&Y in Afghanistan

The size of the A&Y population¹⁶

Afghanistan is a young country. 63% of the population is below 25 years and 26% of the population are adolescents (aged 10 to 19 years).

Adolescent and Youth Pregnancy¹⁷

Pregnancy and childbirth complications are the leading cause of death among adolescent girls and young women aged 15-24.

Pregnancy complications were responsible for 64.2% of female deaths for 15-19 years and 69.9% for 20-24 years

93% of women aged 15-19 years do not use any contraceptive method

High rates of adolescent pregnancy are linked to early marriage.

Mental Health¹⁸

While there is no specific data on mental health of A&Y in Afghanistan, it is known that 2 million out of 32.9 million of Afghanistan's population have mental health problems.

Most Afghans are estimated to suffer from some level of stress disorder due to the long period of conflict

Adolescents and youth are very vulnerable to the changing situation in Afghanistan – and are facing hopelessness and anxiety due to the uncertainty of their future and a lack of educational and economic opportunities

16 UNICEF. Adolescent's Health- U Report Poll South Asia.

17 World Health Organization. Summary Report of the WHO AYSRHR Technical Assistance Coordination Mechanism's Assessment of the Health of Adolescents and Youth in Afghanistan. 2021.

18 World Health Organization. Summary Report of the WHO AYSRHR Technical Assistance Coordination Mechanism's Assessment of the Health of Adolescents and Youth in Afghanistan. 2021.

Violence¹⁹

31% of adolescents aged 15 to 19 years have experienced physical violence in the last year

40% of both boys and girls faced interpersonal violence in the form of physical fighting

78% of adolescent females think it is okay for a husband to beat his wife

Child Marriage²⁰

Child marriage negatively impacts the health of adolescent girls – early marriage leads to early pregnancy and increased rates of maternal mortality, illness and disability.

The legal age of marriage in Afghanistan for girls is 16 years old, and 18 for boys. Girls can be married at the age of 15 with the consent of her father.

The median age at first marriage for girls in Afghanistan is 18.5 years

Child marriage rates are highest in the following provinces: Nimroz (35%); Badghis (30%); Ghor (24%); Baghlan (22%); and Takhar (20%)

Child marriage (also related to concepts of early and forced marriages) is a harmful practice that affects mostly girls, and boys to a lesser extent, who are under the age of 18 years (the period between puberty and adulthood, i.e., ‘adolescence’) across all regions of the globe. In the case of girls, they are usually married to men who are much older than they are (UNICEF 2021).

Adolescent and Youth Engagement and Participation

Even though adolescents and youth make up a majority of the population in Afghanistan, their voices are not represented in political and governance structures. This is true for both prior to and after the change of government in August 2021.

Youth - and their voices and leadership abilities - are a largely untapped resource to make positive impacts on all aspects of life in Afghanistan.

19 World Health Organization. Summary Report of the WHO AYSRHR Technical Assistance Coordination Mechanism's Assessment of the Health of Adolescents and Youth in Afghanistan. 2021.

20 UNFPA. Child Marriage Assessment in Afghanistan: Inception Report to UNFPA Afghanistan. 2022.

Unemployment²¹

Youth face high rates of unemployment in Afghanistan. The high rates of unemployment in Afghanistan make youth particularly vulnerable to economic and social isolation and exploitation.

In 2020, 23.7% of youth were unemployed. Unemployment rates are higher amongst female youth - with 32% of female youth unemployed compared to 15.2% of male youth.

In 2020, 34.4 % of youth were not in education, employment or training (NEET). The rates were much higher for females with 53% of female youth NEET compared to 14% of male youths.

Unemployment rates have increased since August 2021. Women were particularly impacted.²²

Education

Only 1 in 2 Afghan youth are literate.

Low literacy rates are related to inadequate educational systems. Food insecurity and malnutrition levels impact the ability of children and adolescents to remain in school and to learn. Restrictions on access to education for adolescent girls and young women has limited their access to learning and subsequent economic opportunities.

As of September 2021, girls are not permitted to attend secondary school throughout Afghanistan. In December 2022, the De Facto Authorities issued an edict that extended the educational ban to preventing girls and young women from attending any schooling beyond the sixth grade. With this extension of the ban, adolescent girls and young women are no longer able to attend university or tertiary education in addition to the previous ban on secondary education.

Adolescents and youth living with disabilities

Persons with disabilities in Afghanistan are left behind. As of 2020, 80% of girls with disabilities were out of school.²³

In 2017, only 17% of youth living with disabilities were participating in education or training.²⁴

21 Islamic Republic of Afghanistan. Afghanistan Voluntary National Review (VNR). 2021.

22 ILO. Rapid Assessment: ILO estimates underscore Afghanistan employment crisis, Available here: https://www.ilo.org/asia/media-centre/news/WCMS_834527/lang-en/index.htm.

23 Human Rights Watch. "Disability is not weakness": Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan. 2020.

24 Islamic Republic of Afghanistan Central Statistics Organization. Afghanistan Living Conditions Survey 2016-2017. 2017.

Drug and alcohol use²⁵

Sustained conflict and insecurity has significantly impacted the mental health of adolescents and youth. As a coping mechanism, many adolescents and youth in Afghanistan have turned to drug use.

The use of cannabis and heroin have a long history in Afghanistan. In the past decade, the types of drugs used have increased, including higher rates of methamphetamine use.

It is estimated that between 1 million and 2 million Afghans use alcohol and drugs for non-medical purposes.

A 2019 drug use survey in Afghanistan, found that 12% of adolescents aged 13 to 18 years had used any substance (including alcohol) at least once in the past 12 months. The rates are higher amongst adolescent boys (14%) compared to adolescent girls (8.5%). Boys were more likely to use cannabis, heroin and opium, but the use of tranquilizers or pharmaceutical opioids were equal between boys and girls.

The above information and material provides a broad overview of the experiences of adolescents and youth in Afghanistan. For more information on the experiences of the adolescents and youth who were interviewed in the preparation of this document, please see Annex 2.

25 UNODC. Drug Situation in Afghanistan in 2021: Latest findings and emerging threats. 2021.



Chapter 2:

The Role of the Youth Educator

Why Do We Need to Work with Adolescents and Youth?

Why do we need to prioritize Interventions for Adolescents and Youth in Humanitarian Settings?

Adolescents and Youth are a diverse group of people, with specific risks and needs that vary depending on factors such as age, sex, developmental stage, health status, marital status, socio-economic conditions, and environmental and contextual factors. When Adolescents and Youth, their families, and their communities are impacted by crises, an intergenerational cycle of poverty and inequality may be created, which has implications long into the future. As a result, Adolescents and Youth may take on burdens of adult responsibilities such as earning an income, becoming a caregiver or managing dangerous or challenging situations, often when they do not yet have all the skills or physical and cognitive capacities they may need to do so. They can also become isolated from opportunities, as support structures they have previously accessed through social services, including education, diminishes.

Under the current limited opportunities for young people in Afghanistan, it is required to provide adolescents and youth friendly services. Accessing young people in WFHS could be an opportunity to

1. Raise Adolescents and Youth awareness on age appropriate healthy lifestyles including RH, and creating the space for learning about physical and psychological changes during puberty.
2. Provide referral services in existing facilities including health and PSS services
3. Support youth volunteers groups including peer educators groups, and Youth and Last Mile Assurance groups.
4. Mobilize and outreach for youth groups, networks and members
5. Conduct community outreach and sensitization on adolescent and youth issues with community members

And this is the role of you as a female youth educator in WFHS, or a male youth educator that supports activities within the community.

Roles and Responsibilities

Supporting activities coordination and implementation

- Work closely with community leaders, including religious scholars (Mullas), community members, parents and caregivers and adolescents and youth to sensitize the community to the needs for A&Y programming.
- Work closely with WFHS staff and community leaders to develop activity plans and approaches for adolescent and youth programming.
- Conduct interactive and engaging awareness sessions on healthy lifestyles. Examples of approaches include discussions, games, and other activities that are youth friendly
- Conduct awareness sessions on healthy lifestyles with the parents and caregivers of adolescents and youth.
- Provide information around health and reproductive health that are age and culturally appropriate
- Lead programming on integration of A&Y that supports their mental health, social inclusion, addresses their nutritional needs and increases their access to vocational and skills development programming.

Monitoring and Evaluation

- Support the monitoring and evaluation of programming by completing reporting forms in a timely manner and submitting to the relevant monitoring and evaluation team members - See Annex 3.
- Prepare and maintain participants' attendance lists for trainings, sessions, and other activities - See Annex 4.
- Data collection and monthly reporting of services provided to adolescents and youth.
- Report on training and workshops, if applicable.

Referral and integration

- Understanding existing services and referral systems for adolescents and youth, and establishing referrals where needed.
- For female Youth Educators, provide information about WFHSs services and provide referral to Case Management staff in the WFHS to link A&Y into referral services related to PSS or MPHSS
- For adolescent boys and young men provide referral service to community and district level services where available
- Support A&Y access to Youth Health Line services

Community Engagement

Note: Some expectations apply to male Youth Educators only

- Conduct community outreach and sensitization on adolescent and youth issues with community members
- Coordinate and convene meetings with the Community Shura in relation to services and programs for adolescents and youth
- Provide support and linkage to peer education programs and youth volunteer networks including the Youth and Last Mile Initiative and the Y-PEER Network
- Mobilize available community spaces to reach adolescents and youth

Knowledge and skills needed to be a Youth Educator

Youth Educators should:

- understand the cultural norms and values of the community where they are working, including Islamic guidance
- be members of the community where they are working
- be respectful and considerate of the diversity of adolescents and youth, particularly those who are most likely to be marginalized such as people from ethnic minorities, people living with disabilities, etc.
- speak the same language as the adolescents and youth they are working with
- understand how to conduct engaging and informative sessions
- understand where adolescents and youth can receive more information and get additional services
- understand key topics related to adolescents and youth reproductive health, but are not expected to be subject experts
- be sensitive and approachable
- be good listeners and good communicators, preferably with some experience in counseling or psychology
- deliver their activities in a non-judgmental manner using non-stigmatizing language
- have strong interpersonal skills that enable them to create an opening and engaging environment where adolescents and young people feel safe
- be friendly and helpful ensuring the creation of a friendly and welcoming space for adolescents and youth

Scenario

As a Youth Educator you would like to conduct a session for adolescents and youth that is engaging and interactive whilst also being informative on healthy lifestyles.

Response

You recognize that learning involves more than being exposed to new information. Learning involves integrating and applying new information; changing perceptions, feelings and values; improving the way they perform old tasks; and enabling them to perform new tasks. Learning is improved when participants are given the opportunity to practice the skills or implement the knowledge they are required to learn.

Youth Educator Code of Conduct²⁶

Dos

- Cooperate and listen with the community you are working - including adolescents and youth; their parents and caregivers; members of the community; and community leaders
- Respect differences - including religion, gender, background, ethnicity views and opinions, and experiences
- Organize sessions that are targeted at either males or females, but not both
- Behave with integrity and respect towards all adolescents and youth and their communities
- Be friendly, helpful, and supportive
- Treat others with respect - in-person and on digital platforms
- Recognize your own power and privilege over the group - including due to your gender, language, education, economic class, race/ethnicity, or something else
- Seek consent from adolescents and youth, their parents and relevant community members before providing any services, taking photographs or sharing information. Please use relevant forms and materials from your organization.
- Maintain privacy and confidentiality before, during and after working with adolescents and youth. If a referral is required it is important to only share the most relevant and pertinent information.
- Be self aware - check in with yourself and assess your level of comfort
- Do No Harm. Young people need a physically, socially and emotionally safe and supportive environment. Duty-bearers should be sensitive to divisions and inequities among and between young people and their communities, to avoid making them worse. Participation should not put young people, especially girls, at risk of backlash from the family or community, or from other young people. Many may have suffered trauma; facilitators must be equipped to refer them to specialized services, and must pay particular attention to the potential for harm among those living in vulnerable situations.

26 Adapted from the UNFPA ICPD25/Safeguarding Guidelines for Youth Participants

Don'ts

- Pick on or make fun of adolescents and youth - or anyone you come in contact with during your work
- Bully or be abusive towards adolescents or youth or members of the community
- Raise your voice or speak in a disrespectful manner with adolescents or youth or members of the community
- Use language or behaviors that may be perceived as unwanted flirting or inappropriate sexual harassment
- Hold sessions with both male and female participants
- Put yourself in situations that may put you or the community at risk
- Be afraid to ask for help or support when you are not sure of what to do



Working with Parents and Caregivers

What role do parents and guardians play in the lives of adolescents and youth?

- Parents and caregivers play an important role in the lives of adolescents and youth.
- They influence how adolescents and youth interact with their world and help to shape their development.
- Adolescents and youth often turn to their parents for information and guidance, including about their bodies and their futures.
- Parents and caregivers often make decisions about the futures of adolescents and youth.

Why is it important to engage adolescent and youth parents and caregivers?

- To successfully run adolescent and youth programming it is essential to have the support of parents and caregivers.
- It is important to engage with parents and caregivers in youth programming to ensure that parents and caregivers are given the support and information they need to provide their children with the information and support they need to transition into adulthood.
- For adolescent girls and young women engaging with parents and caregivers, will increase parents' comfort level with their daughters' participation in sessions on healthy lifestyles and life skills.
- Organizing training for parents and caregivers about the specific changes during puberty, would have a positive impact between adolescents and youth and their families.

The Dos and Don'ts of working with parents and caregivers²⁷

Do	Don't
<ul style="list-style-type: none"> ● Support parents and caregivers on how to approach difficult feelings and to understand that learning is a process ● Give parents and caregivers space to share their ideas and feelings in a supportive and open environment ● Build trust with parents when introducing topics on healthy lifestyles, life skills, and psychosocial support ● Provide parents with the opportunity to assess their own preconceived ideas and notions about the issues discussed ● Help them understand how they can best support their children ● Recognize that caregivers and parents for adolescent girls and young women may have different needs than caregivers for adolescent boys and young men ● Be prepared to provide additional referral support where needed 	<ul style="list-style-type: none"> ● Lecture at or preach to them ● Expect the experience of parents and caregivers to be universal ● Dismiss the knowledge or experience of parents and caregivers ● Push your own views or agenda - instead provide an open environment for discussion ● Don't ignore the specific needs of parents and caregivers ● Don't ignore harmful or detrimental comments ● Don't ignore when parents or caregivers raise serious concerns or discuss scenarios that require further intervention

²⁷ Adapted from the International Rescue Committee Part 3: Girl Shine Caregiver Curriculum, available: https://toolkits.knowledgesuccess.org/sites/default/files/irc_girlshine_parents.pdf

Sample activity to conduct with the parents and caregivers of adolescent girls and young women: Our Hopes and Dreams²⁸

Target audience: parents and caregivers of adolescent girls and young women; note if this session is being organized by the female Youth Educator it should target mothers and female caregivers, if the session is being organized by the male Youth Educator it should target fathers and male caregivers

Activity length: 10 minutes

Materials needed: soft ball or other material that can be tossed between participants

Purpose of activity: To provide mothers/female caregivers OR fathers/male caregivers an opportunity to discuss their hopes and dreams for their daughters. To explore the role of gender in the expectations of adolescent girls and young women.

How to conduct the activity:

Step 1: Ask the caregivers to make a circle.

Step 2: Explain to the caregivers that we are all here because we care about the safety and happiness of our daughters. Tell the parents and caregivers that the ball will be passed to everyone in the circle. Each person should tell the group what they would like their daughter to learn or achieve, or what their hopes and dreams are for her.

Facilitator tip - if parents share hopes and dreams that are in line with traditional gender roles, for example, finding a good husband to take care of them, etc., you should recognize the importance of these roles, but ask the parent or caregiver if they can think of things that they want for their daughters that involve their own personal development.*

Step 3: After each parent or caregiver has taken a turn, ask them how it feels to share your hopes and dreams for your daughter?

Step 4: Conclude the activity by explaining to parents that adolescence is a time when a lot of things change in a girl's life, and so it is a very important time. As this is a time of change, girls may feel scared or ashamed about what they are experiencing, but this change is a healthy and normal part of growing up. What happens in her adolescence will influence her life as an adult woman, and we know that we want our daughters to lead happy and healthy lives. We understand that having girls of this age can also be challenging for caregivers, and that female and male caregivers experience the challenges differently. So we want to be able to support each other to give our daughters the opportunity to transition into adulthood in a healthy and safe way. We may worry more about girls compared to boys, and this can sometimes mean we limit girls in their movement and opportunities as they get older. We want to explore this more and see how we can provide a supportive environment for girls and give them opportunities to be valued members of our community.

28 Adapted from the International Rescue Committee Part 3: Girl Shine Caregiver Curriculum, available: https://toolkits.knowledgesuccess.org/sites/default/files/irc_girlshine_parents.pdf

Tips for the youth educator while discussing with parents and caregivers

All adolescents and youth have to make decisions. As they get older, decisions can get more difficult, so it's important to work with adolescents and youth and support their parents to teach them the right skills at an early age. Below are some tips you can share with parents and caregivers:

- Give your children two options to choose from, such as what to cook for lunch for the family, or what color shoes to wear. Parents can also model decision-making by thinking out loud when you're weighing options.
- If there's a decision that affects them, ask them what they think and discuss the choices together. The earlier parents can help their children to be thoughtful about how their decisions may impact others, the better. Questions they can ask themselves include: What are all the options? What are the pros and cons of each? How will the decision impact others?
- Once the parent trusts their child with a decision, they need to let them do it themselves. It will help them build skills and self-confidence. These may require negotiation and compromise. Even so, you shouldn't always jump in if you see your child making a bad decision. Adolescents and youth often learn best from their mistakes. If it's a safe situation, it may be good for them to let them make the bad decision.
- When the children do make mistakes, parents need to help them learn by staying calm and not placing blame. If they regret their choice, support them while they feel the difficult emotions and think about what they would do differently next time.

Working with the Community

What role does the community play in the lives of adolescents and youth?

- Connectedness is one of the 5 domains of adolescent well-being²⁹
- Communities play an important role in an adolescent's connectedness - with communities serving as cornerstones for their social connections and in turn their well-being and development³⁰
- A supportive community and social network can lead to improve mental and physical health for A&Y³¹

Why is it important to engage the community when working with adolescents and youth?

- Strong connections with the community and social cohesion are shown to have positive impacts on the health and well-being of adolescents
- Communities can serve as valuable support systems for adolescents
- Working together with the community to sensitize the needs of A&Y ensures an open and supportive environment



29 https://pmnch.who.int/docs/librariesprovider9/meeting-reports/adolescent-wellbeing-background-paper-introduction.pdf?sfvrsn=6c297cdf_14&download=true

30 <https://www.bmj.com/content/379/bmj-2021-069213>

31 <https://www.bmj.com/content/379/bmj-2021-069213>

The Dos and Don'ts of working with the community

Do	Don't
<ul style="list-style-type: none"> ● Understand that these issues may be new to community members and you should give them the space to explore them ● Give community members the space to share their ideas and feelings in a supportive and open environment ● Build trust with community members when introducing topics on healthy lifestyles, life skills, and psychosocial support ● Provide community members with the opportunity to assess their own preconceived ideas and notions about the issues discussed ● Be prepared to provide additional referral support where needed 	<ul style="list-style-type: none"> ● Lecture at or preach to them ● Expect the experience of the community and their responses be universal ● Dismiss the knowledge or experience of other community members ● Push your own views or agenda - instead provide an open environment for discussion ● Don't ignore the specific needs of other community members ● Don't ignore harmful or detrimental comments ● Don't ignore when community members raise serious concerns or discuss scenarios that require further intervention

Scenario

You are a male Youth Educator who is interested in developing a peer education programme for adolescent boys in the local community. In speaking with the adolescent boys, you have learned that they do not feel connected to the members of their community and that they often feel isolated or disconnected from them. The adolescent boys explain that they would like the support of their community to ensure better access to services and information that will support a healthy lifestyle.

Response

You identify key influencers within the community - including community leaders - but also community members who have strong social capital. You prepare an interactive information session to help the community better understand their role in supporting adolescents and youth to become productive members of the community. You explain the approach of the program and the information that the adolescent boys will learn. You engage members of the community in further developing and delivering the proposed program. The adolescent boys are given the opportunity to work together with community members to develop a more responsive health service.

Working with Community Leaders (Community Shura), including religious leaders

This section is intended for the use of male Youth Educators, who will be working within the communities.

What role do Community Leaders play in the lives of adolescents and youth?

- Community leaders set the norms and values that impact the lives of adolescents and youth
- Community leaders influence and inform community members about the treatment of adolescents and youth
- Community leaders can provide opportunities for adolescents and youth to engage in community participation mechanisms

Why is it important to engage community leaders?

- Engaging with community leaders is essential to ensure the smooth running of adolescent and youth programming.
- Sensitizing community leaders to the needs of adolescents and youth and securing their support in addressing the needs of adolescents and youth will provide Youth Educators with a powerful champion for adolescents and youth.
- The support of community leaders is also a key step in gaining broader community support for adolescent and youth programming. Within Afghanistan, the Community Shura is the key body to engage.

What are some approaches to engaging with the Community Shura?

- Prepare a description of your programming outlining how it will positively impact adolescents and youth, and broader society
- Coordinate with community elders
- Coordinate with counselor (wakil guzar)
- Coordinate with Mullah Imams and youth

The Dos and Don'ts of working with Community Leaders

Do	Don't
<ul style="list-style-type: none"> ● Explain to the Community leader or Mullah Imam how the program and the objectives support the tenets of Islam and is not in contradiction to Islam. ● Emphasize on program objectives that are aligned with Afghanistan social values. ● Emphasize the benefits of the program on adolescents and youth, and explain the goal of maximizing their positive contributions to society. ● Seek guidance from the community leader or Mullah on explaining the responsibility of youth from the Islamic point of view, the importance of youth activity in society and the needs of youth. 	<ul style="list-style-type: none"> ● Lecture at or preach to them ● Dismiss the knowledge or experience of community leaders ● Push your own views or agenda - instead provide an open environment for discussion ● Don't ignore harmful or detrimental comments

Scenario

You are a female Youth Educator and you are planning to conduct a community awareness session with the mothers and female caregivers of adolescent girls. In planning your session, your colleague, the male Youth Educator, who is not part of the session planning, is approached by a member of the Community Shura. The member expresses concern that your session is not appropriate for the community.

Response

You develop key messages on your programme and its aims and objectives. In the messages, you highlight the relationship between your programming and its focus on supporting adolescents and youth in achieving happy and healthy lives. Using the messages you have developed, the male Youth Educator explains to the members of the Community Shura their input on making sure that your programming is successful is necessary and will help support parents and caregivers of adolescents and youth. The male Youth Educator is open and receptive to the inputs of the members of the Community Shura. If they come up, he uses sensible and evidence-based information, to address any myths or misconceptions the members of the Community Shura may have. He invites the members of the Community Shura to identify female members of the community to participate in your programming and establish a plan with them on how they can continue to engage in your programming going forward.

Monitoring and Evaluation (M&E)

Youth Educators are responsible for supporting the monitoring and evaluation work on youth integration in the WFHSs and the programming for adolescents and youth conducted in the communities. Youth Educators are responsible for the submission of monthly reporting on their activities and the adolescents and youth that are reached at the WFHS and within their WFHS catchment community. It is essential for Youth Educators to provide additional documentation support, including the completion of attendance sheets during activities and sessions; multimedia documentation such as photographs and videos of sessions (please refer to your Implementing Partner's guidance and forms on consent for recording); and the collection of stories and experiences of adolescents and youth who have attended the WFHS or community activities.

Please see Annexes 3 and 4 for the reporting forms to be used by Youth Educators.





Chapter 3:

Youth Integration into WFHSs

Introduction: Women Friendly Health Spaces (WFHSs)

Women Friendly Health Spaces are places where women and girls can go to feel safe, access information and support, participate in activities, build their networks, and strengthen relationships with peers. The overall goal of the WFHS is “to be a safe place where women and girls are supported through providing access to critical services, information and support. The WFHS is providing: Health, psychosocial counseling services; awareness raising sessions on PSS in the community; and life skills & vocational training opportunities.” It is important to note that to create a safe space for women and girls, men and boys are not allowed to enter the WFHS.

Objective of WFHS

What does a WFHS look like?

All WFHS should contain at least the following:

- An activity room for group activities
- A room for private conversations/PSS counseling/case management
- An activity room for skill development activities
- A toilet and water access
- Childcare space
- Storage area
- A dedicated space for A&Y, if space allows this would consist of an A&Y specific room, alternatively it can be a small area with A&Y resources

Who works at the WFHS?

- WFHS In-Charge
- PSS Counselor
 - Provides individual and group PSS sessions to support women who have experience violence and to provide case management
- Community Mobilizer
 - Provides PSS services in the community
- Skill Trainer
 - Providing women and girls with skills to support safe and lucrative livelihood opportunities
- Youth Educators
 - Provide services for adolescents and youth
- Midwife
 - Provides reproductive health awareness
- Guards
- Cleaner

What types of activities and services are available at the WFHS?

- Psychosocial Support Activities
- Reproductive health awareness
- Activities with youth including awareness raising, peer education, and recreational activities
- Distribution of dignity kits and adolescents Menstrual Hygiene Kits
- Skill development activities
- Specialized support to women and girls
- Referrals

Where can you learn more about WFHSs?

Guideline for Women Friendly Health Spaces: UNFPA GBViE Program Afghanistan is available [here](#)

Adolescent and Youth Integration

Note: While Youth Educators may find this section of interest, it is targeted to Implementing Partner program staff, including staff who are serving as the youth focal points.

What is Adolescent and Youth Integration?³²

Adolescent and youth integration is the process of strengthening the programming, participation, and partnership of adolescents and youth in age-specific programming that meets their basic developmental needs; protects them from violence, exploitation, and abuse; prepares adolescents and youth with the skills and competencies needed to be productive citizens; and engages adolescents to contribute to the development of their own communities

Why is adolescent and youth friendly programming important?

While adolescents and youth tend to be healthy, adolescence is a key life stage in which future health and behaviors are established. Adolescent and youth friendly programming provides them with age-appropriate information and knowledge about their bodies. Adolescent and youth-friendly programming supports them in reducing behaviors that put their future health at risk and promotes their well-being.

32 Adapted from the USAID Youth in Development Policy Conceptual Framework

What are the objectives of A&Y integration?

- To recognize the unique needs and interests of adolescents and youth in all of their diversity- for WFHS integration in particular, this will focus on adolescent girls and young women
- To ensure the provision of services that respond to the unique needs of adolescents and youth and ensure the provision of knowledge and information that is age-and-sex-appropriate and youth-friendly
- To empower and equip adolescents and youth with the necessary skills and knowledge to lead happy and healthy lives
- To support the meaningful engagement and participation of adolescent and youth in their community
- To sensitize the community to the needs of adolescents and youth to support an environment where adolescents can thrive by leading healthy and happy lives
- Expand the capacity of the humanitarian response to better safeguard the lives of adolescents and youth, while also addressing mental health and psychosocial issues
- To recognize the unique needs of adolescents and youth in humanitarian emergencies (losing family, social, education and religious structures; high risk for child marriage, child labor, violence and recruitment into armed groups; and gender inequality) and provide access to health and PSS services that address these unique needs

How can A&Y integration be achieved?

It is important to note that overall, the process of youth integration should be strongly supported by the principles of meaningful adolescent and youth engagement (MAYE). MAYE ensures that adolescents and youth are involved in all phases of the programme cycle – from ideation to implementation to monitoring and evaluation.

Step 1: Understand the needs of adolescents and youth in programming by engaging them in the background analysis and community sensitization activities. Community sensitization activities should be conducted to ensure that community members and leaders - including community health workers, the School Management Shura and headman of the village - understand the importance of working with adolescents and youth as well as the approaches needed to ensuring a healthy and happy future for them.

Step 2: Work together with adolescents and youth to develop key interventions and programming that will address their needs. Garner feedback, input and support from the community and community leaders.

Step 3: Implement programming that is targeted at the specific needs of adolescents and youth. Ensure that feedback mechanisms are in place to provide adolescents and youth with the opportunity to provide feedback throughout implementation. Implement programming for parents and caregivers and other community members who impact the lives of adolescents and youth. Please coordinate with the WFHS manager to align with available feedback mechanisms

Step 4: Continually monitor and review A&Y programming to ensure that it is effective and meeting the needs of A&Y. Continually seek feedback and input from A&Y, parents and caregivers, community members and community leaders.

Utilizing a phased approach to Youth Integration

Afghanistan presents a unique and challenging environment for the successful implementation of adolescent and youth integration into WFHSs and beyond. The needs of adolescents and youth are extensive and it is impossible to address them without first establishing a strong relationship between Youth Educators and community members and leaders. To support the full integration of adolescents and youth into WFHSs and programming for adolescent boys and young men, it is necessary to utilize a phased approach to youth integration.

Phase 1	
Phase 1 of youth integration should include the following steps:	
Step	Responsible persons
<ul style="list-style-type: none"> Engagement with community members and community leadership, including religious leaders, to sensitize them to the importance of adolescent and youth programming and to increase their awareness and understanding of the unique needs of adolescents and youth Engagement with female community members to sensitize them to the importance of adolescent and youth programming and to increase their awareness and understanding of the unique needs of adolescents and youth 	<ul style="list-style-type: none"> Male Youth Educator WFHS manager with the support of female Youth Educator

<ul style="list-style-type: none"> ● Engagement with male parents and caregivers of adolescents and youth to support them in utilizing positive parenting techniques and increasing their understanding of the technical aspects of adolescent and youth healthy lifestyles and psychosocial support. It is important to recognize that parents and caregivers may also not have adequate information and knowledge about healthy lifestyles. ● Engagement with parents and caregivers of adolescents and youth to support them in utilizing positive parenting techniques and increasing their understanding of the technical aspects of adolescent and youth healthy lifestyles and psychosocial support. It is important to recognize that parents and caregivers may also not have adequate information and knowledge about healthy lifestyles. 	<ul style="list-style-type: none"> ● Male Youth Educator ● WFHS manager with the support of female Youth Educator
<ul style="list-style-type: none"> ● Engagement with adolescent boys and young men to address their most basic and emergent needs, such as food insecurity, social exclusion, stress and hopelessness and a lack of educational and employment opportunities. ● Engagement with adolescent girls and young women to address their most basic and emergent needs, such as food insecurity, social exclusion, stress and hopelessness and a lack of educational and employment opportunities. 	<ul style="list-style-type: none"> ● Male Youth Educators ● Female Youth Educators
<ul style="list-style-type: none"> ● Increase the awareness of female community members, female parents and caregivers, and adolescents and youths awareness of resources available for adolescent girls and young women. Increase utilization of WFHSs and other services provided by female Youth Educators. Establish trust and understanding between the female community members and female Youth Educators and WFHS staff. ● Increase the awareness of community leaders, male community members, male parents and caregivers, and adolescent boys and young men on the resources available for adolescent boys and young men. Increase utilization of services provided by male Youth Educators. Establish trust and understanding between the community and male Youth Educators. 	<ul style="list-style-type: none"> ● Male Youth Educators ● Female Youth Educators

Phase 2 Phase 2 of youth integration should include the following steps:	
Step	Responsible persons
<ul style="list-style-type: none"> Review and analysis of Phase 1 to gather key learnings, including successes and failures, opportunities and barriers. 	WFHS manager with the support of Youth Educators
<ul style="list-style-type: none"> Engage community leaders, male community members, male parents and caregivers and adolescent boys and young men in the development of more formalized programming for adolescent boys and young men. Engage female community members, female parents and caregivers and adolescent girls and young women in the development of more formalized programming for adolescent girls and young women. 	<ul style="list-style-type: none"> Male Youth Educators WFHS manager with the support of female Youth Educator
<ul style="list-style-type: none"> Establish and implement more formal youth programming and training programmes for adolescents and youth contextualized to the needs of adolescents and youth. As the needs of adolescent boys and young men can vary from those of adolescent girls and young men, it is recommended that separate programming is developed for them. Examples of more formalized programs that can be utilized in Phase 2 include Girl Shine, Champions of Change, and Adolescent Mothers Against All Odds (AMAL). Please see Chapter 6: Resources for more information on these curricula. 	<ul style="list-style-type: none"> IP staff, WFHS manager, and Youth Educators

Providing Services for Adolescent Girls and Young Women (AGYW) in the WFHS

How to prepare for the integration of the female Youth Educator into the WFHSs?

- Female Youth Educators should work together with the WFHS manager and WFHS staff to identify opportunities for integration of AGYW into the WFHS. This should include identifying existing services that adolescent girls and young women are attending in the WFHS.
- Working together female Youth Educators and the WFHS-in-charge should utilize the multipurpose room as a dedicated space for A&Y activities - including identifying a space within the multipurpose room where A&Y information, education and communication (IEC) materials should be made available. Female Youth Educators and the WFHS-in-charge should agree to a common schedule when the space can be used for A&Y activities. The A&Y space in the WFHS should always be available for A&Y to attend. If developing a new WFHS, or if the space is available in an existing WFHS, a separate room in addition to the multipurpose room should be dedicated fully as an A&Y space where activities can take place and key information is available. Female Youth Educators should agree with WFHS staff on how to establish A&Y-specific areas within the WFHS
- A key step in the orientation of the female Youth Educators should include an introduction to WFHS staff including PSS Counselors and Midwives. The PSS Counselors and Midwives can be used as key resource people and can support in leading or co-facilitating sessions on healthy lifestyles. These staff members will also serve as key points within the referral systems - to find out more information on referral pathways please refer to Chapter 5: Referral Systems.
- Utilize suggested activities below to establish a relationship between AGYW attending AGYW-specific sessions and WFHS staff to increase trust and understanding and to enable and advance referral systems within the WFHS

What types of services and activities do AGYW need?

- Vocational and skills development programming
- Mental Health and Psychosocial Support
- Social Inclusion spaces and activities
- Peer education on healthy lifestyles
- Nutritional support, particularly for vulnerable and at risk girls
- Information, Educational and Communication (IEC) materials on their health
- Reporting services on exploitation and abuse
- Referral to additional services, where appropriate

Ideally, the female Youth Educator will receive additional training in the provision of these different services in the WFHS. Additional information and links to key resources on the provision of these services are available in Chapter 4: Key Topics and Chapter 5: Referral Systems.

Ideas and Suggestions for incorporating AGYW into existing vocational and skills development programming in WFHSs

- AGYW in Afghanistan currently have limited access to educational and employment opportunities
- Female Youth Educators should work with WFHS staff to identify currently existing vocational and skills development programming being implemented in their WFHSs.
- Female Youth Educators should work together with WFHS staff to refer AGYW to existing vocational and skills development programming, and coordinate with WFHS life skills trainer and WFHS manager to identify where existing services can target AGYW
- Female Youth Educators with the support of the WFHS life skills trainer may also link AGYW who complete training sessions to additional resources and programming in the community
- Female Youth Educators should utilize vocational and skills development programming as an opportunity to provide adolescents with short interactive sessions on healthy lifestyles with a focus on different topics during each session

Note more information on how to implement vocational and skills development programming can be found in Chapter 4: Key Topics.

Ideas and Suggestions for incorporating mental health and psychosocial support (MHPSS) programming for AGYW in WFHSs

- Female Youth Educators should educate AGYW on the services that are available in the WFHS to address their PSS needs, including for AGYW who have experienced violence
- Female Youth Educators should identify AGYW who require referral to additional services
- Female Youth Educators should conduct sessions for AGYW on stress management, mindfulness activities and other sessions on MHPSS
- Female Youth Educators should link AGYW to programmes on vocational and life skills and social inclusion to support healthy and fun activities to relieve stress and increase community connectivity

For more information on MHPSS and exercises that you can conduct with AGYW, please see Chapter 4: Key Topics.

Ideas and Suggestions for incorporating social inclusion programming for AGYW in WFHSs

- As discussed above, dedicated space should be made available within the Multipurpose room of the WFHS, or if available, a room should be dedicated entirely to A&Y. Youth Educators can use this space to support social inclusion activities.
- Female Youth Educators can use these spaces to establish welcoming and safe spaces for AGYW to engage in activities that enable them to engage with their peers and to participate in activities. More information on how to create a welcoming and safe space can be found in Annex 5: Safe Spaces.
- Potential programming for AGYW that can support social inclusion include:
 - organizing dedicated times for sports and traditional games
 - establishing a youth space with board games and other activities that AGYW can complete with their peers
 - establishment of a reading book club or small library and encourage AGYW to discuss their reading with their peers
 - creation of games and other fun materials that allow AGYW to learn more about healthy lifestyles

Ideas and Suggestions for incorporating peer education on healthy lifestyles programming for AGYW in WFHSs

- Female Youth Educators can use any opportunity when they have 1 or more adolescent girls and young women in attendance to conduct peer education on healthy lifestyles. For example, if adolescent girls are attending a lesson on sewing - the female Youth Educator can dedicate some time to run a short exercise on a relevant topic such as menstrual health management.
- Note more details on peer education and healthy lifestyles programming can be found in Chapter 4: Key Topics and Chapter 6: Resources.

Ideas and Suggestions for incorporating nutritional support programming for AGYW in WFHSs

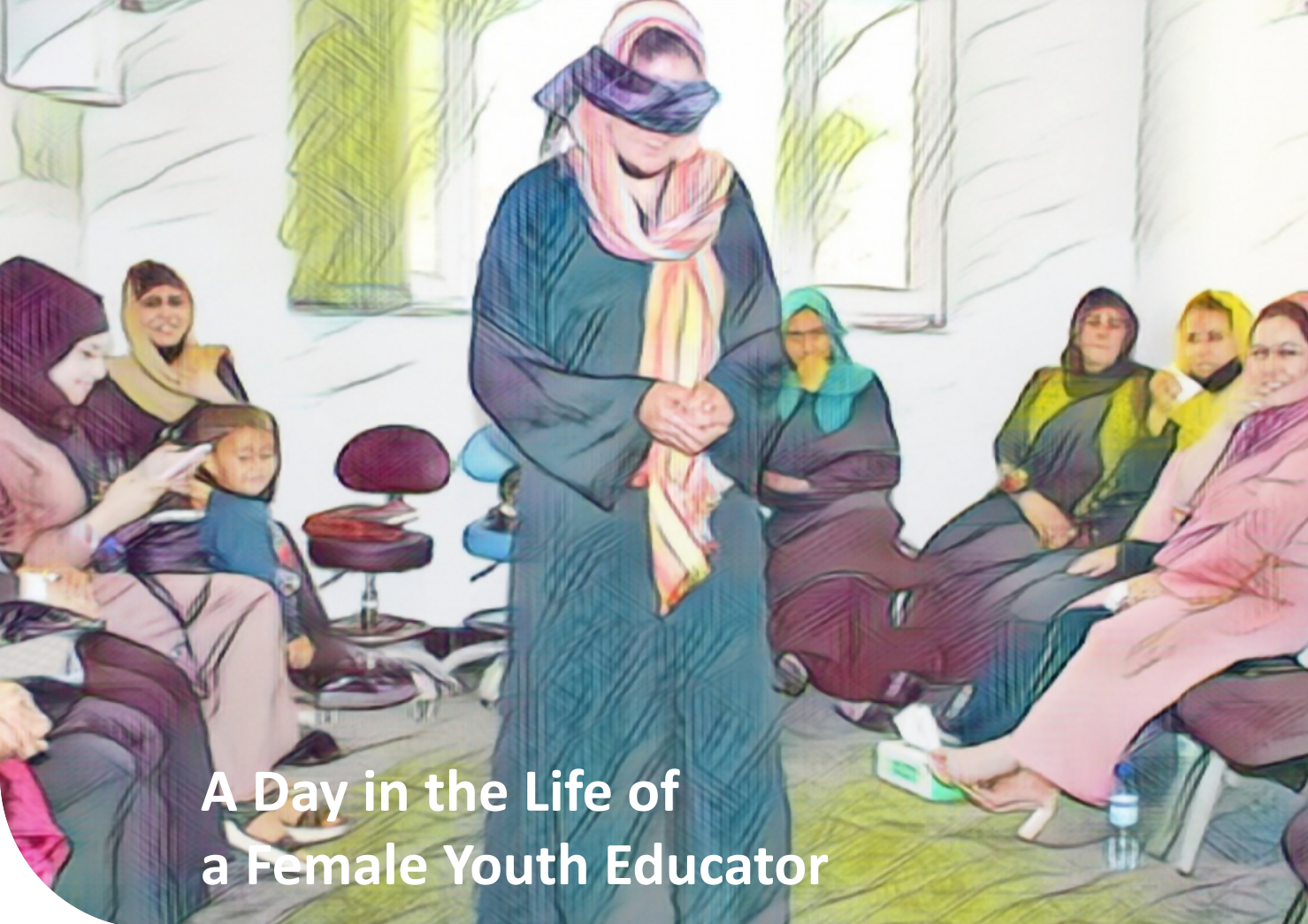
- AGYW are facing food insecurity and are not having their basic nutritional needs met. Food insecurity and lack of nutrition directly impact the overall health of AGYW as well as influence drivers of poor health amongst AGYW such as early marriage.
- WFHS can provide nutritional support for AGYW through:
 - Providing nutritional snacks and meals for AGYW participating in programming.
 - If space allows, establish small kitchens or food preparation stations to enable girls the opportunity to learn about proper nutrition, whilst also learning new skills on nutritious food preparation.

Ideas and Suggestions for incorporating IECs for AGYW in WFHSs

- IEC materials should be printed and made available in the WFHS for AGYW. See Annex 1 for Awareness Messages.
- IEC materials should be readily displayed in the WFHS, including in dedicated spaces for AGYW.
- Digital IEC materials and games can be developed for AGYW to complete utilizing female Youth Educator tablets to increase knowledge and learning.
- Establish private areas with an accessible mobile phone that increases AGYW access to the Youth Health Line. More information on the Youth Health Line can be found in Chapter 5: Referral Systems.

Ideas and Suggestions for referral services for AGYW in WFHSs

Note more details on referral systems can be found in Chapter 5: Referral Systems



A Day in the Life of a Female Youth Educator

9:00AM The female Youth Educator arrives at the WFHS for the day. She reviews the dedicated space for adolescent girls and young women. She notices that the IEC materials have been popular, and so she puts out some additional materials.

10:00AM Several adolescent girls arrive at the WFHS. They approach the female Youth Educator and ask if they can play some of the board games that are available in the Youth space at WFHS. The female Youth Educator plays games with the girls. During the activity, the female Youth Educator discusses mindfulness with the girls. She reminds them about the Youth Health Line and the availability of a mobile phone in the youth space if they would like to speak with a professional counselor.

1:00PM The female Youth Educator welcomes 15 young women who are a part of the vocational and skills development programming. While the WFHS staff member who supports vocational and skills development leads a session on sewing, the female Youth Educator leads a small discussion on menstrual health management. At the conclusion of the session the female Youth Educator provides the adolescent girls and young women with a nutritious snack and a menstrual health management kit, if available. The youth educator can also facilitate fun games, or provide the space for recreational activities

3:00PM The female Youth Educator is spending time at the WFHS, speaking with adolescent girls and young women who attend the space. She is approached by an adolescent girl who seems greatly distressed. The female Youth Educator contacts the WFHS-in-charge and refers the adolescent girl to additional services.

Providing Services for Adolescent Boys and Young Men (ABYM) in the Community

Note: The WFHS is a space that is restricted to only individuals who identify as women or girls. Male Youth Educators work in the catchment areas associated with WFHSs, however they should not attend the WFHS or conduct any activities at the WFHS. The below information refers to the provision of services within the community only.

How to integrate adolescent boys and young men into UNFPA programming?

- The approach to working with adolescent boys and young men will be different than working with AGYW.
- As WFHSs are spaces that restrict access to women and girls, it is important to identify an alternative approach to conducting outreach and programming for adolescent boys and young men.
- Therefore male Youth Educators should identify an appropriate space to hold sessions and activities for adolescent boys and young men - potential spaces include mosques, schools, or areas where adolescent boys and young men congregate. It is important to work closely with community leaders to identify the correct space in your community to hold the sessions. In areas where they are available, you can also work to arrange the space and time to utilize multipurpose youth centers.
- Male Youth Educators should also establish outreach activities and community engagement and awareness sessions that can be conducted with small groups of ABYM where the opportunity presents itself.
- Male Youth educators should be working in locations around the community near their assigned WFHS, and it is not necessary to move to different locations. However, if needed, the male Youth Educator can coordinate with WFHS and IP to use available vehicles if outreach activities are coordinated.

What types of services and activities do ABYM need?

- Mental Health and Psychosocial Support
- Social Inclusion spaces and activities
- Peer education on healthy lifestyles
- Nutritional support, particularly for vulnerable and at risk boys
- Information, Educational and Communication (IEC) materials on their health
- Referral to additional services, where appropriate

Ideally, the male Youth Educator will receive additional training in the provision of these different services in the WFHS. Additional information and links to key resources on the provision of these services are available in Chapter 4: Key Topics and Chapter 5: Referral Systems.

Ideas and Suggestions for incorporating vocational and skills development programming for ABYM

- ABYM in Afghanistan currently have limited access to high quality educational and employment opportunities
- Male Youth Educators should work together with community leaders, including leadership of educational institutions and religious leaders, to identify spaces and opportunities for programming for ABYM. Male Youth Educators should create a mapping of the available services that they identify and refer to ABYM to the services.
- Male Youth Educators should link ABYM who complete training sessions to additional resources and programming in the community
- Male Youth Educators can work together with existing services, based on the approval of the organizers, to link this programming to the promotion of healthy lifestyles by providing short interactive sessions on healthy lifestyles with a focus on different topics during each session.

Ideas and Suggestions for incorporating mental health and psychosocial support programming for ABYM

- Male Youth Educators should educate ABYM on the services that are available in the community to address their PSS needs, including the Youth Health Line
- Male Youth Educators should understand the existing PSS and other services available at the district or provincial level
- Male Youth Educators should identify ABYM who require referral to additional services
- Male Youth Educators should conduct sessions for ABYM on stress management, mindfulness activities and other sessions on MHPSS
- Psychosocial support kits can be developed and distributed to ABYM to utilize in their homes
- Male Youth Educators should link ABYM to programmes on vocational and skills development and social inclusion to support healthy and fun activities to relieve stress and increase community connectivity

For more information on MHPSS and exercises that you can conduct with ABYM, please see Chapter 4: Key Topics.

Ideas and Suggestions for incorporating social inclusion programming for ABYM

- Male Youth Educators should work together with community leaders to identify spaces that can be utilized for programming for ABYM, including mosques, madrasas, educational institutions, gyms and sports fields, and other community areas where men and boys congregate. If at all possible male Youth Educators should try to link with existing youth networks in their community. It is important to work together with community leaders to ensure that the spaces identified are open to adolescent boys and young men discussing key topics about their health and well-being. If the suggested spaces are not safe the male Youth Educator should work to identify alternative spaces where adolescent boys and young men are likely to congregate or can freely attend.
- Male Youth Educators can use these spaces to establish welcoming and safe spaces for ABYM to engage in activities that enable them to engage with their peers and to participate in activities
- Potential programming for ABYM that can support social inclusion include:
 - organizing dedicated times for sports and traditional games
 - establishing a youth space with board games and other activities that ABYM can complete with their peers
 - establishment of a free lending library and encourage ABYM to discuss their reading with their peers
 - creation of games and other fun materials that allow ABYM to learn more about healthy lifestyles

Ideas and Suggestions for incorporating peer education on healthy lifestyles programming for ABYM

- Male Youth Educators can use any opportunity when they have 1 or more adolescent boys and young men in attendance to conduct peer education on healthy lifestyles. For example, if adolescent boys have gathered in a local field to play sports - the male Youth Educator can dedicate some time to run a short exercise on a relevant topic such as dealing with emotional changes during puberty.
- Note more details on peer education and healthy lifestyles programming can be found in Chapter 4: Key Topics and Chapter 6: Resources.

Ideas and Suggestions for incorporating nutritional support programming for ABYM

- Youth programming can provide nutritional support for ABYM through:
 - Providing nutritional snacks and meals for ABYM participating in programming.
 - Linking ABYM to nutrition and food programming to increase their access to proper nutrition

Ideas and Suggestions for incorporating IECs for ABYM

- IEC materials should be printed and made available for ABYM. See Annex 1 for Awareness Messages.
- IEC materials should be distributed to ABYM in the community and displayed in spaces secured for activities for ABYM
- Digital IEC materials and games can be developed for ABYM to complete utilizing male Youth Educator tablets to increase knowledge and learning.
- Male Youth Educators should be provided with a mobile phone to support ABYM access to the Youth Health Line. More information on the Youth Health Line can be found in Chapter 5: Referral Systems.

Ideas and Suggestions for referral services for ABYM

Note more details on referral systems can be found in Chapter 5: Referral Systems



A Day in the life of a Male Youth Educator

9:00AM The male Youth Educator meets with male teachers at a local school. The male teachers tell the Youth Educator that the adolescent boy students have been asking about healthy lifestyles and PSS. The male Youth Educator provides the male teachers with IEC materials and information about calling the Youth Health Line.

10:00AM The male Youth Educator notices several adolescent boys and young men hanging around. He invites them to come play some games with him in the nearby field. During the activity, the male Youth Educator discusses managing emotional stress with the adolescent boys and young men. He reminds them about the Youth Health Line and lets them know they can use the mobile phone he has been provided as a male Youth Educator if they would like to speak with someone.

1:00 PM The male Youth Educator has been working together with the religious leaders in his community to ensure that adolescent boys and young men understand healthy relationships in preparation for their future marriages. The male Youth Educator runs a session in the local community center on healthy relationships with 15 adolescent boys and young men. At the conclusion of the session the male Youth Educator provides the adolescent boys and young men with a nutritious snack and a PSS kit.

3:00 PM After the male Youth Educator finishes his sessions with the adolescent boys, he is approached by an adolescent boy from the community. The boy is very distressed. The male Youth Educator immediately contacts his supervisor to alert him to the boy's need for referral to additional services.



Chapter 4:

Key Topics for A&Y

Mental Health and Psychosocial Support³³

Adolescence is a time of transition from childhood to adulthood. The majority of adolescents are in good mental health, but the physical, cognitive, emotional, social and sexual changes that occur during adolescence can impact on their mental well-being. Additionally, in Afghanistan, prolonged conflict and political instability have had a significant impact on the mental health and well-being of adolescents and young people.

Mental illnesses manifest themselves through thoughts, feelings and behaviors. Where these thoughts, feelings and behaviors impact negatively on the adolescent, we consider the person to be experiencing mental difficulties or problems. Where the thoughts, feelings and behaviors meet specified clinical criteria, the condition may be classified as a mental or behavioral disorder.

Mental health is strongly related to other health problems in adolescence, including substance use and abuse, violence, and reproductive health.

Sample activity on managing mental health and psychosocial support to be conducted with adolescent boys and young men: Managing emotional stress³⁴

Target audience: Adolescent boys aged 12 to 18

Activity length: 40 minutes

Materials needed: Flipchart, markers, masking tape, display board, handouts

Purpose of activity: To equip adolescent boys and young men with the ability to explain different types of emotions; to be able to describe techniques on how to manage one's own emotions and emotional stress; and to be able to state the steps to resolve tension

How to conduct the activity:

Step 1: Explain the following about emotions and stress:

Emotions are a state of mind, and in this state a person is more strongly responsive to how they are feeling, rather than logic. Anything that alters the 'normal' mental state is emotion. Some emotions that we experience include fear, depression, anger, shock, love and sadness.

Stress is when the psyche becomes unsettled due to emotions or changes in the mental state.

³³ Adapted from the Afghanistan Youth Friendly Health Services Guidelines module on Mental Health

³⁴ Adapted from the UNFPA and Plan International Champions of Change Curriculum

Step 2: Explain to the participants that you are now going to review the story of Abdul. Divide the participants into groups of 4 participants. They should discuss between themselves the questions that are included below their case study.

Facilitator tip: If some or all of the participants are unable to read. The facilitator should read the story to the group and facilitate the discussion on the provided questions.

Abdul's Story

Abdul is 14 years old. He is growing up and so many changes are happening to him. His voice is changing, and hair is growing on his body and face. He is not sleeping well at night, and he started to avoid family gatherings. One day in school he met his friend, and told him that he feels he might be sick. As there are so many things happening in his body. His friend laughed and said, 'Don't worry, silly! You are growing up. It happens to all boys at your age. It's nothing to worry about.'

Questions

What happened to Abdul? Why was he scared?

Apart from fear, what other emotions work within us?

How can we control our emotions?

Facilitator tip: While the groups are reading through their story and working through their questions, walk around and observe the group. Help them if necessary.

Step 3: Once the groups have finished, ask them to return to the main group. Ask each group to present their situation and explain what they have understood from it. Ask them to share the answers to the questions. Once the presentations are complete, discuss the ways to cope with emotional stress as per the attachments given for the workshop.

Sample activity on managing mental health and psychosocial support to be conducted with adolescent girls and young women: Managing emotional stress³⁵

Target audience: Adolescent girls aged 12 to 18

Activity length: 40 minutes

Materials needed: Flipchart, markers, masking tape, display board, handouts

Purpose of activity: To equip adolescent girls and young women with the ability to explain different types of emotions; to be able to describe techniques on how to manage one's own emotions and emotional stress; and to be able to state the steps to resolve tension

How to conduct the activity:

Step 1: Explain the following about emotions and stress:

Emotions are a state of mind, and in this state a person is more strongly responsive to how they are feeling, rather than logic. Anything that alters the 'normal' mental state is emotion. Some emotions that we experience include fear, depression, anger, shock, love and sadness.

Stress is when the psyche becomes unsettled due to emotions or changes in the mental state.

Step 2: Explain to the participants that you are now going to review the story of Samira and Ali. Divide the participants into groups of 4 participants. They should discuss between themselves the questions that are included below their case study.

Facilitator tip: If some or all of the participants are unable to read. The facilitator should read the story to the group and facilitate the discussion on the provided questions.

³⁵ Adapted from the UNFPA and Plan International Champions of Change Curriculum

Samira's and Ali's Story

Samira is 14 years old. Samira is the second oldest in her family. Samira has an older brother Ali who is 16 years old. One day Ali saw Samira reading a book and started teasing her. Samira got angry and began yelling at him. So, Ali got angry too and started yelling at her. Samira ran to her room crying. After calming down, Samira went to speak with her brother Ali. She explained that his teasing made her feel bad and that she shouted because she was hurt. Ali also shared that he should not have teased her. Ali and Samira agreed that they would work on speaking more respectfully with each other going forward.

Questions

Why did Samira and Ali get angry?

What does Samira do to control her emotions?

Apart from anger, what other emotions work within us?

How can we control our emotions?

Facilitator tip: While the groups are reading through their story and working through their questions, walk around and observe the group. Help them if necessary.

Step 3: Once the groups have finished, ask them to return to the main group. Ask each group to present their situation and explain what they have understood from it. Ask them to share the answers to the questions. Once the presentations are complete, discuss the ways to cope with emotional stress as per the attachments given for the workshop.

Sample activity on managing mental health and psychosocial support to be conducted with adolescent girls and young women: Managing emotional stress³⁶

Target audience: adolescent girls and young women OR adolescent boys and young men

Activity length: 10 minutes

Materials needed: No materials needed

Purpose of activity: To equip adolescents and youth with an understanding of mindfulness and potential activities to increase mindfulness

How to conduct the activity:

Step 1: Explain the following about mindfulness:

Mindfulness involves paying attention to what's happening in the present moment. This is often done by focusing on our breath, body and senses

When we focus on our breath, body and senses it can give us some distance from our thoughts and feelings. Often, people say that doing this means they no longer feel as overwhelmed.

While there is no way of switching our thoughts and feelings off, mindfulness is about letting go of efforts to control or avoid them. In a strange way, letting go of our efforts to control them helps us stop getting so tangled in them.

You're not alone. It is incredibly common for people to get lost and tangled in their thoughts. Be kind to yourself.

Step 2: Lead the participants through each of the following mindfulness activities

Choose a task you do regularly - e.g. showering, cleaning, walking

Focus on:

What does your body feel like?

What can you see?

What can you hear?

What can you smell?

³⁶ Adapted from the Headspace interactive activity on Mindfulness, more information Available here: <https://www.headspace.com/>

Drop Anchor

Plant your feet on the floor

Push them down

Notice the floor beneath you

Notice the muscle tension in your legs

Notice the feelings in your body

Breath Mindfulness

Take 5 slow deep belly breaths in and out

Notice your stomach filling up

Notice it emptying

Notice your stomach rising and falling

Step 3: Explain to the participants that these activities are simple mindfulness techniques that can be utilized whenever they are feeling stressed or overwhelmed.

Note for more activities and tools on addressing mental health, including mindfulness, please visit Headspace here: <https://www.headspace.com/>

Sample Materials to advance MHPSS

Psychosocial Support Kits (PSS Kits)

Adolescents and youth can be provided with kits containing materials and supplies that provide adolescents and youth with information about their mental health as well as provide them a fun outlet as a way to manage stress. Potential materials within a PSS kit can include the following:

- Flashcards and information sheets on MHPSS, including activities on mindfulness
- Flashcards on where to receive additional MHPSS including the Youth Health Line and WFHS services
- Stationary and journals for writing and drawing
- Culturally appropriate small games and activities that can alleviate stress and boredom
- Culturally appropriate sports equipment which can be used individually or in a group

Healthy Lifestyles including Adolescent and Youth Reproductive Health³⁷

Adolescents and youth require adequate information about their reproductive health to ensure that they are able to make informed decisions about their own health. Despite this, adolescents and youth do not have adequate information about reproductive health issues and appropriate healthcare services. Lack of information for adolescents and youth about their reproductive health is further exacerbated by a lack of access to appropriate health services.

As marriage occurs early in Afghanistan, it is particularly important for adolescent girls and young women to have adequate information and knowledge about their reproductive health to secure their health and the health of their future children. Early teen pregnancy can cause severe health problems for both the mother and her baby. Risks include increased maternal death, illness and disability. Early sexual debut also increased the risk of obstetric fistula due to obstructed labor; complications from unsafe abortions; sexually transmitted infections and HIV. Babies born to young mothers also face greater risks of death than those born to mothers between 20 and 25 years old.

There are high levels of violence in Afghanistan, particularly violence against adolescent girls and young women. About 87.2% of women report experiencing at least one form of physical, sexual or psychological violence, or forced marriage. Violence has both health and social implications. It is important to address the needs of survivors of violence through adequate PSS. It is also important to note that Afghan girls who are married young experience more violence than older girls and young women.

To Learn More about Healthy Lifestyles, please see the Youth Friendly Health Services Guidelines available [here](#). The guideline covers the following topics - reproductive health, adolescent pregnancies, STIs, adolescent development, substance abuse, mental health and nutrition. Below are some sample activities to conduct with adolescents and youth, for more information and sessions you can access the Girl Shine Curriculum [here](#). For the Champions of Change curriculum please contact your direct supervisor.

Sample activity to conduct with adolescent girls on puberty: Changes that we see and feel³⁸

37 Adapted from the Afghanistan National Youth Strategy: 2018-2022.

38 Adapted from the International Rescue Committee Part 2: Girl Shine Caregiver Curriculum, available: <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Life%20Skills%20Curriculum%20IRC%202018.pdf>

Target audience: Adolescent girls 11 to 15

Activity length: 30 minutes

Materials needed: 2 flip charts and colored markers

Purpose of activity: To help girls understand the physical and emotional changes they will experience during puberty

How to conduct the activity:

Step 1: Divide the girls into two groups. Give each group flip chart paper and colored markers.

Step 2: Assign the two groups as Group A and Group B. Group A will focus on girls' physical changes (changes we see) and Group B will focus on emotional changes (changes we feel). For Group A, ask the girls to draw a girl and to highlight on the drawing where girls experience physical changes. For Group B, ask the group to draw pictures to describe the emotional changes.

Step 3: After 10 minutes, ask two girls from each group to share their drawings and ideas. Ask if the girls from other groups have changes to add to the list. Point out any other changes that were not mentioned. Help them understand the difference between physical and emotional changes.

Physical Changes During Adolescence

Physical Changes in Girls

- Hips widen
- Breasts develop
- Ovulation and menstruation
- Grow in size
- Weight gain
- Pubic and underarm hair
- Acne

Emotional Changes

- Changes in mood
- Concerns about being “normal”
- Feel embarrassed easily
- Feel closer to friend than family
- Feel shy
- Better able to solve problems
- Want to be independent

Step 4: Explain the above mentioned physical changes in the body. Explain: Often these physical and emotional changes can change the way adolescents start to think and feel. These can be related to:

- Struggles with your sense of identity (Who Am I?)
- Different emotions (such as moodiness, anger, or depression)
- Wanting to be more independent
- Experimentation and taking some risks
- Concern about your body and appearance
- Pressure from friends to act or behave in a certain way

All of these physical and emotional changes are normal. Everyone develops at their own pace, some earlier and some later. Young people sometimes feel uncomfortable or self-conscious because of the changes in their bodies. But it's important for them to know that these changes are perfectly natural and it's a positive thing because it means girls are growing into healthy adults.

Sample activity to conduct with adolescent boys and young men or adolescent girls and young women on adolescent pregnancy: Promoting Adolescent Health³⁹

Target audience: Adolescent boys and young men OR adolescent girls and young woman

Activity length: 90 minutes

Materials needed: flip charts, colored markers, masking tape, display board

Purpose of activity: To explain the impacts of adolescent parenthood; to explain how to practice birth spacing through methods that ensure proper spacing and healthy babies and mothers; and explain why men's participation is important

How to conduct the activity:

Step 1: Explain to participants:

Lack of sufficient knowledge about their own bodies makes women and their family members interested in having a baby and therefore a woman faces a lot of external pressure to get pregnant as soon as possible. Soon after marriage, a girl often faces heavy pressure from her husband and in-laws and in many cases, her own family and the society as well, and therefore has a child before being physically or mentally prepared for it. If a woman doesn't show interest in having a child, or if it takes her some time to get pregnant, or if she doesn't get pregnant at all, she is subjected to heavy criticisms from her family and society.

It is important for newly married couples to know when to have their first child, and the age gap that should exist between their first child and their second. Marriage should always be after 18 years of age. Therefore, having a child before she is 20 would result in the child suffering from various malnourished illnesses and problems. In many cases, stillbirths may occur. The child's body does not develop properly. When having two children, there must be at least a gap of three years between them.

Step 2: Divide the participants into 4 groups. Ask the groups to discuss the following questions:

1. What are the reasons for adolescent marriage?
2. What are the ill effects of adolescent parenthood?

Give the participants 10 minutes. Ask them to write their answers on the flipcharts.

Step 3: Ask the groups to present their discussions. Ask if the others want to add anything. At the conclusion of the discussion review the following information:

39 Adapted from UNFPA and Plan International Champion of Change curriculum

Reasons for adolescent early marriage:

- Economic condition (poor families marry their daughters off as early as possible)
- Girls' safety (the guardians are worried about the safety and security of the girls)
- Good opportunities ("good husbands" or "good proposals" encourage guardians)
- Not studying (if a girl doesn't study and sits home not doing anything, then parents try to quickly marry the daughter off)
- The girls choose to get married themselves (school-going girls choose to get married by themselves due to various reasons and influences)
- The cultural and social views towards marriage

III-effects of adolescent parenthood:

- Before the age of 20, a boy or a girl does not fully understand the thoughts and ideas it takes to have a family of their own, the responsibilities or the lifestyles that relate to it. Having a child at this stage would increase mental stress. Therefore, they may have unhappy family lives.
- Between the ages of 15-19, the largest reasons for death among adolescent mothers are adolescent pregnancy and complications during childbirth.
- Since adolescents do not reach physical and mental maturity, an adolescent mother may find it difficult to take care of a child when she is still growing and developing herself.
- In order to avoid the unrest within the family, husbands abandon their wives and children, and either remarries or is motivated to divorce their wives. Therefore, in most cases, divorces, violence against women and suicides are increasing in trend.
- Giving birth during adolescence has harmful effects on the mother's body, and she begins to suffer from various illnesses. Therefore, she may experience difficulty or need extra support when caring for her children.
- Youth unemployment is high in Afghanistan. A young father may still be dependent on his parents and will face financial pressure if he is expected to care for a young family. This creates frustration and takes away joy from his life.

Step 4: In the main group, ask the participants to list out different methods they know to promote birth spacing. List what they say on the flipchart. Discuss the different family planning methods including cheap and long term as listed in the flipchart with the group.

Methods⁴⁰

Please refer to the Family Planning Flipchart

Step 5: Explain the following:

Advantages of birth spacing

- The husband and the wife can have a child at a time that is convenient to them, and they can just have as many children as they want
- If the family size is small, the family can be run properly according to the income
- If there are only one or two children then they can be brought up properly, taken care of properly and they can be given nutritious food, necessary clothes and an education
- The demands can be easily met
- The risks of frequent pregnancy are reduced, therefore the risks towards the mother and child's health and the risks towards maternal and child mortality is reduced.
- The mother and the child are healthier
- The husband and the wife's physical, mental and financial pressures are reduced
- This increases the happiness, peace and the comfort of the family
- Unplanned pregnancies can be prevented

40 Module J - Adolescent pregnancy prevention March 2021.doc

Vocational and Skills Development Programming

Adolescents and youth require a series of skills to be successful in school, life and work. These include the following⁴¹:

- Foundational skills- foundational skills include numeracy and literacy
- Digital skills - this includes digital literacy that enables adolescents and youth to use and understand technology to search for and manage information, create and share content, collaborate, communicate, build knowledge and solve problems
- Transferable skills - these are also known as “life skills” or “soft skills”, these are the skills that equip adolescents and youth with the resiliency and agility to navigate personal, social, academic and economic challenges. These skills are key for adolescents and youth affected by crises. Key transferable skills include problem solving, negotiation, managing emotions, empathy and communication.
- Job-specific skills - these are also known as technical and vocational skills, these are skills associated with occupations and enable older adolescents to transition into the workforce

In the delivery of programming on healthy lifestyles and MHPSS, Youth Educators will support adolescents and youth to gain valuable transferable skills. However, due to the lack of consistent quality educational opportunities and current economic insecurity, older adolescents and youth are left with minimal opportunities to gain job-specific skills and to engage meaningfully in income generating activities. Youth Educators should work together with the WFHS staff to link adolescents and youth to existing vocational and skills development programming within their WFHS or in their catchment area. It is important to note that vocational and skills development programming should be targeted at providing adolescents and youth with the skills and knowledge to be successful in school, life and work. The programming should not be seen as a direct linkage to labor and it is essential to be mindful of the age of the participants of the sessions and to respect relevant child labor laws.

Step 1: In areas where WFHS staff are already implementing vocational and skills development programming, Implementing Partners and Youth Educators should identify how this programming can be expanded to include adolescents and youth. WFHS Staff and Youth Educators can also map existing vocational and skills development programming in their catchment areas to link adolescents and youth.

41 Adolescent education and skills. UNICEF. Available here <https://www.unicef.org/education/skills-development>

Step 2: Once existing programming is identified, Youth Educators should support WFHS managers in identifying ways that programming can be adapted to ensure that it is suitable for adolescents and youth. Additionally, the insight and guidance of adolescents and youth should be incorporated. These skills programming should serve as evidence-based programming and tailored assistance to address underlying causes of violence and marginalization and enhance access to basic services including health, reproductive health and psychosocial support.

Step 3: Once adolescents and youth are incorporated into the programming, Youth Educators with the support of WFHS staff should identify opportunities for providing sessions and information on healthy lifestyles to adolescent and youth participants.



Menstrual Health Management

Menstruation is a fact of life and something that naturally occurs monthly for the 1.9 billion girls and women of reproductive age.⁴² Despite the large numbers of women and girls experiencing menstruation in many parts of the world they are still denied the right to manage their monthly menstrual cycles in a dignified and healthy way.

In Afghanistan, it is estimated that 70% of girls do not bathe or shower during menstruation for fear of infertility; 29% of girls reported missing school during menstruations; 80% of girls reported that they were not allowed to attend social events such as weddings, or funerals during menstruation; and 50% of girls were not aware of menstruation until their first period started.

Lack of access to dignified and healthy ways of managing menstruation are related to gender inequality, discriminatory social norms, cultural taboos, poverty and a lack of basic services for women and girls to meet their menstrual health and hygiene needs (i.e. inadequate toilet facilities). When women and girls are unable to manage their menstruation it can limit their mobility and choices; it can affect their attendance at school and impact their participation in community life; it can compromise their safety; and impact their physical and mental health.

Due to a lack of economic resources, women and girls are often forced to resort to unsafe and unhygienic menstrual absorbents. The use of these materials may pose risks to the health of women and girls, including preterm births, low birth weight, pregnancy loss and infertility. Adolescent girls are at particular risk as they often have less access to information, services and resources.

To learn more about menstrual health management, please see the UNFPA Menstrual Hygiene Management in Emergencies: Guidance for Integrated Programming in the Arab Region. Note that an Afghanistan specific tool is currently under development.

⁴² Celebration of Menstruation Hygiene Management Day in Afghanistan. UNICEF, available: <https://www.unicef.org/afghanistan/press-releases/celebration-menstruation-hygiene-management-day-afghanistan>

Sample activity to conduct with adolescent girls on menstrual health management: Our Monthly Cycle⁴³

Target audience: Adolescent girls 10 to 19

Activity length: 30 minutes

Materials needed: Signs with A and B written on them

Purpose of activity: To help girls understand menstrual health

How to conduct the activity:

Step 1: Place the signs A and B on opposite sides of the room.

Step 2: Tell the girls:

Body hygiene is very important, and once a girl starts to have her period, it is even more important.

When a girl's period begins, she might get a feeling of dampness in her underwear because of the blood coming out of the body.

The flow of blood is usually heaviest on the first day and becomes less until it stops.

Step 3: Explain to the girls that you will read a number of statements, and they can go and stand next to A or B, depending on what they think the correct answer is. (Correct answers are in *italics*). After each answer, explain the correct answer and clarify the details.

Facilitator tip: if the participants are not able to read, you can draw a smiley face for A and a heart for B. Please then read out the options as smiley face or heart.

Option A	Option B	Clarify
When you have your period you should ...		
Wear a used cloth or reuse tissue	Wear a clean pad, clean cloth, cotton or tissue	Girls should wear something clean in their underwear to capture the blood to prevent infection. They should not insert these materials inside the vagina. Keep unused cloths and pads clean (wrapped in tissue or plastic bag) so they are ready to be used.

⁴³ Adapted from the International Rescue Committee Part 2: Girl Shine Caregiver Curriculum, available: <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Life%20Skills%20Curriculum%20IRC%202018.pdf>

Bathe every day (or as often as you can).	Bathe one time per week.	Girls shouldn't wait until they feel dirty to take a bath; it's important to take a shower once a day or as often as possible to stay clean and healthy
Change underwear once a week.	Change underwear every day (or as often as possible).	It's necessary to change underwear as often as possible, ideally every day.
Change the feminine product every two or three hours.	Change the feminine product every seven hours.	Girls shouldn't wait until the feminine product (sanitary towel or clean cloth) is full of blood to change it; girls should change it as often as they can.
Throw used pad/cotton in the toilet.	Throw the used pad/ cotton in the bin.	When changing the pad, girls should wrap it up to make a clean package and put it in the bin so it can be taken away with the other rubbish. Girls shouldn't put it in the toilet, as it can block the toilet.
Girls who have their period are dirty.	When girls have their period, it doesn't mean they are dirty.	When girls have their periods, they are not dirty. This is a normal part of being a girl or a woman. We just need to be sure to keep our bodies clean while we have our period and also when we don't have our period.
Girls should avoid eating meat, rice and vegetables or drinking cold water during their periods	Girls should eat well-balanced nutritious meals regardless all the time.	When girls have their periods it is not necessary to restrict foods like meat, rice or vegetables. A well-balanced diet that includes vegetables and some meat is important to support an adolescent's growing and changing body. Adolescent girls who are menstruating are at risk of anemia -it is important that their diet contains iron rich foods like red meat, beans and dark green leafy vegetables.
Step 4: Conclude the exercise by explaining that Our periods are a healthy and normal part of growing up. We shouldn't be ashamed of our periods. They are a natural part of our lives.		

You can find more suggested exercises [here](#).

Youth Peer Education⁴⁴

Peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers. Peers are identified as those similar in age, background or interest to the participants. Peer education activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health. Peer education often builds on theories and models of behavior change.

Peer education can take place in small groups or through individual contact in a variety of settings: schools, universities, mosques, workplaces, street settings, refugee camps or wherever young people gather. If trained, peer educators can play an active role in raising awareness for their peers in different formal and informal spaces.

UNFPA has supported the Y-PEER Network in Afghanistan since 2016 and is revamping and reinvigorating the network in 2022 and 2023. Y-PEER Network is a global network of youth peer educators, launched by UNFPA in 2000. As part of the process of reinvigorating the Y-PEER network in Afghanistan, UNFPA is undertaking the contextualization of the Y-PEER Humanitarian Manual to the Afghan context.

To learn more about Peer Education and the Y-PEER Network please see Peer Education On Youth Sexual And Reproductive Health In Humanitarian Settings: Training Of Trainers Manual, available [here](#).

44 The materials in this section have been adapted from UNFPA Afghanistan materials on Y-PEER and peer education



Chapter 5: Referral Systems

Prevention of Misconduct and Abuse

What is Prevention of Misconduct and Abuse?

The United Nations and its entities are committed to preventing affected populations from misconduct and abuse.

What is misconduct?

Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for inappropriate purposes, including, but not limited to profiting monetarily, socially, or politically from the exploitation of another.

What is abuse?

The actual or threatened physical intrusion of any nature whether by force or under unequal coercive conditions

What types of activities are considered Misconduct and Abuse?

- Any inappropriate activity with a child. A child is any person less than 18 years of age, regardless of any laws relating to age of majority or consent.
- The exchange or promise of exchange of any money, employment, goods, services, or other things of value, for inappropriate behaviors.
- Relationships between Implementing partner's staff, associated or related personnel and beneficiaries of assistance, can be considered misconduct and abuse since they are based on inherently unequal power dynamics. Therefore, they are strongly discouraged

Who is responsible for the Prevention of Misconduct and Abuse?

- All personnel of UNFPA and IPs, including,
 - Staff
 - Interns
 - Volunteers
 - Consultants
 - And other related personnel

Where to report Misconduct and Abuse?

If you witness or are concerned about a potential incident of misconduct or abuse (such as the activities described above) you should report it immediately. You should report the incident to your supervisor or the designated focal point in your assigned WFHS. Please see your Implementing Partner's policy on Prevention of Misconduct and Abuse for further information.

You can report to Awaaz Afghanistan, which is a humanitarian helpline connecting Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster with information on assistance. It is a toll-free, confidential hotline that anyone with access to a mobile phone in Afghanistan can call for free to access information on and register feedback about the humanitarian response. You can call for free on 410. More information in the website <https://awaazaf.org/>

You can also check your organization Prevention of Misconduct and Abuse policy and guidance and code of conduct by IP. You can also report anonymously online at unfpa.org/audit-and-investigation or web2.unfpa.org/help/hotline.cfm

Scenario

Khadija is a Youth Educator at the WFHS where Abed is a security guard.

One day, Najiba, a 15 year old girl who participates in programmes at the WFHS approaches Khadija. She informs Khadija that Abed has been making inappropriate comments to her about her body. She says that recently Abed approached her about entering into a sexual relationship - and promised her that if she does he will provide her with extra food and supplies from the WFHS.

Response

Khadija has received special training from her NGO on Prevention Misconduct and Abuse. Khadija knows that the staff members of IPs that work closely with the UN are required to adhere to the UN's rules on Prevention Misconduct and Abuse. IP staff members should not engage in sexual relationships with people under the age of 18 nor should they use their positions of power to engage in relationships with beneficiaries of their programs. Khadija reports the situation to her direct supervisor immediately.

Psychological First Aid (PFA)

What is PFA?

PFA is providing a humane and supportive response to a fellow human who is suffering and needs support. It is not professional counseling.

What types of activities are a part of PFA?

- Providing non-intrusive, practical care and support
- Understanding their needs and concerns
- Helping to address basic needs like food, water, and information
- Listening, without pushing for information
- Providing comfort and helping people to feel calm
- Connecting people to information, services, and social support
- Protecting people from further harm

How to conduct PFA responsibly

- Respect people's safety, dignity, and rights
- Understand the person's culture and adapt your approach
- Know what other services and support are available
- Make sure to look after your own well-being

Scenario

You are a female youth educator and you are at the WFHS playing a game with adolescent girls from the community. An adolescent girl who has previously participated in WFHS activities arrives at the WFHS. She informs you that on her way to the WFHS she witnessed an act of violence.

Response

As a Youth Educator, you realize that the participant requires psychological first aid. You find a quiet space for the adolescent girl and you ensure that she is comfortable, offering her a glass of water. You listen to her concerns. You do not ask unnecessary questions. You are aware of additional support available at the WFHS such as PSS counseling. You ask the adolescent girl if she would like to speak with the PSS counselor at the WFHS. The adolescent girl says that she feels better and does not wish to speak with the counselor. You respect the adolescent girl's wishes, but provide her with additional information about available counseling services and the Youth Health Line.

Knowing when to refer

When should I use the referral system?

Some adolescents and youth will require more support than a Youth Educator is trained to provide. For those people, psychological first aid will not be enough to address their needs. You will need to immediately refer this person to the PSS Counsellor in the WFHS or to additional services in the community.

Who should be referred for further services?

Anyone who requires more support than the Youth Educator can provide. These include:

- People with serious, life-threatening injuries who need emergency medical care
- People who are so upset that they cannot care for themselves or their children
- People who may hurt themselves
- People who may hurt others

What should I do if I am unsure if a person needs to be referred?

If you are unsure whether you should refer someone that requires additional support, ask for help. Speak with the PSS Counsellor in your WFHS or your supervisor.

What is the role of the Youth Educator in the referral system?

The main role of the youth educator is to identify anyone who may need extra support and provide an initial referral for them to the WFHS PSS Counsellor. It is not your role to monitor them or support them through the entire referral process.

Scenario

You are a male Youth Educator conducting a session with adolescent boys in your local mosque. During the session, you discuss strategies to manage psychological stress. Following the session, one of the participants approaches you and tells you that he has been experiencing a large amount of stress lately and that he has thought about harming himself. The participant informs you that he has a plan to harm himself and he is afraid of what he might do.

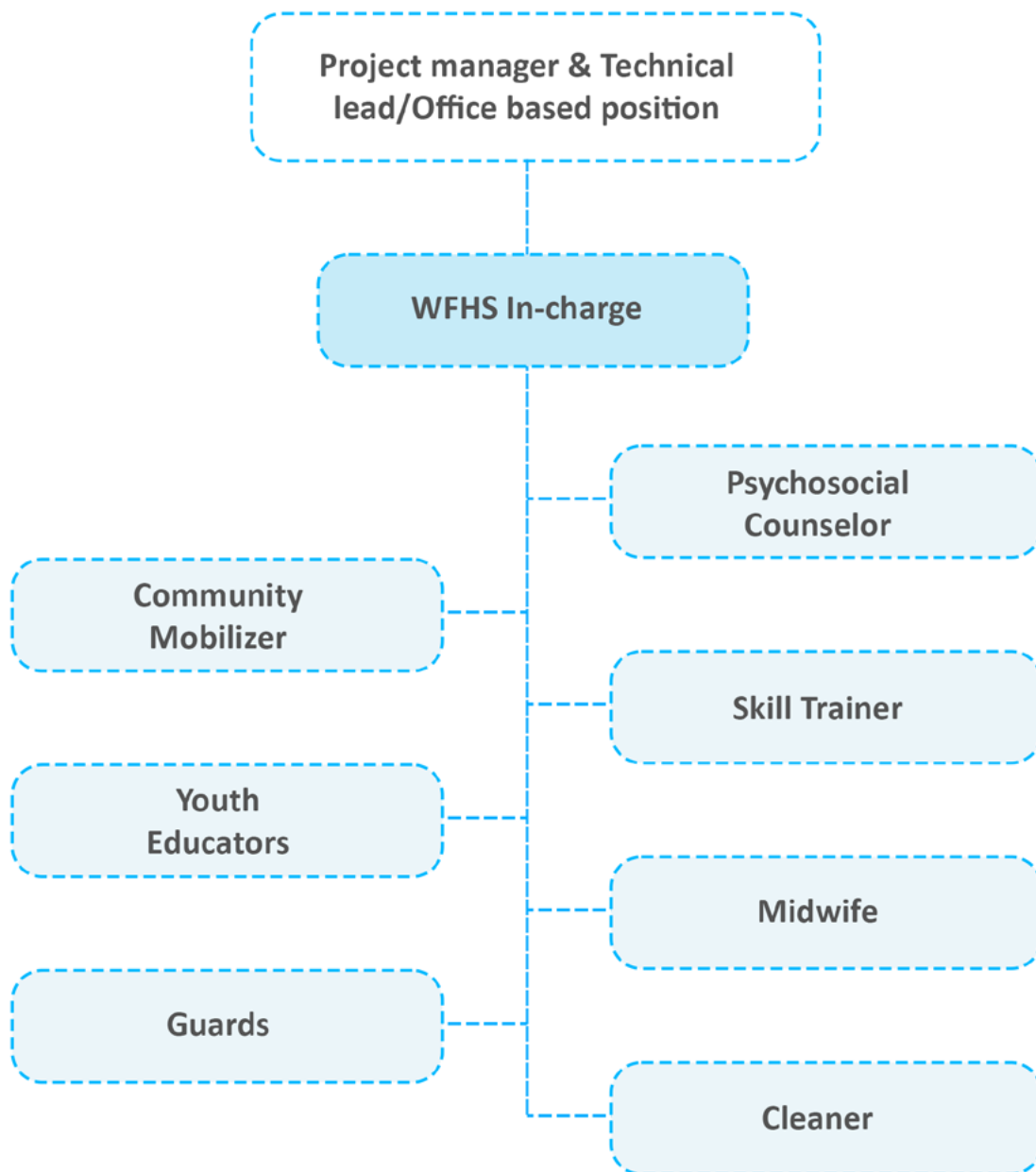
Response

As a Youth Educator, you realize that the participant requires more help than you are trained to provide. You recognize that the person may hurt themselves and they need immediate support. You contact your supervisor to arrange for immediate referral to the necessary psychosocial support services.



Referral System

As noted above, If you identify an adolescent girl or young woman who needs additional support, your first point of contact should be the PSS Counsellor at your WFHS. If you identify an adolescent boy or young man who needs additional support, for example they are intending to harm themselves, your first point of contact should be your direct supervisor. Please find the WFHS organogram below for your information:



Available Services

WFHS PSS Counseling Services

PSS counselors provide confidential private one-to-one counseling, psychological first aid, and case management to women and girls who have experienced violence.

Psychosocial Counseling Center (PSCC)

PSCCs are UNFPA-run comprehensive service delivery points for vulnerable and at-risk women and girls who have experienced violence. PSCCs are located within provincial/regional/district hospitals. The centers provide medical services, psychosocial support, referrals, and case follow up.

Youth Health Line

The UNFPA supported health line is an anonymous way for adolescents and youth to receive accurate and non-judgmental health information and advice from psychosocial counselors. The Youth Health Line can be reached by toll free by dialing 120.

Multipurpose Youth Centers

The Multipurpose Youth Centers are a new initiative being undertaken by UNFPA. The centers provide services for vulnerable youth including awareness sessions on healthy lifestyles; PSS counseling; and vocational and language trainings.

Family Health Houses (FHH)

Family Health Houses have been established by UNFPA to provide reproductive health services in hard to reach areas. The FHHs are staffed by a midwife and community workers. The midwives provide all services for women of reproductive age including contraceptive counseling; delivery; and antenatal and postnatal care.

Health Services within Afghanistan

The backbone of Afghanistan's health system is the Basic Package of Health Services (BPHS) as a core strategy to provide a standardized package of primary health care services across the country which is complemented by the Essential Package of Hospital Services (EPHS).

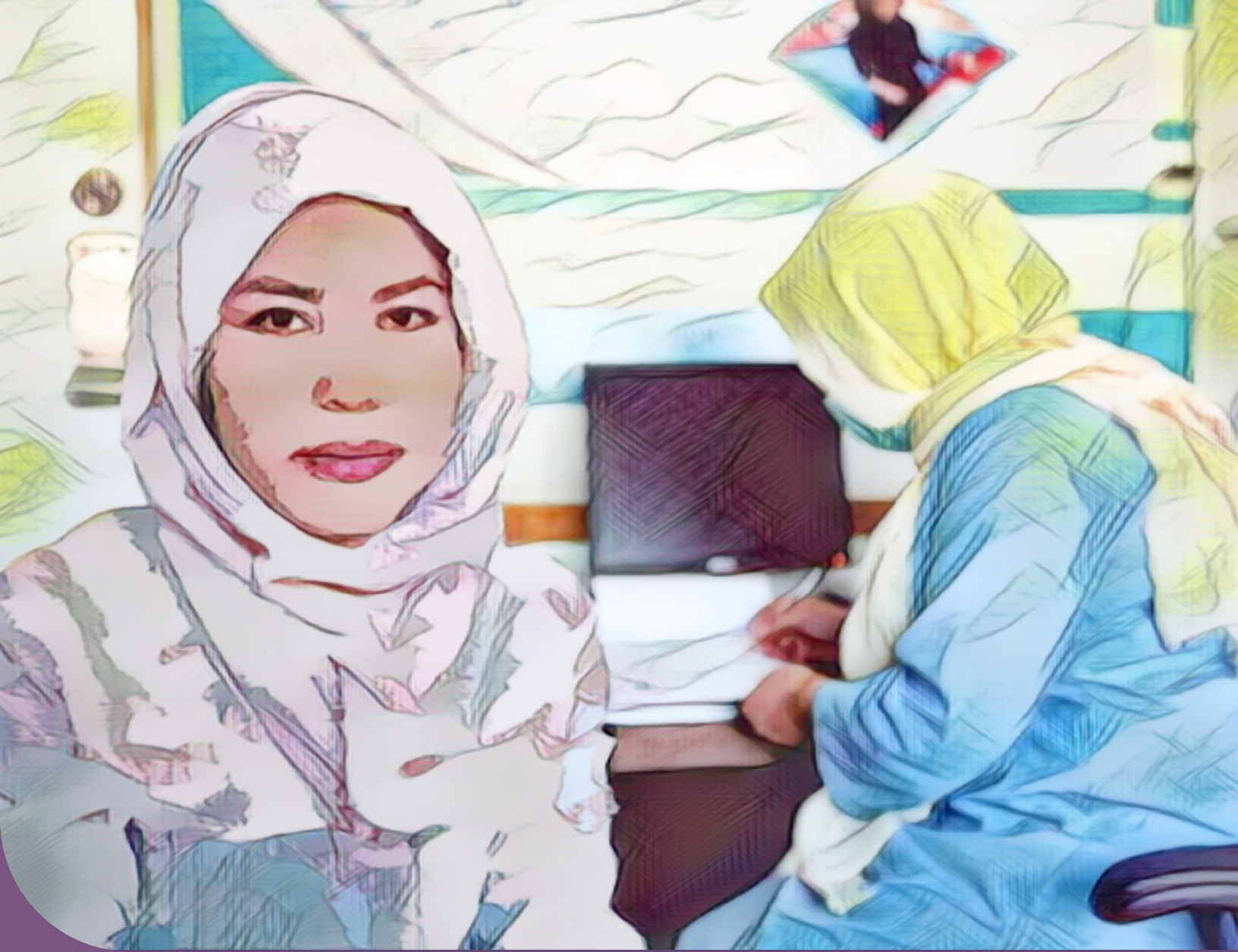
Based on Afghanistan Health system (EPHS) & B(BPHS) there are the seven services components, including youth and adolescents health including;

1. Maternal and newborn health
2. Child health and immunization
3. Nutrition
4. Control of communicable diseases
5. Mental health
6. Disability
7. and provision of essential drugs.

One of the main strategic areas in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) national strategy is Adolescent Health, that commits to reduce adolescent morbidity and mortality through raising awareness of appropriate Youth People Friendly Health Services (YPFHS) including primary, reproductive, nutritional, and mental health conditions, with a special focus on reducing early marriage, delaying adolescent pregnancy until at least age 18 years of age and reducing gender-based violence; the approaches covers:

- Expanded adolescent sexual and reproductive health (ASRH) services for young people.
- Improved and expanded mental health and substance abuse services.
- Greater nutrition awareness among young people
- Promoting healthy lifestyles for young people
- Reducing violence

BPHS is offered at six standard types of health facilities includes Community outreach provided by Community Health Workers (CHWs) at health posts, outpatient care at Health Sub Centers (HSCs), Basic Health Centers (BHCs), Mobile Health Teams (MHTs), Comprehensive Health Centers (CHCs) and inpatient services at District Hospitals (DHs).



Chapter 6:

Resources

Resources

Resources with activities on healthy lifestyle programming, PSS and other key A&Y issues

[UNFPA and Plan International Champions of Change Curriculum](#)

[Girl Shine Life Skills Curriculum](#)

[Care International Adolescent Mothers Against All Odds \(AMAL\) Initiative Toolkit](#)

[headspace Interactive Activities on mental health and well-being](#)

[Adolescent Girl Toolkit](#)

Resources on Peer Education

[Y-PEER Peer Education Toolkit](#)

[Y-PEER Peer education on youth sexual and reproductive health in humanitarian settings; training of trainers manual](#)

[Y-PEER Afghanistan Manual](#)

Resources on working with parents and caregivers

[Girl Shine Caregiver Curriculum](#)

Resources on meaningful adolescent and youth engagement

[Global Consensus statement on meaningful adolescent and youth engagement](#)

Resources on A&Y in Afghanistan

[Youth Friendly Health Services Guidance](#)

Resources on menstrual health management

[UNFPA Menstrual Hygiene Management in Emergencies Guidance Note](#)

Annex 1: Awareness Messages

“As your body grows and changes, you may notice that your emotions are also changing. Your emotions may become stronger and more intense and you may feel confused, scared or angry. It is important to recognize your emotions and take time to process them.”

“Adolescence and youth can be a stressful time in your life. You may experience feelings of sadness, anger, loneliness or hopelessness. If you are having trouble coping or would like someone to speak to, call the Youth Health Line by dialing 120 (tollfree). You can also speak with the youth educator and they can refer you to counselors at WFHS”

“Having your period is normal. When girls have their period they are not dirty, but it is important to keep your bodies clean both when they do and don't have their periods. It is also important for girls to eat well-balanced nutritious meals during their periods.”

“As adolescents and youth are navigating their growing independence they are vulnerable to violence and exploitation. Every adolescent and youth has the right to be protected from violence. If an adolescent or youth is experiencing violence they should contact their Youth Educator or can call the Youth Health Line by dialing 120 (tollfree).”

“When girls are married early it can have a negative impact on their health. Early marriage leads to early pregnancy which increases the risk of disability and death for both the mother and baby. In Afghanistan the leading cause of death of girls 15 to 19 is due to maternal mortality.”

The body and mind of adolescent girls are still developing, and child bearing before their bodies are fully developed can negatively impact adolescent girls. To promote healthy babies and mothers it is important to delay child bearing until after adolescence and to ensure there are at least 3 years between each child.

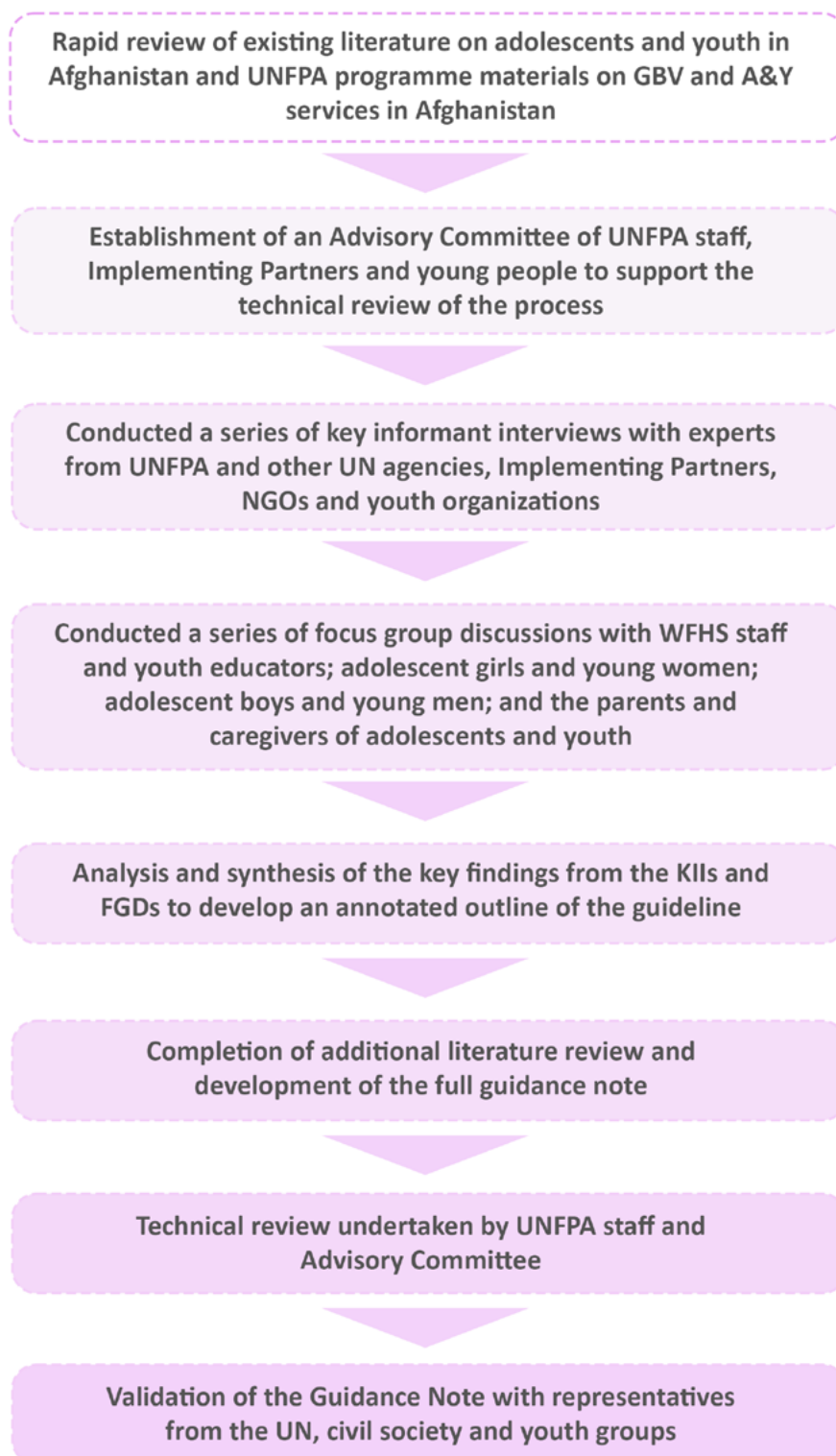
Birth spacing and reproductive health is not only an issue that impacts adolescent girls and young women - adolescent boys and young men can play an important role in supporting reproductive health.

Access to a healthy, nutritious and well-balanced diet is important to support growth and development in adolescents and to provide them with a healthy foundation as they age.

Youth - and their voices and leadership abilities - are a largely untapped resource to make positive impacts on all aspects of life in Afghanistan. The promotion of adolescent and youth engagement and participation in society will reap benefits for everyone.

The parents and caregivers of adolescents and youth play a vital role in their development. Parents and caregivers can support adolescents and youth by encouraging healthy behaviors and habits; being patient and listening; providing a supportive environment where adolescents can express themselves; and learning more about the needs of adolescents and youth.

Annex 2: Guideline Development Process

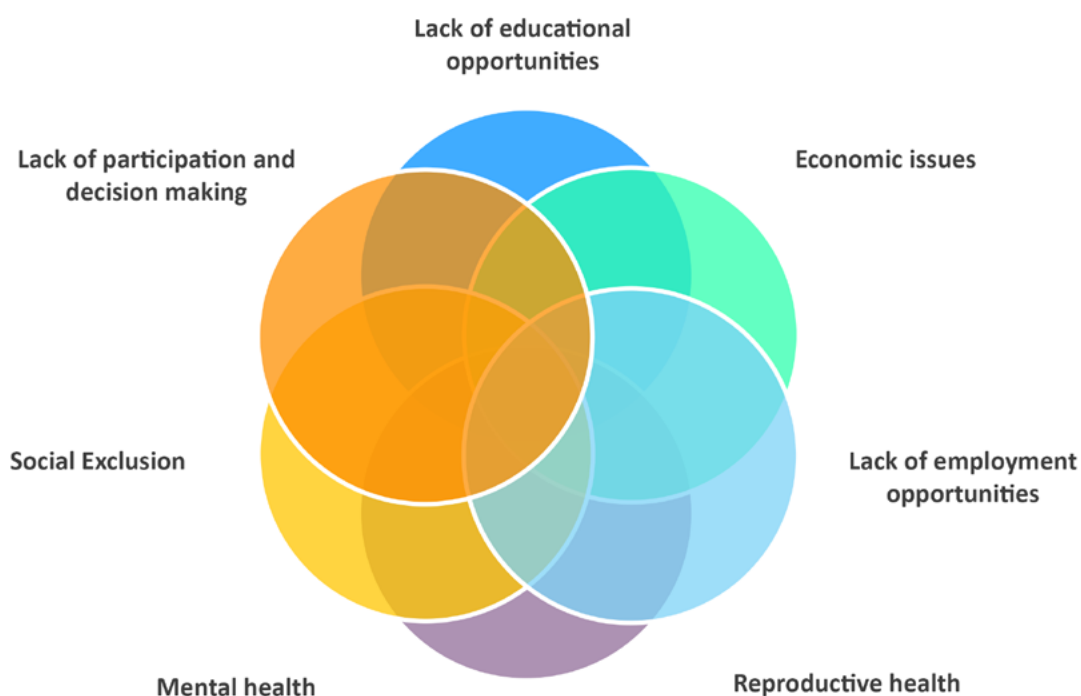


Adolescent and Youth Needs: In their own voices

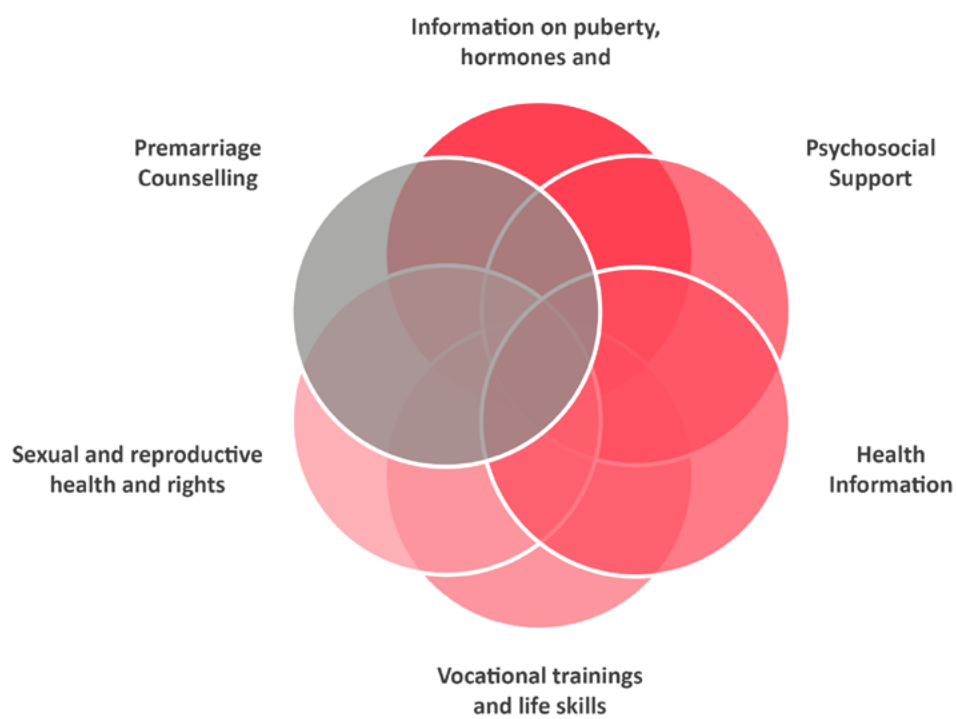
Between October and November 2022, UNFPA conducted key informant interviews (KIIs) with 19 key informants. Key informants included staff from UNFPA and other UN agencies; implementing partner staff; and staff from NGOs. A portion of the key informants were young people. Additionally, 9 focus group discussions (FGDs) were conducted including with female and male youth educators; WFHS staff; the parents and guardians of adolescents and youth; and adolescents and youth. FGD participants represented a diverse group of people from the North region (Faryab, Jawzjan, Samangan), West region (Herat, Farah), East region (Nigarhar) and South (Kandahar). One of the goals of the KIIs and the FGDs was to understand the needs of adolescents and youth and their parents and caregivers from their own perspectives.

Below is an overview of the findings from the FGDs and KIIs:

Priority Issues for A&Y in Afghanistan



Information, knowledge, and resources needed for A&Y



Adolescent Girls and Young Women: In their own voices



“

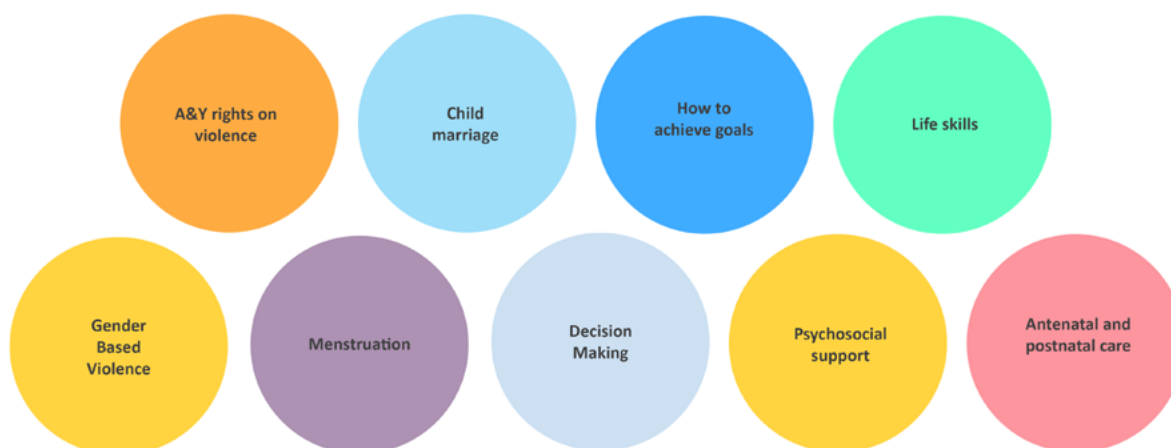
In the past, each of us was educated and employed, but now we neither study nor work, now we all live in a prison, most of our time is spent worrying about the future.

”

What type of support do adolescent girls and young women want?



What do adolescent girls and young women want to know more about?



Adolescent Boys and Young Men: In their own voices



“

Before we were students in school with big dreams and motivations, now we don't have any hope about our future. All male youths are thinking about going to foreign countries.

”

What type of support do adolescent boys and young men want?

The right to choose
and make decisions

Employment and
educational
opportunities

What do adolescent boys and young men want to know more about?

A&Y rights

Substance
use

Family
Planning

Life skills
(coping with
family problems)

Pre-marriage
issues

Technical skills
(i.e., carpentry)

Violence

Psychosocial
support

Key Perspectives: Adolescent and youth parents and caregivers

Parents and caregivers want their children to have access to:

- Education and literacy
- health services

Parents and caregivers believe adolescents and youth should know about:

- Their health
- HIV
- Substance use
- Girls should know their rights and roles in society
- How to prevent child marriages

Parents and caregivers are concerned about violence:

- They believe people experiencing violence need access to legal services
- Due to poverty and stresses – family violence has increased

Annex 3: Youth Educator Monthly Report

Reporting Date (DD/MM/YYYY):		Year:		Month:		Implementing Partner:							
Province:		Fund Code:		Facility Type: WFHS or WFHS Catchment Area (circle)		Exact Location:							
No	Service Categorization	New Clients			Refresher Training			Total Clients					
		Male Adolescents 10-14	Male Youth 15-19	Female Adolescents 10-14	Female Youth 15-19	Male Adolescents 10-14	Male Youth 15-19	Female Adolescents 10-14	Female Youth 15-19	Male Adolescents 10-14	Male Youth 15-19	Female Adolescents 10-14	Female Youth 15-19
1	Number of AY (male and female) who received AY awareness sessions in WFHS or WFHS catchment area												
3	Number of AY (male and female) reached through peer education programs for awareness raising (Youth to Youth)												
Peer Education													
4	Number of AY (male and female) who received AY awareness sessions in WFHS or WFHS catchment area												
5	Number of AY (male and female) reached through peer education programs for awareness raising (Youth to Youth)												
Staff Capacity Building													
6	trained on YFHS guidance												
7	trained on MHM												
8	trained on Peer Education												
9	trained on PSST/referral pathways												
11	trained on youth and LMA												

Annex 4: Attendance List

Youth Educator Session Attendance Sheet									
Session Title and Topic:									
Session Date:									
Session Location:									
Youth Educator:									
New Clients									
Male					Female				
Adolescents		Youth			Adolescents		Youth		
10-14	15-19	20-24	25-29	30-35	10-14	15-19	20-24	25-29	30-35
Return Clients									
Adolescents		Youth			Adolescents		Youth		
10-14	15-19	20-24	25-29	30-35	10-14	15-19	20-24	25-29	30-35
Total Clients									
Adolescents		Youth			Adolescents		Youth		
10-14	15-19	20-24	25-29	30-35	10-14	15-19	20-24	25-29	30-35

Annex 5: Safe Spaces

To ensure the success of Adolescent and Youth integration it is important to ensure that the dedicated youth-space in the WFHS is a place where adolescent girls and young women feel welcome and safe.

The space itself should be decorated and designed to appeal to adolescents and youth. It should be a comfortable space, where adolescent girls and young women have adequate seating arrangements. It should not be a formal setting, but rather a relaxed and open environment. The decorations of the area should represent an informal and youthful environment. It should include posters and IEC materials with information relevant to the needs of adolescent girls and young women. The main space should be a place where information, education and materials are provided. However, if more private space is required, the counseling rooms within the WFHS should be used.

Besides the physical space, the environment itself should be warm and welcoming. A safe space is not just a place where AGYW feel physically safe, it is also about behaviors and interactions that create an open and accepting environment. It should be a space where adolescent girls and young women can attend knowing that their privacy and confidentiality will be maintained. The environment should be one that is judgment-free and where adolescent girls and young women are made to feel comfortable being their true selves. It should be a place where everyone feels respected and valued.

Guidance Note on

Youth Integration

into the Women Friendly
Health Spaces (WFHS)

UNFPA Afghanistan 2022 - 2023