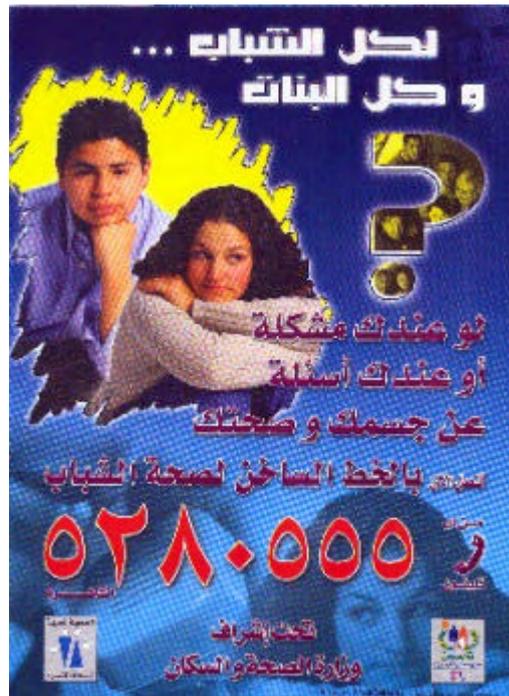


TAHSEEN Project
CATALYST Consortium



YOUTH HOTLINE

Training Report



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The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.



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Youth Hotline Counselor Training

Positive long and short-term benefits arise from access to reproductive health information. In addition to improved health and wellbeing, RH information helps young people make knowledgeable decisions that positively affect their future. In Egypt, where more than one third of the population is under the age of 15 (2000), the need for accessible information is acute.

Responding to the need of Egyptian youth for accurate reproductive health information, TAHSEEN/CATALYST is establishing a hotline. The Youth Hotline can provide large numbers of young people across the country with easy access to RH information while overcoming the barriers caused by illiteracy, poverty, geography or timidity. Informed young Egyptians can help the country reach the goal of replacement birth rate by 2017.

The effort to create a youth hotline began in August 2003. In October 2004 key figures from the media, national NGOs and government ministries offered their strong support for the hotline. They shared a commitment with TAHSEEN/CATALYST to provide whatever support is needed. A local NGO—the Egyptian Family Health Society (EFHS)—accepted the task of managing the hotline to help ensure long-term sustainability. On October 2, 2004, TAHSEEN/CATALYST signed a subcontract agreement with the EFHS for the creation of the Youth Hotline.

To prepare for the January 2005 launch of the hotline, TAHSEEN/CATALYST established a training program for young health professionals who became the hotline's counselors. The training provided 12 participants with the skills and knowledge to provide youth-friendly reproductive health information and positive responses to questions received during telephone inquiries. Two one-week trainings addressed the hotline's operational and technical issues separately. Following the training, a committee selected four female and three male physicians as the hotline's first counselors.

Dr. Yehia El Hadidi, MOHP Undersecretary for Family Planning, made the first official call to the Youth Hotline. He thanked the operators for their commitment and dedication, adding: "Having youth counseling youth is [essential]." Mohamed Ibrahim Abdelaal, the Undersecretary for the Ministry of Youth and Sports, announced that his ministry will encourage youth to call the hotline at every event they organize. With such promotion the hotline is expected to receive some 45 calls per day and the counselors will be busy.

Introduction

As the managing entity for the Youth Hotline, the Egyptian Family Health Society (EFHS) took responsibility for the recruitment, training and selection of hotline counselors. The EFHS recruited physicians to take part in the Youth Hotline training program. Twelve physicians attended the training. From these participants, the selection committee chose a cadre of counselors based on their superior performance during training. In addition to the counselors, Mrs. Basma Hashem was recruited to fill the supervisory role and she participated in the training.

Many of the trainees are recent graduates of Egyptian medical faculties (see Annex 1). The group consisted of nine female physicians, two male physicians and one male dentist.

The training was conducted in two weeklong trainings. The first training concentrated on the operational issues of the hotline, while the second training dealt with technical/medical issues.

Operational Training of Counselors

Youth Hotline counselors will discuss reproductive health and family planning issues in a positive tone, raise awareness, and help youth to clarify their values, attitudes and behaviors. In addition, the young callers often need emotional support, confidentiality and counseling when discussing sexual and reproductive health topics. For these reasons, hotline counselors must be sensitive and trained in one -on-one communication and counseling so as to answer questions clearly while not being judgmental or embarrassing the caller.

The purpose of the operational training was to introduce the concept of a youth hotline and coach the trainees to be effective hotline counselors. The training addressed four key points:

- communication and counseling skills
- operational procedures
- reproductive health concerns of young people, and
- other topics not covered by the technical training session.

For the complete syllabus of the training, see Annex 2. Training was held during the period November 20-24, 2004 at the EFHS offices, located in the Cairo district of Ma'adi. Mrs. Elham Fateem facilitated the first three days of training, which focused on communication and counseling skills and operational procedures. Dr. Mamdouh Wahba facilitated the two days of training devoted to imparting medical and technical information. The facilitators made active use of various participatory training methods including: small groups work, brainstorming, role playing, open discussions and short lectures.

Evaluation of the Operational Component

At the conclusion of the training, participants evaluated their experience with a high proportion responding positively to questions about the training's curriculum, usefulness, organization and personnel.

Trainees unanimously assessed the training curriculum to be useful. Ten participants identified communication and counseling skills topics as the most useful component of the training; while nine participants selected the reproductive health topics. Their response shows that a majority feels both topics will be highly useful in their future work. Some participants indicated that they needed more information about medical problems and reproductive health issues. This need was addressed later in the technical training session. Additional reproductive health questions posed by two trainees were satisfied with the provision of the TAHSEEN -produced booklets on youth questions about reproductive health. One participant recommended that social and developmental activities be incorporated into the curriculum. Some recommended

that the training include counseling in other medical problems, including pregnancy complications, and requested additional medical information sheets. Participants identified the need to learn more about nutrition, diet, obesity and undernutrition because many calls to the hotline are related to these topics. In response, a decision was made to conduct a training session on these issues during the first evaluation meeting held on 31 December 2004.

Other participants suggested additional training sessions be held periodically in addition to meetings to facilitate the exchange of information and experiences among the trainees after implementation of the hotline. Most trainees (11) assessed the course length to be reasonable, although a few (2) responded that it was too short.

Table 1: Trainee Evaluation of the Hotline Operational Training Component

Aspect of Training	Rating			
	Excellent	Good	Fair	Weak
Overall quality of the training program	11	2	-	-
Satisfaction of expectations	10	3	-	-
Content	6	7	-	-
Usefulness of the training	9	4	-	-
Training location	8	5	-	-
Organization	13	-	-	-
Trainers	12	1	-	-

Technical Training

The Youth Hotline will provide advice, education and referral to services and other sources of more specialized information about a wide range of reproductive health concerns. Thus, in a separate training, a competency-based training course provided participants with the technical working knowledge and practical skills needed for reproductive health counseling. The weeklong training covered many topics, including:

- reproductive health concerns of young people
- reproductive biology
- fertility awareness
- psychological development of adolescents
- youth—parent relations and communication
- pregnancy and dangers of early marriage
- contraception
- abortion and postabortion care
- youth relations and communication
- sexually transmitted diseases

- child abuse
- premarital counseling
- marriage and sexuality
- masturbation
- female genital cutting

For the complete agenda of this training of the hotline counselor training, see Annex 3.

This training component was conducted during the period November 27 to December 2, 2004 at the Regional Center for Training in Family Planning and Reproductive Health (RCT), located at Ain Shams University in Cairo. Trainers employed various training methods, including illustrated lectures, group discussion, case studies and videotapes, so that trainees gained the required knowledge, skills and attitudes for their new post as hotline counselors.

Evaluation of the Technical Component

A test of the participants' knowledge was conducted before and after the training. On a daily basis the participants evaluated the training using a written evaluation form and through oral feedback.

All participants came to the training with some knowledge of reproductive health and, with the exception of one individual, all increased their RH knowledge through the training. The mean pre-test score was 35.0, with a mean percentage of 63.4%. The mean post-test score was 46.5, with a mean percentage of 77.4%. The percentage of knowledge gain is 19.2%.

Table 2: Technical Youth Hotline Training Pre - and Post-test Results

Trainee (Female/ Male)	Pre-test Score	Pre-test %	Post-test Score	Post-test %	% Gained
1 (F)	43	71.7	45	75	3.3
2 (F)	35	56.3	49	81.7	25.4
3 (M)	47	76.3	52	86.7	10.7
4 (F)	42	70	50	83.3	13.3
5 (M)	25	41.7	46	76.7	35
6 (F)	37	61.7	49	81.7	20
7 (M)	42	70	44	73.3	3.3
8 (F)	43	71.7	44	73.3	2.4
9 (F)	42	70	49	81.7	11.7
10 (F)	45	75	41	68.3	6.7-
11 (F)	30	50	46	76.7	26.7
12(F)	42	70	49	81.7	11.7
Supervisor (F)	24	40	40	66.7	26.7

Evaluation and Selection of Hotline Counselors

Selection of hotline counselors was finalized after evaluation of individual performance in the second training session. The selection committee used the following evaluation criteria to guide the assessment:

1. Punctuality and reliability (20 points)
2. Active participation in the training (20 points)
3. Eagerness to learn (15 points)
4. Leadership skills (15 points)
5. Ability to communicate with others (10 points)
6. Flexible and pleasant personality (10 points)
7. Enthusiasm and interest in the program (10 points)

Members of the selection committee graded each trainee on each of the seven criteria for a total mark out of 100. The table below indicates the excellence among the participants.

Table 3: Evaluation of Training Participants

Trainee (Female /Male)	Evaluation Criteria							Total (100)
	1 (20 pts)	2 (20 pts)	3 (15 pts)	4 (15 pts)	5 (10 pts)	6 (10 pts)	7 (10 pts)	
1 (F)	20	20	15	13	9	9	10	96
2 (F)	20	20	14	13	9	9	10	95
3 (M)	20	20	14	12	9	8	9	92
4 (F)	20	18	15	13	8	8	8	90
5 (M)	18	20	15	12	8	8	8	89
6 (F)	20	18	14	12	9	8	8	89
7 (M)	18	18	14	10	8	9	9	86
8 (F)	19	16	12	8	6	9	10	80
9 (F)	20	15	10	10	5	5	8	73
10 (F)	20	10	10	8	5	5	5	63
11 (F)	10	10	10	5	5	8	5	53
12 (F)	-	-	-	-	-	-	-	-

All participants actively participated in the training, responding to the facilitators' active use of participatory training methods. Overall, the trainees showed their commitment through their punctuality and alert attention throughout the training sessions.

At the conclusion of the training, the following participants were selected as counselors for the Youth Hotline:

Youth Hotline Counselor Training

- Dr. Amani Salah
- Dr. Hoda Radwan
- Dr. Mohamed Attia
- Dr. Mohamed Tawfik
- Dr. Reham Abdel Hay
- Dr. Samuel Saad
- Dr. Suason Fouad

The original operation plan for the hotline called for recruitment of three male counselors and four female counselors. According to the plan, male counselors would work in a rotation schedule with a morning shift followed by an evening shift and then a day off. The female counselors would work fixed shifts on alternate days, including every second Friday. This plan was accepted by all female recruits but male recruits requested a



fixed schedule. In response, the schedule was altered so that one male counselor will work the morning shift every day while two male counselors will work the evening shift on alternate days. In the future, another male counselor will be recruited and trained for the morning shift.

Annex 1: List of Trainees

Name	Date of Birth	Graduation Year
Al-Shaimaa Mohamed Atteia (F)	[REDACTED]	2003
Amal Soliman Hakim (F)	[REDACTED]	1998
Amani Salah Besheir (F)	[REDACTED]	2004
Basma Sayed Hashem (F) (Supervisor)	[REDACTED]	1986
Dalia Mohamed Ibrahim (F)	[REDACTED]	1995
Doa'a Ibrahim El-Desouki (F)	[REDACTED]	2003
Hoda Ahmed Radwan (F)	[REDACTED]	1990
Mohamed Attia (M)	[REDACTED]	2003
Mohamed Tawfik (M)	[REDACTED]	2002 (Dentistry)
Nashwa El-Sayed Hassan (F)	[REDACTED]	1994
Reham Abdel-Hay (F)	[REDACTED]	2003
Samuel Saad (M)	[REDACTED]	2003
Sauson Fouad Mostafa (F)	[REDACTED]	2003

Annex 2: Agenda of Operational Training

Saturday, November 20, 2004		
0900 – 1100	Introduction; expectations; objectives of training; definition of “Hotline”; importance of the hotline	Mrs. Elham Fateem
1100 – 1130	Break	
1130 – 1400	Establishing the hotline; defining the objectives of the hotline	
Sunday, November 21, 2004		
0900 – 1100	Defining and categorizing the target population; working protocols; data collection and recording	Mrs. Elham Fateem
1100 – 1130	Break	
1130 – 1400	Definition of communication; skills required; face-to-face communication versus telephone counseling	
Monday, November 22, 2004		
0900 – 1100	Basic counseling skills; role play: answering phone calls	Mrs. Elham Fateem
1100 – 1130	Break	
1130 – 1400	Counseling skills; monitoring and evaluation	
Tuesday, November 23, 2004		
0900 – 1100	Young people’s concerns about puberty and adolescence	Dr. Mamdouh Wahba
1100 – 1130	Break	
1130 – 1400	Youth concerns about reproductive systems	
Wednesday, November 24, 2004		
0900 – 1100	Expected questions about marriage, the wedding night and fertility	Dr. Mamdouh Wahba
1100 – 1130	Break	
1130 – 1400	Role play: responding to difficult situations; course evaluation	

Annex 3: Agenda of Technical Training

Saturday, November 27, 2004		
0800 – 1000	Opening and orientation	
1000 – 1030	Break	
1030 – 1230	Pretest, Participants' expectations of the course, Youth RH needs	Dr Manal El Kholi
1230 – 1300	Break	
1300 – 1500	Reproductive biology, fertility awareness	Dr. Alaa El Feky
Sunday, November 28, 2004		
0800 – 1000	Physical and phsychological development for adolescents	Dr. Gihan El Nahas
1000 – 1030	Break	
1030 – 1230	Parent-children relationship	Dr. Gihan El Nahas
1230 – 1300	Break	
1300 – 1500	Pregnancy, hazards of early pregnancy	Dr. Bahaa Shawkat
Monday, November 29, 2004		
0800 – 1000	Contraceptive pills, injectables, subdermal capsules	Dr. Mohamed Ismail
1000 – 1030	Break	
1030 – 1230	Natural family planning methods and IUDs	Dr. Khaled Sweedan
1230 – 1300	Break	
1300 – 1500	Abortion and postabortive care	Dr. Bahaa Shawkat
Tuesday, November 30, 2004		
0800 – 1000	Relations between the sexes	Dr. Gihan El Nahas
1000 – 1030	Break	
1030 – 1230	FGC	Dr. Mohamed Ismael
1230 – 1300	Break	
1300 – 1500	Children and adolescent physical abuse	Dr. Gihan El Nahas
Wednesday, December 1, 2004		
0800 – 1000	Premarital counseling	Dr. Bahaa Shawkat
1000 – 1030	Break	

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1030 – 1230	Marriage/Sexual Relations/Masturbation	Dr. Alaa El Feky
1230 – 1300	Break	
1300 – 1500	STDs	Dr. Yasser Abou Taleb
Thursday, December 2, 2004		
0800 – 1000	Open discussion	Dr. Bahaa Shawkat
1000 – 1030	Break	
1030 – 1230	Post-test and evaluation	Dr. Safaa El Baz