

Adolescent Wellness Days

A Toolkit for Implementors

September 2020











Table of Contents

Overview of Intervention Package	3
Summary of Formative Research and Barriers Addressed	3
The Intervention Package	3
Overview of Design Components	3
Implementation	4
Training Overview	4
Training Materials	4
Training Presentations	4
Solution FAQs	4
Implementation Plan	5
Implementation Tips	6
Illustrative Budget	7
Monitoring and Evaluation	8
Monitoring and Evaluation Plan	8
Monitoring Data Collection	8
Appendix	9
Implementation Tools	9
Design Materials	9
PA Scripts	9
Letters of Invitation	9
Wellness Day Preparation Checklist	9
Other Mobilization Materials	9
Training Presentations	9
Monitoring and Evaluation Tools	9
Mini Survey	9
Exit Interview Data Capture Sheet	9
Wellness Day Aggregation Form	9
Data Schematic Chart	9
Learning Tool	9
Performance Indicators	9
Key Results Under Breakthrough ACTION	9
Problem Definition Report	9
Two-Pager	9
Mini Survey Phase 1 Report	9

Overview of Intervention Package

Summary of Formative Research and Barriers Addressed

Ishibeni Utuntu, or Adolescent Wellness Days, is an integrated package designed to address the following problems:

- Adolescents want to avoid HIV and unintended
- pregnancy but do not use condoms.
- Adolescents want to avoid unintended pregnancy but do not use modern contraceptives.
- Adolescents who engage in risky sex do not get screened and tested regularly for HIV.
- Adolescents want to prevent malaria but do not sleep under insecticide-treated nets (ITNs) every night.

Specifically, this design package addresses the following barriers to uptake and maintenance of healthy behaviors through Breakthrough ACTION's formative research process:

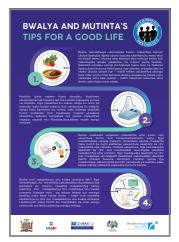
- Adolescents do not seek family planning methods (including condoms) from health centers because they are concerned about privacy and confidentiality; they are afraid their parents will find out they are sexually active.
- Adolescents do not seek family planning methods (including condoms) from health centers because they fear being judged or scolded by providers.
- Adolescents do not get tested for HIV at health facilities because they are concerned about privacy and confidentiality.
- Adolescents do not use ITNs because they or their family members perceive adolescents to be at lower risk of malaria infection than other household members.

The full Problem Definition Report conducted by Breakthrough ACTION can be found in the Appendix.

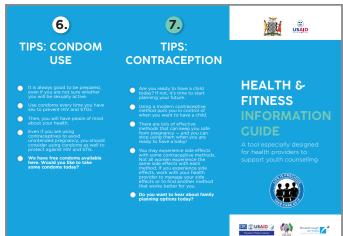
The Intervention Package

Overview of Design Components

Ishibeni Utuntu is a dedicated, monthly Adolescent Health and Wellness Day in which adolescents aged 15-19 are invited to attend health facilities to receive relevant wellness services (such as family planning, HIV testing, nutrition advice and testing, and malaria testing and information about ITN use) in a discreet environment. While waiting for their individual consultation with a health provider, adolescents have the opportunity to participate in informative group games and activities facilitated by peer educators and/ or community-based volunteers (CBVs). Each adolescent receives a private consultation in which providers use a specific toolkit to systematically discuss issues such as nutrition, malaria, HIV, and reproductive health. The adolescents can also ask any health or wellness questions they might have. Each adolescent receives a take-home information packet when the consultation is complete. The full set of design materials can be accessed in the Appendix.







Implementation

Training Overview

Health worker training: A training-of-trainers should be conducted at the provincial level. Trainers will then implement trainings in their selected districts. At least one trainer from each district should be included in the provincial-level trainings.

- The training will include a refresher/overview on youth-friendly care as well as detailed information on how to implement the **Ishibeni Utuntu** intervention.
- Refresher trainings should be conducted annually.
- Trainers/mentors should conduct monthly supportive supervision visits. Providers will be asked to share the challenges they experienced during the intervention with trainers/mentors.



Health worker outside tent



Health worker giving presentation

Training Materials

Training Presentations

- Overview of Adolescent-Friendly Health Services
- Overview of Adolescent Wellness Days

Solution FAQs

Q: Who is eligible to participate in Adolescent Wellness Days?

• A: Adolescent Wellness Days are specifically formulated for adolescents aged 15-19. However, if younger or older adolescents/youth show up, they should still be seen.

Q: On which day of the month should Wellness Days be held?

• A: Wellness Days should be held once per month, on a Saturday. Individual health facilities will have the discretion to decide which Saturday in the month, based on their other activities. Health facilities also have the latitude to hold Wellness Davs on days other than Saturdays in coordination with the implementing partner.

Q: What happens if a health facility runs out of HIV tests or other commodity during a Wellness Day?

• A: If a particular commodity (e.g., an HIV test) is not available, the client should be given a referral to come back on a different day. However, health facilities should work with provincial and district health teams to ensure their facility is equipped to support at least 100 clients on each Wellness Day.

Q: What is the role of community volunteers during Wellness Days?

• A: If community volunteers are available, they should assist with greeting clients, handing out monitoring slips, and, if possible, taking clients' height and weight measurements. They should also facilitate the games and activities for the youth who are waiting to be seen.

Implementation Plan

Health worker recruitment: All health workers involved in HIV, family planning, malaria, or other adolescent-focused services at selected health facilities should be recruited to participate in a training at the district level.

Inviting adolescents: All adolescents aged 15–19 in health facility catchment areas are eligible to participate. In order to keep demand to a manageable level, monthly recruitment/invitation of adolescents should take place only in two to three zones (which can rotate on a monthly basis). Adolescents should be informed of the event and recruited to participate through multiple channels. Adolescent days should take place **monthly** on Saturdays in order to maximize opportunities for participation from both school-going and non-school-going adolescents. Health facilities should have the latitude to select the specific date each month and to schedule for days other than Saturdays when the context calls for it (e.g., in communities with large Seventh Day Adventist populations). Additional health workers and resources should be mobilized from nearby facilities to support implementation.

- Neighborhood health committees (NHCs), CBVs, and peer educators: NHCs, CBVs, and peer educators from each selected zone should be briefed on the intervention and encouraged to inform adolescents in their community about Adolescent Wellness Day events. Implementing partners should work closely with NHCs, CBVs, and peer educators to keep them apprised of event details.
- Public address (PA) announcements: PA vehicles should be hired to make announcements throughout the zone in the week preceding the adolescent wellness event. (See recruitment scripts in the attached design package.)
- Mass media: Adolescents can be reached through multiple media channels including radio, TV, Facebook, and WhatsApp.



Playing games while waitingx

Implementing Adolescent Wellness Days: Each Adolescent Wellness Day will take place during a specific time frame set by the health facility (e.g., 9:00 am to 3:00 pm). When adolescents arrive, they will be directed to a specified waiting area.

- Activities/games in the waiting area: While the adolescents are waiting, they will have the opportunity to participate in group games and activities. All games and activities will be facilitated by trained CBVs or peer educators. Activities will include:
 - Tell Me Something New (Q&A Game): Multiple sets of Q&A cards will be available. Waiting participants will be encouraged to form small teams of three to four people and to ask each other the questions printed on the cards.
 - Adapted open-source games from Pragati (Designed by the Institute of Reproductive Health)
- **Individual consultation (with job aids):** Providers will call the adolescents into their offices one by one for individual consultations. Each consultation will follow a similar structure (as outlined on a checklist). The reverse side of the checklist will contain **key** messages on each health topic.
 - 1 All consultations will begin with a guarantee of privacy and confidentiality (in facilities implementing the Ni Zii program, providers will read the client-provider promise).
 - 2 Providers will remind the adolescents that the consultation is intended to be a twoway conversation. They will encourage participants to ask questions and to be very open about their concerns.
 - 3 Providers will ask the adolescents if they have any specific questions or concerns.
 - 4 Providers will conduct a brief physical examination (including weight, height, blood pressure, and heart rate). Trainers/mentors will work with district health promotion teams and ensure that each health facility is equipped to conduct these consultations.

- Providers will ask each adolescent about their dietary habits and physical activity. They will give each one tips on maintaining a healthy diet and exercise plan.
- 6 Providers will ask each adolescent whether they have had **malaria** in the past year and whether they sleep under an ITN every night. They will give the adolescents tips on preventing malaria.
- Providers will assess each adolescent's risk of HIV and ask if they would like to take an **HIV test.** They will remind them that **condoms** are available for free and will give brief tips on how to reduce HIV risk.
- 8 Providers will ask each adolescent about their fertility intentions and ask if they would like to discuss **family planning** options. The providers will give brief tips on how to avoid unintended pregnancy.
- 9 Finally, providers will close by asking the adolescent if they have any remaining questions or concerns. They will provide a reminder that the events are held monthly and will encourage the adolescent to inform their peers. They will thank the adolescent for attending.
- Client advice sheets: Each client will be provided with a printed information sheet containing tips about staying healthy. The sheet will be visually appealing for display in the home. The advice sheets will contain concise guidance about nutrition, malaria, HIV, and avoiding unintended pregnancy.

Wellness day branding: Youth-friendly posters and flyers will be used to advertise the Adolescent Wellness Days. (See sample flyers attached).



Example of youth-friendly posters and flyers

Implementation Tips

Based on Breakthrough ACTION's two years of implementation experience, our field staff recommend keeping the following in mind when holding Adolescent Wellness Days:

HUMAN RESOURCES

- 1 Ensure that each health facility has an adequate number of trained staff in relation to the targeted number of clients. Health providers can be recruited from nearby health facilities for support if necessary.
- Assign different roles and responsibilities to clinicians and other health staff, and ensure that all staff are aware of their roles.
- 3 All participating staff and volunteers should be trained in Adolescent Wellness Day implementation.
- Ensure that participating staff and volunteers arrive at least 30 minutes before Wellness Days are set to begin to ensure that they are prepared to see clients promptly and to minimize wait times.

OPERATIONS AND LOGISTICS

- 1 Fix the dates for Wellness Days in good time with all partners that will be involved.
- Preparatory meetings should always be conducted with health facility, partner, and District Health Office staff prior to Wellness Day events to plan for staff deployment and supplies.
- Work with health facilities to estimate the number of adolescents who will attend and ensure that the following supplies are well stocked:
 - ☐ Job aids
 - ☐ Drugs (for treating malaria, etc.)
 - ☐ Test kits (for
 - malaria and HIV)
 - ☐ Family planning methods
 - Condoms
 - ☐ Thermometers

- ☐ Blood pressure machines
- Scales
- ☐ Take-home information packs
- ☐ Ni Zii! badges
- ☐ Ni Zii! posters
- ☐ Ni Zii! job aids
- An inventory of printed materials (including job aids and information packs) should be taken immediately after each Wellness Day to ensure sufficient time for replacement supplies to reach the health facility.
- Ensure that adequate screening and consultation rooms are available to guarantee the privacy of all of the adolescents. If necessary, procure tents from local partners to use as screening rooms. All consultation rooms should be able to be closed (for privacy) and should be isolated or insulated so others cannot hear the consultation.

MOBILIZATION

- 1) Mobilization should begin at least three days before the scheduled wellness day event.
- 2 Use multiple social mobilization channels to reach schools such as PA, radio, churches, and schools.
- 3 Health facilities can organize weekday Wellness Days with nearby schools so that adolescents can attend with their classmates.
- 4 The age range of 15–19 should be emphasized during all mobilization efforts to dissuade young children from attending events.
- 5 The dates and services to be offered must be very clear during the invitation and PA announcements.
- 6 Facilities can also engage foot soldiers, including prominent community members and community health workers, to encourage adolescents to attend Wellness Dav events.
- 7 Peer educators should also conduct door-todoor mobilization using bicycles (if available) and megaphones.
- 8 Send letters of invitation to schools, village headmen, and churches to inform adolescents of Wellness Day events. (See sample letter attached).
- 9 Outdoor games and entertainment in Wellness Day waiting areas are also helpful for attracting passing adolescents.

SERVICE PROVISION

- Develop strong partnerships with local communitybased organizations, nongovernmental organizations, schools, entertainment groups (such as DJs or theater groups), and income-generating firms that can provide additional services, education, and entertainment to waiting adolescents.
- Ensure that fun games and entertainment are available to keep adolescents engaged as they wait.
- If possible, hold events in outdoor tents away from the main health facility so that music and other entertainment can be provided without disrupting primary health facility services.
- Encourage health providers to help adolescents feel comfortable from the initial screening process all the way through to the final consultation.
- Health providers and peer educators should encourage adolescents to ask questions, especially around topics that they might be shy about, such as condom use and family planning.



Adolescent receiving blood pressure check

Illustrative Budget

NO.	WELLNESS DAY TRAINING COSTS	QTY	NO. OF PEOPLE	UNIT COST	TOTAL
1	Lunch Allowances-Facility staff	1	5	100	500.00
2	Lunch Allowances-CBVs	1	12	50	600.00
3	Transport refunds-CBVs	1	12	50	600.00
4	Refreshments	1	17	5	85.00
5	Adolescent information packs	1	100	8	800.00
6	Hiring of music system	1	1	600	600
7	Fuel for PA system using GRZ Vehicle	1	2	500	1,000
8	Hire of PA equipment	1	1	500	500
9	Meal allowance for three PA staff	3	2	100	600
	Total ZMK				5,285.00

Monitoring and Evaluation

Monitoring and Evaluation Plan

To monitor changes motivated by the innovations developed, tested, and implemented, implementing partners should work closely with partners, communities, and health systems to apply community-based monitoring systems that record intervention results. Health facility data should be gathered to understand how and to what extent the innovations are contributing to service access and use. Implementers should also utilize already existing health systems to track program reach and coverage as well as monitor outcomes at the health facility and community level. Data collectors should therefore include health facility staff (e.g., Environmental Health Technicians [EHTs]), community health workers (e.g., NHCs, Safe Motherhood Action Groups), and implementing partner staff. The following tools should be employed to capture performance data:

- **Facilitators/health facility records:** To track the number of adolescents participating, seeking, and obtaining health services at the Adolescent Health and Wellness Day and thereafter.
- **Mini-surveys** (at the community/household level): To assess changes in intermediate outcomes as well as to get estimates of behavioral changes influenced by the intervention.
- Client exit interviews: To assess clients' (adolescents') perspectives on the services received, their relevant health behaviors, and their intentions to act.

Monitoring Data Collection

The following items illustrate performance indicators that the project employed to track results/changes at the output, intermediate-outcome, and outcome levels. The full list of indicators can be accessed in the monitoring and evaluation tools section.

DATA REQUIRED	DATA SOURCE				
Output Indicators					
No. of intended participants in program-related events and activities	Activity reports, media coverage estimates, etc.				
No. that participated in capacity- strengthening activities	Project training attendance sheet				
Intermediate Outcome Indicators					
% of adolescents (15–19 years) using dual protection to prevent pregnancy and sexually transmitted infections	Mini-survey				
% of participants who used condoms at last sexual activity	Mini-survey				
Outcome Indicators					
% of adolescents who are confident that they can obtain contraception if they want to do so	Mini-survey				
% of health facility clients who report that facility-based providers have nondiscriminatory attitudes towards their clients	Mini-survey				

Appendix

Implementation Tools

- **Design Materials**
- **PA Scripts**
- **Letters of Invitation**
- **Wellness Day Preparation Checklist**
- Other Mobilization Materials
- Training Presentations
 - Overview of Adolescent-Friendly Health Services
 - Overview of Adolescent Wellness Days

Monitoring and Evaluation Tools

- Mini Survey
- Exit Interview Data Capture Sheet
- Wellness Day Aggregation Form
- Data Schematic Chart
- Learning Tool
- Performance Indicators

Key Results Under Breakthrough ACTION

- Problem Definition Report
- Two-Pager
- Mini Survey Phase 1 Report