Introducing an integrated holistic approach to women's sexual and reproductive health in Syria

AIDOS methodological approach and its application at the Health Counseling Center for Women, Adolescents and Men (HCC) of the Syrian Family Planning Association

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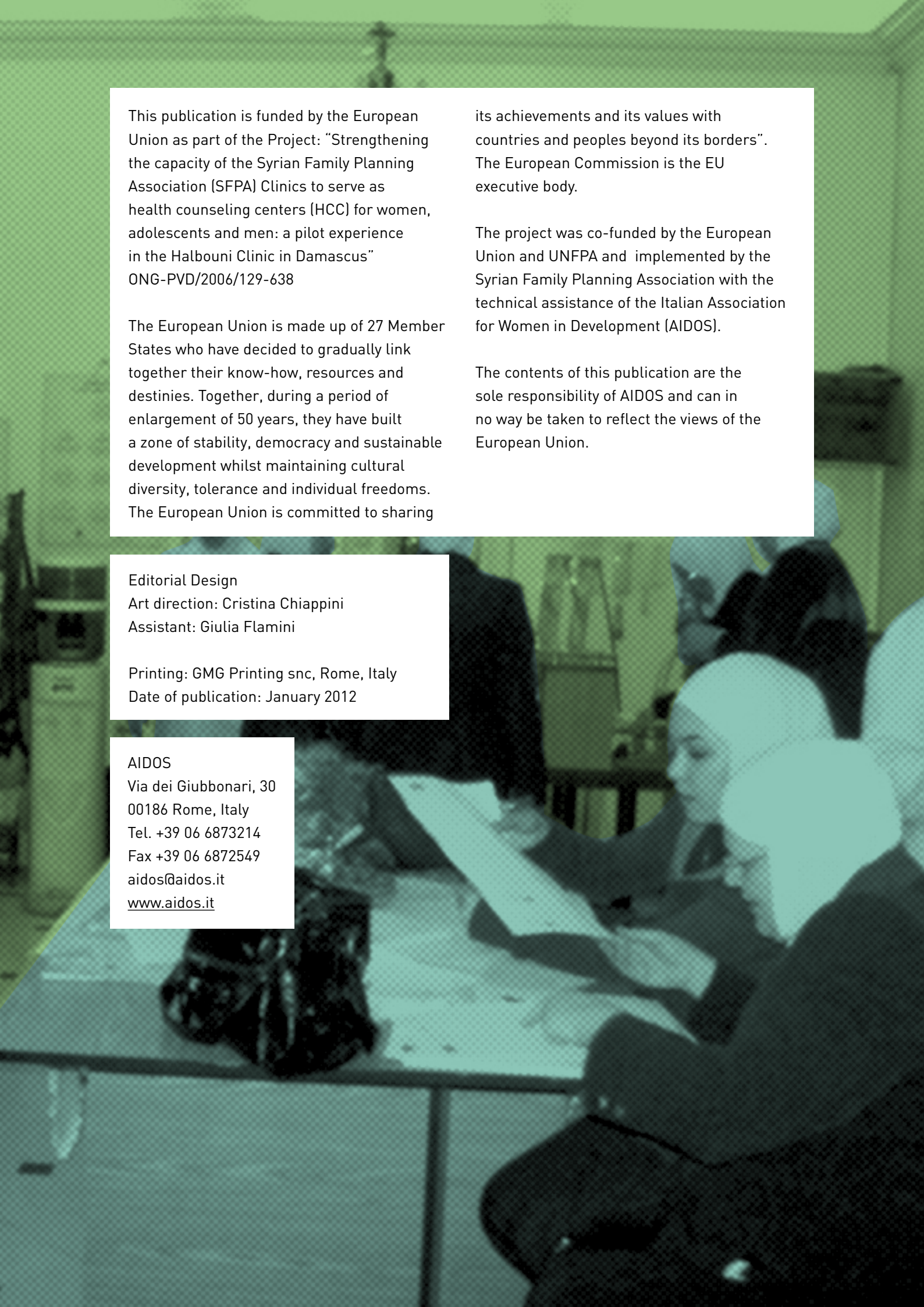

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Introduction

In 2007, the Italian Association for Women in Development (AIDOS) in partnership with the Syrian Family Planning Association (SFPA), with funding from the European Union and the United Nations Population Fund (UNFPA) launched the Project "Strengthening the capacity of the Syrian Family Planning Association (SFPA) Clinics to serve as health counseling centers (HCC) for women, adolescents and men: a pilot experience in the Halbouni Clinic in Damascus".
The Project, a 57-month endeavor, aims at attaining higher standards of physical, psychological and social well being of women, adolescents and men of Syria, by introducing an innovative and holistic approach to reproductive health. Said approach stems from AIDOS 30-years experience in the field of women's empowerment, sexual and reproductive health and rights in different Countries of the Developing World. AIDOS approach is based on the idea that women's well being depends on the balance of physical, psychological and emotional factors. By focusing on actual health care, prevention and education, women's state of health is considered in the perspective of their entire life cycle from the menarche until after menopause. AIDOS counseling centers operate according to the following criteria: service integration; continuity of care; quality of care; community participation; and outreach services.
The Project targets mainly underprivileged women, adolescents and men living in Damascus, its suburbs and surrounding rural areas. The Project has contributed to enhance the clinical and family planning services provided by the SFPA clinic located in the Halbouni area, in the heart of Damascus. New services introduced include: psychological and legal counseling, socio-psychological counseling for men, treatment of menopausal women, testing and implementing UNFPA guidelines to prevent gender based violence (GBV) and help GBV survivors, social-counseling (including information on job opportunities), bodily activities and physiotherapy. Also, the Project has contributed to raise awareness and sensitize the target community on issues related to reproductive health through outreach and field work activities including community meetings, workshops and home visits.
New professional staff members were recruited and ad hoc trained by AIDOS international experts during technical assistance missions aimed at strengthening their capacity in the management of the center and in the delivery of clinic and counseling services. The technical staff of the Clinic includes a Director, a Gynecologist, a Midwife, a Practical Nurse, two Field Workers, a Physiotherapist, a Psychologist, a Social Worker, a Lawyer, a Socio-psychological male counselor.
Clinic premises were renovated, new medical and office equipment purchased, as well as a gym hall refurbished and equipped. The Clinic Staff involved in the Project got trained as trainers with a view to introduce the above approach in other SFPA Clinics located in different Governorates of Syria. Indeed, the Project has been operated to become a sustainable reference model at the national level, hence the collaboration with other local and international organizations operating in Syria in the sector and the exchange with government counterparts to inspire national policies on the subject of family and reproductive health.
Indeed, during its implementation, the Project has achieved relevant results in terms of increased interest and demand from women, adolescents and men of the HCC services - particularly of the newly introduced ones such as psychological and social counseling - enhanced reputation, effective institutional collaborations, exchanges and synergies. The above results confirm the validity and significance of introducing such an approach in Syria.
The present booklet is designed to illustrate AIDOS methodology in establishing and operating health counseling centers, in partnership with local organizations. Also, it provides a description of how this methodology was adapted and applied to the Halbouni Clinic of Damascus.
This booklet gathers contributions from various AIDOS experts and officers involved in the Project at different levels. The use of this methodological toolkit is to document this Project experience and to inform/inspire future actions, interventions and policies on the subject.

1

Aidos methodology: an integrated and holistic approach to reproductive and sexual health


Health Counselling Center
For Women Adolescent And Men
مركز المشورة الصحية
للنساء و الياقعين و الرجال
إرشاد نفسي - صحي - اجتماعي و قانوني
أوقات دوام العيادة
هاتف العيادة ٢٢٣٠٨٧١
الخط الساخن ٢٤٥٤٠٢٨

1.1 AIDOS concept of "health care"

The type of 'health care' concept that AIDOS has been promoting in the health counseling centers (HCC) established in partnership with local organizations, in various countries of the World (Argentina, Palestine, Jordan, Nepal, Venezuela, Burkina Faso, Syria) is grounded in the belief that women's overall psychological/physical well-being is based on an *equal* service provider-user relationship and not on an unequal operator-client one. Indeed, the women attending AIDOS Centers are encouraged to consider themselves as "active" counterparts. Although with different skills, service-providers and service-users are considered as equal, that means that their relationship is balanced, hence free from any patronizing attitude. AIDOS methodology takes into account a range of relevant and interrelated material, organizational, emotional factors and situations; hence its holistic approach to reproductive health. Indeed, this type of practice promotes the health activation process and reveals at the same time unrealized and untapped skills and resources of both users and providers.

Also, AIDOS approach is based on what is called the "active offer" process, that is to promote women's awareness of their sexual and reproductive choices and of the deriving implications.

The ability of professional service providers is fundamental to implement this type of health strategy, so it is the type of training, support and preparation they receive. Indeed, the attainment of a thorough understanding of the methodology objectives is an extremely delicate process often requiring months of preparation. Nowadays, AIDOS witnesses the development of a new generation of service providers who have, on one hand, identified personalized strategies to implement new health care principles; on the other hand, they managed to "*restructure*" and even out their traditional professional hierarchical structures and relations (as gynecologists, psychologists, nurses, social workers or health center directors). Realizing that they could be potential users, (that is finding themselves in the same conditions of the people they treat) favors the overcoming of the above-mentioned traditional "unequal" approach. The Centers personnel have started developing a predisposition to listen to others with the right kind of empathy, and adopting a proactive approach, that is offering both information and attention in an extremely personalized and customized manner, relevant to *that* specific woman within *that* particular family context and in *that* specific community.

This type of health care is also much more than just "therapeutically efficient"; on one hand it has contributed to convey the concept of *Right to Health* throughout women's sexual and reproductive life in an effective manner. On the other hand, it has contributed to eradicate women's subordinate attitude as "aid" receivers (a common mindset in developing countries whose roots are to be found in historical reasons).

AIDOS profoundly believes in capacity building as a key instrument for both development and long-term peace building. Indeed, the concept of *empowerment* (in the sense of developing and supporting all women's capacities and resources, promoting skills, awareness and self-esteem) is the foundation to peace building. AIDOS contributes to this process by promoting awareness and respect of all the different stages of Sexual and Reproductive Health: from the decision to have a baby, to a 'non-violent' birth which fully respects the rhythms and desires of both mother and baby.

Robin Lim, a midwife from Bali, Indonesia, has always worked with underprivileged women; she upholds that 'peace is built by one baby at a time", through the promotion of healthy and respectful birth conditions for both mother and child.

A fundamental paradigm learnt by AIDOS from women of developing countries is that as long as underprivileged women are guaranteed the right to health care, to kindness and to become actively creative with their own bodies, they are more likely to become peace promoters and to convey this attitude to future generations, hence multiplying this virtuous process.

The above are the various starting points

grounding the program to fight against Gender Based Violence (GBV). This program is developed according to UNFPA guidelines that were developed by Lynne Stevens for a project executed by AIDOS itself: it begins with introducing the concept of GBV and continues with a more in-depth analysis of the subject which runs in parallel to the principles of sexual and reproductive health.

The Halbouni HCC Project is the first of its kind in Syria. SFPA appreciated the importance of introducing this approach to tackle the need for sexual and reproductive health in the Country. The Syrian population was estimated at 22.5 million in July 2010, with a yearly growth rate of around 0,93%. The Country ranks 86 out of 146 in the 2011 Gender Inequality Index. Despite the decline in maternal mortality and fertility rates occurred during the past decades, health conditions of women are still an issue. The challenge, according to UNFPA, is to maintain the low prevalence rates while focusing on prevention especially among youth, who represents a huge portion of the entire population; many young people are marginalized, unemployed and at high risk of early marriage, early pregnancy, unsafe behaviors and sexually transmitted infections (STIs) and HIV/AIDS.

1.2 Cross-cultural exchanges: turning "Differences" into "Values"

Cross-cultural exchange is one of the mainstays of this methodology. Indeed, different health care approaches generate from different cultures; in this perspective cross-cultural exchanges are key to appreciate the importance of 'comparing' and 'relating' to build mutual knowledge and to favor a process of change.
Exchanging Know-How also contributes to the establishment of equal relationships.
Over the years AIDOS has managed to define *"cultural decentralization"* as that "physiological" process of change that takes place the moment local women absorb AIDOS-promoted holistic approach and make it their very own. Symmetrically, AIDOS experiences the same process, whenever it gets deeper into the different cultures, religions and social types of organizations of the Countries it operates in. During this often long and complicated phase, different cultures face each other to explore and re-draw the boundaries between the de-legitimization of women and their roles (developed by different cultures and religions), *and* women's right to exist and express themselves in a proactive manner. Therefore, despite different cultural backgrounds, women together can really envisage various strategies for change, skimming off any of the above conditioning.
These exchanges led to realize that conviviality among women fosters the concept of *"maternage"* as a state to be experienced to the full, empowering women to decide when to have a baby. This is how the idea of women's groups of different ages (adolescent, fertile or menopausal) came about. The groups deal with information sharing and mutual support. These interactive encounters are opportunities to share suffering and conflicts and to discover talents and qualities. Moreover, playing fosters creativity and awareness of one's body. Likewise relaxation practices, breathing exercises, yoga, massage and reflexology contribute to recognize one's own body and take care of it.
These groups also give women the opportunity to live again experiences of aggression, violence and also release pent-up feelings through play, role-playing, farcical and cultural enactments of typical stereotypes.
Initially AIDOS group programs were ultimately instruments to foster and increase self-esteem. Over the years these groups have evolved and refined their approach in promoting health care (with their way of relating and *self-awareness*), becoming a 'key' strategy to enter any recipient community.
A symbiotic exchange and an univocal integration takes place between those who culturally own these techniques and their meanings (AIDOS), and those who managed to adopt and

re-elaborate them (centers' health providers). This is how AIDOS works, how it builds awareness, how it conveys information and how it relates to others.

As a reputed and rooted organization that has been operating since decades 20 family planning clinics over 11 governorates of Syria, SFPA represents a reliable and effective vehicle to introduce, test and adapt AIDOS holistic approach to reproductive health. The SFPA Halbouni Clinic was chosen for its strategic location in the heart of Damascus, catering for a high number of women coming from both urban and rural areas and for its proximity to public health institutions. Originally, the Clinic provided basic gynecological care, family planning service and provision of contraceptives, counseling activities for women and youth, counseling on sexually transmitted diseases (STDs) and HIV/AIDS. The initial visits to public hospitals carried out during the Project inception phase, the exchanges with local medical personnel, luminaries and, mainly, with the Clinic Staff, enabled AIDOS to form an idea of practices, approaches and techniques locally adopted and of the existing medical knowledge. The situation analysis was then elaborated during constructive and challenging debates between AIDOS experts and the Clinic Staff which opened up new horizons and opportunities for knowledge and change.

1.3 Prevention

Prevention is a fundamental aspect that should be promoted among disadvantaged groups not only in development contexts but also, and even most importantly, in emergency situations. Although AIDOS normally operates in non-emergency situations, its methodology has been successfully implemented in emergency situations too. AIDOS program is divided into two, often parallel parts.

The first phase consists of sensitizing the local public health system and institutions to activate those means and resources required for specific programs (such as the post pap-test cytological diagnosis of cervical cancer test slides). Very often this process is difficult and time-consuming, hence, the deriving difficulties in ensuring high standards of health care (in this case a proper cytological diagnosis) and in keeping costs down. In order to tackle these problems, AIDOS encourages the setting up of a network of integrated services across the territory based on low-cost referrals and programs exchange with local health organizations or institutions. In this way AIDOS ensures the provision of those services unavailable at the counseling centers and, *in exchange,* provides an opportunity for the users of the above mentioned local health institutions to attend the center's services such as, for instance, ante-natal courses.
The second phase aims at developing prevention campaigns on different subjects often linked to SRH programs. Such campaigns promote solutions to a range of health problems affecting women throughout their life cycle (e.g. cervical and/or endometrial tumors, breast and menopausal syndromes, osteoporosis). Whenever possible campaigns are organized in combination with public health sector departments. They adopt an interactive user-friendly approach in order to ensure the effective transfer of information and create a conducive environment.
AIDOS methodology upholds that good prevention is key toward empowerment; prevention means being informed and as a result, promoting one's own health based on an informed choice. Also it means being responsible for one's own body and embarking on a *Therapeutic Pact*, having consciously chosen both the service provider and the type of treatment.
This process aims at making women responsible for their own body, thus contributing to their empowerment to become "active" subjects.
In the long-term good prevention may also result into costs saving for individual health care and, in general, for the entire society with consequent advantages for the community as a whole.

The Halbouni HCC has developed a referral system of about 50 among international and local, government and non government, private and public organizations/institutions as well as a network of reference community leaders. These include, among others, hospitals, organizations that fight against child abuses or support HIV/AIDS cases, youth groups, private psychologist practices, universities. HCC refers to a specific person for each counterpart/institution; these are duly aware and supportive of the HCC methodology and approach as a consequence of thorough and dedicated institutional meetings and exchanges. This type of relationship is the starting point to mainstream the HCC approach at national level.

1.4 Methodology principles

AIDOS approach has evolved over the years to emphasize the importance of couple and household relations through gender-oriented health education. Consequently AIDOS has enhanced said methodology into a comprehensive approach to sexual and reproductive health on the basis of four main principles: quality of care, service integration, continuity of care, service providers' skills and capacity building.

1.4.1 Quality of care

It has been widely shown that high quality care increases the demand for sexual reproductive health services (SRHS), especially among the most marginalized women, with less specific needs.
Good quality care implies:

- Customized assistance. This is not just about adopting a diversified approach for Users of different ages or sex; Indeed, it involves adopting the appropriate instruments and approaches depending on the Users' different social, cultural and religious backgrounds.
- Non-standard timetables. Sufficient time must be devoted to counseling: in AIDOS-supported Centers one counseling session on whatever subject never lasts less than one hour: be it contraception, ante-natal counseling, psychological or legal support.
- Service providers' technical skills. This is fundamental and always combined with motivation and involvement.
- Inter-personal relations between service providers and users. AIDOS likes to define this relationship a "Therapeutic pact". However the way it evolves depends on how it is managed, how resources are allocated and the user/service provider ratio. This is why it is very important to clearly define separate roles for each service provider as soon as program implementation starts.
- Planning strategies to promote continuity of health care. The *Outreach Program* consists of community work, home visits and getting community leaders' support. This program is functional to promoting the Center services, creating an initial demand, conducting/verifying baseline assessments/information.
- A variety of services based on the 'active offer' approach is key to implement a holistic approach to reproductive health and to promote women's rights to sexual self-determination.
- Activating skills. This is the most important aspect of any empowerment process. Good health care *always* activates skills and never dependence.

1.4.2 Service integration

Integrating services both inside or outside the HCC is effective for all the Center activities, both medical and non-medical. Such integration rests on an efficient referral system and internal communication between the various services (horizontal) and between the different public levels of assistance (vertical). When the User

arrives at the Center for medical, psychological or/and social services, the next immediate level of health care should be activated/alerted (superior and/or inferior) through the referral network. Not all SRH "applications" can be dealt with during *primary assistance*, some Users therefore require referral to second or third level health care structures, including obstetric emergencies. This cycle generates a *continuum* that is 'health care continuity'.

1.4.3 Continuity of care

Different types of integrated services at different stages of the "Therapeutic pact" are available to Users ensuring health care continuity, a model for connected responses.
It is up to the service providers to determine the different types of needs and to possibly refer them to other levels whenever the initial access point cannot satisfy those primary health care requirements.
The continuity of health care is built up over time, through a series of support services. In this way, whenever pregnant women request ante-natal assistance, a competent service provider looks into their family and social environment and evaluates the possibility of gender based violence or other critical situations and requirements.
All different service requests, from the first visit to the last, are registered and duly documented in terms of content and duration, in order to enable all service providers to access and consult any phase of the whole health counseling process. In this way health providers can assess, for instance, any collateral effect of oral contraceptives, follow-up period for STDs and potential signs of repeated violence.
This data base can also contribute to surveys, research and other institutional initiatives promoted at national level. Health care continuity is clearly much more than simply integrating programs (for instance family planning programs with those concerning responsible and risk-free maternity). For this reason SRH service provider skills and above all AIDOS training support systems should be continually re-defined and re-evaluated based on "clinical audits" (e.g. discussions about clinic/medical cases during plenary meetings, with the aim of finding efficient therapy solutions while contextualizing specific problems within the SRH context).

1.4.4 Service providers

A predominantly female staff of service providers (apart from the driver and the male counselor) is not only determined by the delicate and varied themes addressed by SRH, but also by the fact that "taking care" rather than "therapeutic health care" is often a female prerogative.
Therefore the staff should consist of:

- Director or manager
- Gynecologist
- Midwife
- Practical Nurse
- Gym trainer / physiotherapist
- Psychologist
- Social worker
- Lawyer
- Male counselor
- Field workers (2)
- Secretary
- Accountant
- Cleaner
- Driver

The first stage of training provides an opportunity to assess the Staff baseline level and their understanding of reproductive health with regard to its physiological, psychological, social and legal aspects. This methodology and its implications are discussed both at implementation level within the HCC context and in the host countries. The cultural, religious and social specificities of the concerned country/ region are also considered in group discussions where the HCC Staff can express their own views, ideas and concerns.
All HCC staff members (including the cleaner and often the driver) meet to begin the first stage of a five-phase training:

- Presentation of HCC methodology;
- Working approach;
- Identification of suitable resources to define a referral system;

- Analyzing characteristics and/or identification of target areas for the Outreach Program;
- Considering 'active offer' strategies.

The identification and recruitment of new staff members of the Halbouni HCC often proved challenging and time consuming. The attainment of a common degree of understanding by the HCC Staff of the working methodology was not immediate, however, once achieved, the Staff managed to discuss specific cases in a concerted way and to identify and implement strategies and solutions in an effective and collaborative manner. This was the case for example of an awareness session on sexual and reproductive health held with school teachers which led to the identification of a possible case of school drop out due to early marriage. This information provided an opportunity to inform and sensitize the girl's family on the risks of this practice both at physical and psychological levels. This type of intervention involved the collaboration of various HCC staff members (social worker, psychologist, male counselor and midwife) and took place in total respect of the family privacy and in a culturally sensitive way.

1.5 Key points about sexual reproductive health

The following key points on sexual reproductive health characterize the HCC practical approach. Definition of primary goals. Women's empowerment, self-determination and decision-making powers with regard to their reproductive life.
There is more to it than medical care and family planning. The concept of health is considered in the perspective of women's general well-being. Women should therefore take an active role at decision-making levels and deserve continuity of care throughout their life. The issue of women's health should be considered in the perspective of human rights. HCC staff should focus on relationship care to build a rapport of trust with Users.

RIGHTS OF THE CLIENT
Every User has the right to:

- Information: to learn about the benefits and availability of reproductive health services.
- Access: to obtain services regardless of sex, creed, color, marital status, ethnicity or age.
- Choice: to decide freely whether to control fertility and which method to use.
- Safety: to be able to practice safe and effective contraception.
- Privacy: to be granted a private environment during counseling or services.
- Confidentiality: to be assured that any personal information will not be communicated to third parties without their consent.
- Dignity: to be treated with courtesy, consideration, attentiveness and respect.
- Comfort: to feel comfortable when receiving services.
- Continuity: to receive SRH and supplies for as long as needed.
- Opinion: to freely express views on the services they receive.

Pregnancy is a natural event. It is the first preparation stage to childbirth. This period, in both women's and couple life represents an opportunity to learn and mature, which is then reflected into how they take care of their child. Indeed, an increasing number of women are unaware of the changes in their own physical and mental potential during pregnancy and how these affect the way they adapt to the phenomenon.


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Focusing on women requires men's participation. When planning an appropriate support program, men should be involved to assess whether they want to become involved in SRH issues. In order to set up *male involvement programs* AIDOS has identified the following recommendations:

- *Male involvement programs* should always be included in broader SRH strategies;
- Any gender-equality program is based on understanding gender inequalities and the negative consequences of power inequality between men and women;
- Broadening programs to address aspects of male living conditions that could have negative influences on SRH (e.g.: unemployment, alcohol and drug abuse);
- Selecting appropriate, skilled, motivated *male counselors* capable of sensitizing others;
- Reaching men in places where they meet (e.g.: bars, work places, schools, meeting places, internet points);
- Identifying religious or community leaders who can disseminate and discuss SRH principles;
- Broadening programs to identify critical areas (for instance: gender based violence or female genital mutilation and cutting) and not limiting it to the more classic subjects (birth control, ante-natal health and sexually transmitted diseases);
- Extending the program to include encouragement strategies for men to share their experiences of masculinity;
- Constant program strategy monitoring and revision;
- Sensitization of institutions to support and publicize programs.

HCC approach must be accepted by the community.

The role of the community is fundamental for any SRH program implementation. Once the active offer is validated and structured, the community can modify the priorities with specific suggestions and potentially re-defining its cultural context. AIDOS asserts that involving the community is fundamental for improving and monitoring health care quality. This is why the outreach programs, home visits and interactive workshops in important parts of the community like schools, nurseries and health districts, also take on a significant role in developing SRH programs.

Home visits represent an important instrument for accessing the community. They are carried out by some of the field and social workers who, day after day, introduce SRH information throughout the targeted population, reaching even into homes. Together with women they determine other possible contact places (schools, nurseries, districts) as yet unexplored or particularly isolated.

The first visits always aim at establishing contact with women and high-risk families and determine initial priorities (medical, psychological and/or social). Only later will those home visits become more customized. Feedback and brainstorming meetings, either plenary or about teamwork, will then determine which type of actions are needed, by **who** (doctor, psychologist, social worker, lawyer), **when** (any program can last months, because of the subjects addressed) and **how** to proceed (for example, part of the process can take place in the SRH Centers and another part in other structures).

After that SHR principles are spelled out, the following points concerning *active participation* should be fully understood:

- Social factors (cultural, economic, religious) - pointing out Staff awareness with regard to these factors as benchmarks in carrying out their tasks. Discrimination against women in education, profession, families impair decision-making.
- Physiological factors: understanding the anatomy of the body and its functions as first step of the empowerment process; women at different stages of their reproductive life need different information and prevention strategies.
- Psychological factors: integrating psychological support with all other services; trust-based relationship; different therapeutic strategies for different psychological status, age groups

as key tool to create awareness, mutual and self-help dynamics.

- Differentiated integrated approach: AIDOS approach must fit not just medical but Users' needs. Therapy and counseling result from integration of different skills and shared knowledge; integrated approach considers different needs determined by age, social position, work, education and psychological status.
- Legal implications and counseling: women must be granted access to legal rights under all circumstances. Information on women's rights is the first step in creating self-determination; legal advice allows women to take appropriate decisions; it is also key in fighting domestic violence.
- Gender perspective: women have the right to form their own perspective on reproductive life, family planning and local family legislation. Gender perspective can be achieved through women's participation: they help the HCC adapt its services to women's community needs.
- Right to sexual self-determination: women's empowerment yields progress to the whole community. Improving sexual relationships and family dynamics is an important step towards women's empowerment; women are free to decide If, When and What method of contraception to adopt.
- Equity and justice between men and women: women's empowerment can only succeed with the involvement of men and the community as a whole. Sexual and RH education creates equity between the sexes; specific youth groups must be educated to shape future behavioral patterns and influence future sexual and reproductive health; men counseling and involvement in group activities are needed to reach male population.

In order to verify Staff counseling techniques, simulations need to be carried out to spot any possible gap underlining the importance of explaining *more* than what Users ask for. Users' specific requests should be viewed as opportunities to extend the scope of counseling sessions to other relevant aspects of the User's life. For instance, whenever a User enquires about a specific topic, say HIV/AIDS, it is advisable to inform the User about other STDs and related implications.

At the Halbouni HCC, during 2011 the number of counseling sessions and services delivered to men by the male counselor increased consistently (+ 275%) as compared to 2010.
The majority of sessions were dedicated to the following matters: behavioral problems, family troubles, unemployment, anxiety and problems related to life stress.
The increase in service request indicates the positive response of men to the Clinic services as well as the widespread need for this type of counseling and assistance. Word of mouth and community leaders' support contributed to men's increased awareness of reproductive health issues and a more conscious attitude in safeguarding their families' health.

1.6 HCC organizational structure

Job descriptions are reviewed during a participatory session involving all staff members to define and clarify specific roles. (Please also refer to Annex 1: Job Descriptions).
To favor internal organization, and above all to encourage the practice of "Clinical Audits" (even with plenary discussions) AIDOS has experimented dividing the staff into four teams as follows:

- Medical (Gynecologist, Midwife, Practical Nurse, Gym trainer/physiotherapist)
- Psychosocial (Field Worker, Psychologist, Social Worker, Male Counselor)
- Legal (Legal Advisor, Field Worker, Psychologist, Social Worker)
- Administrative and Support Staff (Director, Secretary, Accountant, Driver and Cleaner).

Weekly meetings of each single team and of all staff for sharing views, approaches, and strategies are fundamental.
In conclusion, on one hand, the need to structure and incorporate clinical audits supports and reinforces an integrated service approach and on the other hand, discussions and sharing views on specific cases lead to an improved and more articulate way of identifying strategies.

1.7 Future perspectives

AIDOS methodology has developed and evolved over the years. AIDOS got inspired and encouraged by the appreciation of its methodology by the Centers and by the institutions' recognition as both innovative and able to bring about profound changes - even if slowly and with difficulty. This is why AIDOS has always adopted a respectful and flexible approach. Indeed emerging difficulties can be addressed in a variety of ways and over sufficient period of time.
AIDOS decisions have always been taken together with women targeted by its projects; aware that experience pays off and that this is the only strategy to fully support sustainable development.
The main aim is still to attain that state of awareness where women are self-sufficient, supported by knowledge and the strength this entails. The following four points are the future aims of AIDOS and the supported Centers:

- 1) To encourage local government to train and enable hospitals to deal also with non-medical assistance for birth and guarantee continuity of care for Users, from the HCC to hospital structures where births take place.
- 2) Promoting public structures to train for baby-friendly initiatives (UNICEF programs that standardize the application of Good Practices to promote and support breast-feeding) still connected to a humanized birthing culture.
- 3) The use of *empowered* women as new resources to activate skills and lead to new ante-natal and breast feeding support groups, and SRH themed workshops.
- 4) To test out new areas or Centers where the Users themselves have a great role and no longer require counseling, being capable of sharing their knowledge and their own SRH experiences with those other women who have not yet reached that same skilled level – undertaking in this way a peer counseling role for gender issues.

The Halbouni HCC is today a reference model Clinic of Syria recognized both at institutional and community levels. The skills and the experience developed in the methodology implementation enabled the Staff to flexibly adapt to changing circumstances and to offer relevant services in an effective and thorough manner, even in critical situations. The positive experience and the enhanced institutional identity developed over just four years of project operation indicate that the Halbouni HCC will keep representing a reference facility reaching out for an increased number of people and coping with the different challenges of a rapidly evolving society.

2

The services provided by the health counseling centers

AIDOS-supported health counseling centers generally offer reproductive clinical services, individual and group counseling, prevention, diagnosis and treatment of gender-based violence, outreach programs. Below is a description of each single service and of its application to the Syrian context.

2.1 Reproductive clinical services

2.1.1 Primary gynecological care

This service includes detection and primary care of gynecological problems, ultrasound examination, and testing during pregnancy. Ultrasound examination services during pregnancy is highly encouraged to ensure safe ante-natal diagnosis. Often a thorough training on ultrasound evaluation is provided to improve skills of medical personnel. At least two to three examinations are required at specific stages of pregnancy, in order to adhere to the World Health Organization (WHO) guidelines. Users are encouraged to independently and consciously decide on a possible pregnancy scan plan in line with proper procedures and timetables, instead of undergoing rapid, monthly routine scans which do not ensure correct diagnostic responses and entail a form of 'dependence'. Regular scans are also encouraged during women's sexual active life and in menopause. This practice is key to early detect female reproductive organ diseases such as ovarian cysts, fibroids, tumors, endometriosis and to reduce the risk of hormonal replacement therapy, which may lead to breast and endometrial cancers.

2.1.2 Breast cancer prevention

All women Users who come to the centers for routine gynecological visits undergo breast cancer screening through ultrasound, investigating on inherited maternal possibilities. Teaching women self-breast screening through individual counseling and in specific workshops about breast cancer prevention is a mandatory practice. Through the referral system women Users have access to breast scans and/or to other types of mammograms depending on specific prevention protocols and requirements.

2.1.3 Cervical cancer prevention

It implies carrying out yearly pap-tests (or every six months for women with pre-cancerous lesions) for all sexually active women. It is also about organizing prevention workshops about Papilloma Virus (significant risk factor for cervical cancer) and other Sexually Transmitted Diseases (like Chlamydia, Mycoplasma, Hepatitis, HIV/AIDS) and promoting barrier contraception methods for high-risk women categories.

2.1.4 Reproductive tract infection (RTI) prevention

HCCs focus on a prevention program on Reproductive Tract Infections (RTIs), including STDs, iatrogenic infections (including post abortion and postpartum sepsis) and endogenous infections.
The first step is to evaluate the scope and the importance of the problem to identify priorities and to develop indicators. The second step is to understand people's perspectives on RTIs. The third step consists of strengthening primary prevention approaches based on the provision of Pap smears and vaginal swabs.
When a standard Human Papilloma Virus (HPV) vaccination is designed, further campaigns and meetings are organized about other STDs and cervical cancer prevention. These campaigns encourage a responsible attitude especially among adolescent girls, to continue screening for other STDs which, although indirectly, may cause cervical cancer, and entail a risk for their (reproductive) health.
In order to ensure extensive and appropriate prevention, early detection of HPV infection has become necessary, not only in female patients, through pap smear but also in male patients. In fact although women are more directly exposed

to cervical cancer, men are carriers of the same infection. Consequently developing ad–hoc campaigns targeting men to promote the use of condoms is equally significant, as they are in fact more likely to infect women. Because of the common practice of early marriage women are less exposed than men to sexual intercourses with different partners. Therefore the HCCs encourage men to undergo a urethral test for HPV diagnosis.

During 2011, the fourth year of Project implementation, the Halbouni HCC provided 1,765 medical care and prevention services. As evidenced in the below table, the number of services offered in 2011 increased by 156% as compared to the previous year of project implementation, particularly for the ultrasound examinations, pap smear tests and early detection of cervix cancer.
The relationship of trust established between the HCC Staff and the Users and the effective and reliable referral system, explains the above increase in service delivery, despite the slight increase in price. Some Users ask for medical general individual consultations for specific requests such as reading lab reports and analyzing results, prescribing medications, reading echograms and x-ray genital and breast examinations. Indeed, the Halbouni HCC is gradually becoming recognized as a reference medical and counseling facility. For menopause women, the medical visits consist mainly in physical changes counseling and prevention of cancer and osteoporosis problems.

2.1.5 Family planning

Women and adolescents are provided with information and counseling regarding all possible contraceptive methods: natural methods, condom, female condoms, injections, pill and IUDs, in order to facilitate an optimal and responsible free choice. Meetings and workshops on reproduction and family planning are organized for various target groups (including adolescents). HCCs deal with family planning and gynecological care above all as a *women's* issue and then also as a *family* issue; it is therefore necessary to practically integrate this perspective into the counseling service.
Timing is also considered a strategic element. Information and awareness sessions on contraception are more effective when women are more receptive to both information and services: the most significant timing could be post-abortion, post-birth, post-puberty and the beginning of sexual activities. The aim is to improve women's own reproductive health and consider future fertility intentions.

Health care and prevention services	Year 2	Year 3	Year 4
Pregnancy test	101	92	156
Diabetes test	33	30	70
Genital examination	123	200	225
Breast examination	61	85	110
Copy of Ultrasound picture	15	22	31
Pap smear test and early detection of cervix cancer	53	4	45
Ultrasound examination	97	217	1,053
Medical general individual consultation	-	40	75
Number of services provided	483	690	1,765

The family planning services offered by the Halbouni HCC include: provision of condoms, insertion of IUD, provision of combined pill, emergency pill, injection and vaginal pill. The preferred family planning method is still the IUD because it is safe, easy to use with few side effects and can be used for a long time. The second method is the pill, because is considered safe, easier than IUD, and practical during the breastfeeding time. During the fourth year of Project implementation, the provision of family planning services increased by 201% as compared to the previous year. The project has successfully helped, amongst other achievements, sensitize on family planning, by making birth spacing and smaller family size a new and acceptable norm for families in various stages of life. Staff and stakeholders stated that, while in earlier times children were counted as blessings, now the community and families have understood the need to space and limit births. Important changes in attitudes and reiteration of harmful traditional practices were reported (most of targeted women were not even used to go to the doctor for routine tests) alongside to a relevant increase of awareness among Users on the importance of being healthy throughout their life cycle, before, during and after pregnancy.

2.1.6 Ante-natal care

This service provides technically adequate and timely care throughout pregnancy, childbirth and puerperium, taking as a reference the evidence-based guidelines for pregnancy and childbirth care developed by WHO ('*Appropriate Technologies for Birth*', May 1985). Ante-natal care include:
a. *Pregnancy monitoring and counseling services.* Individual pre-natal counseling services are offered to pregnant women and include counseling for early detection of abnormalities, miscarriages in early pregnancy, threatened abortion, anemia, Urinary Tract Infections (UTIs) and Reproductive Tract Infections (RTIs). Cases of missed or threatened abortion and of Intrauterine Growth Restriction (IUGR) are referred to hospitals. The service also includes ultrasound examinations for pregnancy monitoring. The medical staff registers the expected deliveries for post-natal follow-up.
b. *Pre-delivery courses.* They represent a significant opportunity for women's physical and emotional self-development and, eventually, for their own empowerment. The aim is to assist women discovering their own body (not only the physical aspects) and to develop the awareness of their own rhythms and needs so that to make conscious decisions during the different stages of their becoming mothers, and also later in life. The holistic approach is based on the idea that the body and mind form a unified whole, just as individuals are connected to their immediate environment, community and culture, which are all essential for their well-being. Ante-natal courses reinforce positive thinking, enthusiasm, courage and the personal resources of each pregnant woman and promote the concept of well-being and self-care. With the facilitation of obstetricians or ante-natal service providers, women share their experiences with other women in the same condition. Discussions, participation, active listening are all significant elements for this veritable experiential process, promoting empowerment and self-growth in all participants.
The service provider explains, instructs and shares appropriate techniques (for labor/ childbirth) ensuring that all participants initially know how to relax correctly within an active context of exchange within the group.
All courses take into account the socio-economic and cultural backgrounds of women Users and avoid any authoritarian method or "scholastic" approach, which could inhibit or distance participants.

Many of the Halbouni HCC Users come to the Clinic with no awareness of their body, heavily clothed, sometimes married to blood

relatives; their pregnancies are decided by mothers-in-law and husbands. Babies are sometimes delivered in emergency situations and at undignified locations. Standing the above, the Clinic Staff decided to focus on the following subjects as part of the ante-natal courses: general knowledge of anatomy and more precisely of the reproductive organs; importance of nutrition for mothers, the fetus and its development; introducing the idea of "good" mothering in pregnancy, labor and birth. Other subjects include: improving mothers' living conditions and life style during pregnancy, ensuring primary prevention level, increasing psychological-physical wellbeing of the mother, and of the mother-child couple, before and after birth; responsible contraception for the couple to plan and space possible future pregnancies.

Ante-natal courses also include: hygiene of mother and baby (caring for the stump of the umbilical cord); long-term breastfeeding (so that to benefit from the ideal nutritional qualities of maternal milk as compared to artificial milk); exploiting the contraceptive qualities of breast-feeding especially during the first six months. Breast-feeding represents the most natural and satisfying way of nourishing a baby in the first months of his/her life, not only from a nutritional point of view but also to encourage a psycho-emotional bonding between mother and baby. The typical, gradual changes of breast milk composition is geared toward the different requirements of a growing baby. Recent studies show that breastfed babies have higher IQ levels as compared to those fed on artificial milk.[1]
Often, sensitized pregnant women look for medical structures assuring early mother-baby contact and 'rooming-in' facilities.

1 The Dunn Nutritional Studies Unit (Cambridge University) has shown in an IQ study of eight year old children, born prematurely, that breast fed babies had an 8 point advantage over those fed on artificial milk. (These results also apply to non-premature babies.)

The *concept of "Active Birth"* is also introduced. Active birth is an innovative cultural approach to pregnancy and childbirth. It encourages women to discover the best way to give birth (standing up, moving about and basically feeling free to take any position which alleviates pain). The Active Birth approach supports birthing mothers in controlling their own will and determination during labor/childbirth using breathing techniques, among others and relying on their very own resources. Active birth foresees the presence of husbands and other close relatives during labor. Respecting the personal and natural phases of labor also allows new-born to activate specific hormones to overcome birth stress. This type of *"non-invasive"* assistance leads to less traumatic births both for mothers and their babies; hence the reduced need for intensive care treatment, epidural anesthetic or caesarean births which are so often suggested by doctors or presumed necessary. Lastly, women who adopt active birth techniques can adapt immediately to the responsibilities of motherhood.
Another approach considered is the concept of natural birth pioneered by Doctors Leboyer and Odent; following their theory the new-born is capable of feeling emotions, birth should therefore take place "without violence", also, it is fundamental not to separate the mother from her newborn. Their contact quickens the detachment of the placenta through uterine contractions induced by suckling the nipple, it favors bonding and activates the release of oxytocin (the *love* hormone) and prolactin (the nursing hormone) that can intensify so-called "maternal" instinct and facilitate babies latching.
Practical pre-delivery courses adopt different methodologies and techniques and are delivered to groups of women and/or to couples. These include: practicing Yoga (to stretch and relax the body, improve posture and promote women's self-awareness, and self-esteem); improve breathing and relaxation techniques.
During these sessions even Belly Dancing techniques are adopted to improve control over the pelvic area. In the past this form of dance was also used for fertility and birthing and was traditionally considered a women's sacred dance,

even during labor. It contributes developing significant muscle control and also increases awareness of the pelvic area, abdominal and buttock muscles and the iliopsoas. Consequently gentle and slow movements and delicate actions stretch the spine in a pleasant way, unblocking the pelvic area while reinforcing the legs. These movements during labor-childbirth favor the optimum fetal position and how a baby's head moves, contributing to more efficient and less painful contractions.
Visualization techniques associated to positive thinking favor the mother-baby relationship. For thousands of years in the Far and Near East Asia the belief that the psychic health of an individual is formed during pregnancy and not after birth has been widespread. This is when the first veritable mother-child bond is created, as the fetus shares all its biological and psychological changes with the mother, which contributes to its physical development as well as its spiritual and creative growth.
The bio-energetic massage developed by Eva Reich is known as "Mothering the mother". This kind of massage was created for premature babies but can also be used for adults, including pregnant women. It aims at activating and harmonizing all vital functions, contributing also to strengthening the immune system and a positive self-perception. Massage and working in couples is part of the program; it encourages couples to exchange massage and work together to promote mutual awareness, increase communication, identify and accept each other's limits, enhance reciprocal help capabilities, support, empathy and trust.

PRE-DELIVERY GROUP SESSIONS
Normally it is the midwife who conducts the above sessions; she can be accompanied or substituted by other qualified service providers like, for instance, the psychologist. These sessions are essential to the concept of "health activating" groups. Groups promote exchanges between pregnant women, provide permanent access to information to clarify doubts and fears; also they represent an occasion where pregnant women can feel truly welcome and involved, thus reinforcing maternal skills and empowerment.

2.1.7 Post-natal care

In line with the above mentioned "continuity of care" approach, neo-mothers meet up as soon as they can reach the HCC (this is generally one month after giving birth). The midwife continues her role as provider of support and information (e.g. going over the birthing experience, answering general questions about looking after babies, how to manage breast feeding, best nutrition and personal well-being) hence contribute reinforcing maternal skills.
Part of these meetings include physical exercise, to recover stomach and perineum area muscular tone, stretching and spine support with posture exercises. Dance is encouraged specifically for the pelvic floor muscle toning. Specific massage techniques for babies are taught, often integrating them with traditional massage techniques.

a. *Individual post delivery counseling services.* They are offered to women who have recently given birth; during the counseling sessions, women receive information on puerperium care, breast-feeding, family planning, and baby care. In order to follow up with their delivery, the HCC Staff contacts them directly for post-partum assistance and follow up.
b. *Home visits.* HCCs implement a post delivery home visit program. Women have the possibility to benefit from a qualified support to initial newborn's care, breastfeeding and difficulties within the domestic environment.
   AIDOS does not train hospital staff on its methodology, however HCC Users can be supported by the HCC service providers in a different environment, knowledgeable and supportive of the HCCs approach and capable to implement it in an

environment not excessively "medicalized" (see Evidence Based Medicine recommendations of the WHO).

c. *The Doula.* AIDOS concept of "continuity of care" led to the idea of training other service providers potentially interested to offer either delivery assistance to pregnant women or post-natal services at home. Potential Users can be fully informed of this possibility as soon as they begin any ante-natal courses in the HCC. If interested they will then be encouraged to contact the midwife as quickly as possible, before or after birth. The *Doula* (a Greek word) is an expert woman who looks after other women *during labor and/ or after* without necessarily being a social or health service provider. Her tasks may include: reinforcing maternal skills, looking after other children present in the household, cooking, cleaning, helping neo-couples manage their new life on a daily basis, helping with relatives, visits, moments of doubt and fears and simply holding the newborn while the mother takes a moment of rest. The Doula must posses some basic knowledge, enabling her to properly carry out her role, checking the wellbeing of the child-mother couple and possibly even requesting the assistance of social or health service providers, if necessary. Because the Doula is not a social-health service provider, she should not undertake any medical task, however she should be able to detect any change in the mother's and the child's condition and identify the most appropriate professional profile to support her.

d. *Baby massage*
This type of massage reinforces the bonding with the mother and the energy exchange; nerve ends stimulate the brain, which elaborates it into perceptions, emotions and feelings. It has been widely accepted that newborns suffering from lack of contact with their mothers may feel a sort of 'abandonment' inducing them to 'block' their diaphragm, thus losing part of their innate capacity of self-regulating the bio-emotional exchange with their mothers. This situation may be the start of a vicious circle which can negatively influence the future health of the child on different psychosomatic levels.
Eva Reich developed the Bioenergetics method based on her hospital research, anticipating the boom in modern neo-natal research by at least thirty years.
The underlying concept is that newborns' health is rooted in their emotions, which are translated into bio-energetic movements within the body. Consequently gently massaging newborns stimulate those energies contributing to their wellbeing.

<u>Objectives of this massage are:</u>

- Promoting strong bonding between mother and newborn;
- Stimulating health and the ability to love;
- Prevention of psychosomatic disturbances;
- Prevention of birth trauma;
- Curing birth traumas, among others.

<u>In this way the newborn after the massage is:</u>

- More tolerant of stress and more capable at managing anxiety;
- More capable of establishing relationships, loving and stimulating love in others;
- Capable of improved development of the nervous and immune system;
- More vigilant.

<u>Quantifiable physiological effects on newborns include:</u>

- Weight increase;
- Regulating sleep patterns;
- Improving breathing;
- Improving digestion;
- Improving circulation.

This brings us back to the holistic approach to health and healing, where no problems can be successfully treated in isolation. Any lasting progress can only be obtained if the *whole* person changes to improve all functions on all levels.

"THE SKIN LANGUAGE"

from Ashley Montague's

Mothers who have been touched with care and gentleness during birth and straight after, can touch their newborn child with more capable hands. If however, their experience of contact has been cold and impersonal then women are more unsure of their relationship with their child. The husband or partner should regularly caress the body of their pregnant partner during the labor and immediately after. This should also become a rule of obstetric practice. Massaging the mother even after the second or third day after the birth may prevent post-natal depression.

What is needed

A space large and comfortable for a group (possibly a maximum of 10 women). Somewhere peaceful and where privacy is guaranteed. Even a gym as long as it is big enough for everyone to sit in a circle on the floor. Mats to lie on and for exercising, either sitting or lying down; lots of cushions of different sizes to be comfortable. Where possible, pleasant and relaxing music can also help and assist relaxation practices. Heating and blankets.

Who

All service providers involved in this experience and possible trainees.

When

Once a week for two hours for actual activities, if possible. Otherwise possibly separate this into two shorter meetings per week for a theory session and a practical session.

Difficulties

The main difficulty is to find an environment peaceful enough to favor concentration and relaxation. Personal difficulties include: establishing physical contact among service providers (even though most of them are women) embarrassment before and during those exercises, or vocalizing sounds and mantra. Furthermore in Muslim countries, where women wear some type of veil or covering, ensuring an undisturbed environment is very important for training as all exercises are practiced without these coverings and consequently ensuring an exclusively female environment is obligatory.

The gynecologist, the midwife and the field worker of the Halbouni HCC monitor the new mothers, and provide recommendations and information about biological and psychological changes (post partum depression), personal hygiene, nutrition information and breastfeeding techniques along with home visits. Some perinatal care services are provided within the bodily activities and the synergy between the HCC medical services and HCC bodily activities services is fostered by the internal referral system involving the midwife and the gym trainer. From 2009 through 2011 the Clinic Staff provided ante and post natal services, with the following breakdown.

Ante and Post natal care individual counseling and services	**Year 2**	**Year 3**	**Year 4**
Pre and post-Natal care and health of the pregnant woman	464	275	356
Natural breast feeding	376	172	194
Nipple problems with natural breast feeding	42	60	36
Gym on pre-natal care	52	78	201
Gym on pre-natal care	52	78	201

2.1.8 Reflexology foot massage

Foot reflexology is a non-invasive therapy based on massaging pressure points on the foot corresponding to seemingly unconnected parts of our bodies and internal organs, to restore and/or improve their functions. This non-conventional therapy is particularly interesting as it is adaptable, economical, easy to apply and combines prevention and therapeutic qualities. Its use has now been recognized for most physical and health care treatments; it is applied in many rehabilitation centers and is part of physiotherapy and hospital treatments.
Foot Reflexology therapy has always been readily acknowledged by both service providers and Users as beneficial and non-invasive for overcoming, without the use of medicine or combined with natural medicine, acute and chronic, common and frequent illnesses such as: migraines, osteo-articulation difficulties, muscle strain, lumbar and sciatic pains, neuralgic and digestive problems, hemorrhoids, dysmenorrheal and other menstrual disorders, sinusitis, lymphatic disorders and other conditions which include many acute post-op and post-traumatic conditions.
Reflexology is particularly effective to improve various conditions of pregnancy *without* the use of medicine: correcting fetal positions, inducing labor in post-term situations, restoring and improving pelvic and perineum post-birth conditions, assisting in those common baby conditions like baby gripes and/or sleeping difficulties. Obviously this cannot be intended as a substitute to the usual and/or necessary pediatric checks.
Through this therapy Users can also be sensitized to their own bodies which can ultimately contribute to a sense of empowerment and initialize their self-healing capacity.
Foot reflexology has been widely used in various ancient civilizations from the Egyptian to the Chinese. Traditional Chinese methods have highlighted meridians and connections throughout the body, which can also be studied in conjunction with potential practical applications through yoga stretching exercises and other bodywork. This workout can be applied to women's groups of all ages.

Course structure
Learning foot reflexology initially requires a theoretical approach. Trainees should understand their feet using a foot map highlighting with colors the different interconnected systems within the body. Images and other representations are used for foot mapping. Other in-depth studies include: anatomy and anatomical connections, network representations as per Fitzgerald, 10 vertical zones, horizontal sections, basics.
The training practical approach include: pressure techniques; foot therapy approach; characteristics of altered zones (warning signs to limit dosage, behavior in case of reactions during treatment); different handling positions; understanding User's history; visual diagnosis; User's welcoming; therapist responsibilities; professional attitude, sympathy, sharing treatment with User, listening and informing the User about techniques and therapeutic positions. Other topics include: pain (the different types and potential User points of view); write out initial treatments and establishing following treatments; length of treatment and spacing; reactions during intervals between treatments; treatments examples; indications and counter-indications; treating acute conditions; self-treatment with pressure points on hands , specific ante-natal, birth support, post-natal treatments , treatment for new-born and children.
Who
Training includes an initial introduction to all staff, so that all service providers can in fact exchange treatments among themselves as practice. This can also contribute building up team work approach and overall capacity building. This training is repeated several times so that, after an initial practical evaluation, those who are more interested and suited to a more thorough study of this technique can begin assisting the Centers' Users under the direct supervision of previously trained staff.

Location
A quiet room is best, with physiotherapy beds and/or many cushions to ensure that everyone is comfortable and there is sufficient knee support for both User and staff. Otherwise a space with floor matting can be used, although this can result in more uncomfortable positions for therapists.
Duration
This course lasts for 80 hours to complete three levels.

2.1.9 Physical activities

In order to help women gain self-confidence, HCCs offer exercise sessions combined with informal weight-loss advice and dietary lectures. These courses are conducted by the physiotherapist/gym trainer.

At the Halbouni HCC is available a small but well equipped Gym hall offering the following activities:

- Aerobic courses;
- Stretching courses;
- Machines: personal planning and follow up of the exercises;
- Yoga for pregnant women: both practical exercises and general bodily counseling;
- Yoga for not pregnant women: basic exercises of yoga as relaxation technique;
- Nutritional counseling.

Yoga is a totally new discipline in Syria and definitely unfamiliar to the local context. Nevertheless this service has received particular appreciation by the HCC Users. The HCC Staff immediately grasped the importance of yoga, becoming quick learners and good practitioners capable of transferring its benefits to the Users.
In 2011 the number of clients attending the gym activities (515 women) doubled as compared to the previous year. Aerobic courses are attended by women belonging to all age groups. The gym trainer refers the Users to the other HCC services, as opportune. Bodily activities represent an important income generation source for the HCC.

2.2 Counseling Services

The provision of counseling services represents a significant component of the HCC's work, they include: psychological counseling (individual, in group or for couples), legal counseling (information on current legislation and individual advice) and social counseling (to establish grassroots and institutional contacts through associations, community and religious leaders). Social and legal counseling are strictly linked to psychological counseling.

2.2.1 Psychological counseling

a. Individual counseling.
Individual counseling is the most traditional form of psychological support for those types of problems such as psychological disorders, depression, domestic violence or sexual abuse. Sessions can be extended to couples with the support of both the psychologist and the male counselor.
As part of the integrated service approach, any User can be simultaneously treated by more than one service provider (for example social worker, lawyer etc.) depending on the problem. AIDOS approach entails strengthening the already existing capacities available in host country, adopting the most frequently used and renowned psychological services available. Indeed, psychotherapy is not widespread in most of the Middle Eastern countries, hence establishing basic psychological counseling services, wherever possible, represents the initial aim.
In general, notwithstanding the lack of formal

training and/or specialized clinics, it was observed that selected counselors or even social workers are capable of fulfilling this role, provided that they show a certain aptitude. Often, it was observed that those less qualified Staff members in psychological counseling, showed the highest motivation, proving to be quick learners and above all, open-minded. AIDOS approach seeks to integrate the most renowned and recent approaches (behavioral and cognitive psychology) to others less known locally such as for instance those stemming from systems therapy and family therapy, to name a few.
Privacy and confidentiality are very important elements of any type of psychological counseling. However, these are not always sufficiently guaranteed, therefore it is important to set up a private, acoustically isolated room, to ensure the adequate level of privacy. It must be also emphasized the need to dedicate sufficient time to each consultation; indeed it should last a minimum of 45 minutes to an hour. The most important diagnostic data should be recorded for each User, including the reason for the visit. All records should be kept in a reserved space only accessed by authorized service providers, maybe even protected by a specific password system. Obviously any psychological counseling can be integrated with other HCC services (legal, social or medical counseling) – which can be undertaken either in separate sessions or with more than one service provider at a time.

b. Group counseling

Despite being the most widespread form of aggregation, in the Middle East and in Syria group therapy seem to be "technically" less used in routine counseling. Indeed, AIDOS initially encountered some resistance from those service providers who believed this approach would not work. Nevertheless, many HCC Users responded positively to this technique and showed appreciation. For example exercise and yoga groups for women in menopause developed quickly into problem-sharing groups. AIDOS experience evidences that group counseling is particularly effective to address specific problems such as gender-based violence and life-changing situations (newly-weds or neo-mothers, mothers of adolescents, menopausal women etc.). Mutual help group dynamics contribute reinforcing the Users' "active" role in their process toward well-being. Another key aspect of the HCCs group therapy is that it reaches many Users at the same time. This is an important aspect considering that the target population is normally composed of women from very poor sections of the community and that HCCs normally operate over vast areas. Often relaxation groups prove very effective in establishing a 'group' identity as its members simultaneously "share" the experience, promoting a feelings of trust within the group. These are particularly useful for Users who need to recover and increase their trust towards the outside world but also their self-esteem, i.e.: trusting themselves.

General indications for groups:

Group approach is usually good for Users who do not have "psychological sustainability" for one-to-one approach but need support. This is very cost-efficient as more Users can be treated at the same time.
Groups are "therapeutic" in themselves: sharing, communicating with others, breaks up feelings of isolation; they are very effective to treat depressive, psychosomatic and anxious Users and in reducing external stress impact. Group sessions are to be held once a week (individual sessions are also possible).
The setting must be carefully prepared: peacefulness, not too much light, or noise, little external stimulation.
Groups may cause regressions, therefore trainers/facilitators have to be watchful and alert. Two trainers are better than one.

Examples of group techniques

Relaxation. First part: Users begin relaxation exercises together; trainers give indications to the whole group, then they can approach each User individually to "correct" exercises, help, add more information (verbally and physically) if necessary. Second part: verbal communication to work through what has happened: feelings, emotions. Trainers should listen carefully, be attentive and be aware of User's "two level" communication: body and verbal language. There are no right or wrong reactions; the important

element is to identify Users' feelings. There are many different relaxation techniques; for instance the Schultz Autogenic Training is widely used and is one of the most traditional and consolidated techniques.
Creative activities. Creative drawing is another technique, not widely used in the Middle East, to encourage Users express themselves; it is also useful for adolescents groups and victims of violence. Often people find it difficult to talk straightforwardly about their experiences; this is particularly true for people who have suffered from traumatic experience(s). One possible approach is giving the group a theme related to their problem and allow Users to represent it freely. Another option for instance, is drawing a scene from married life or a female person and then a male.
Users can show the drawing to the rest of the group who provides feedback on what the image evokes. Another possibility is to let Users draw whatever they want according to their feelings at that moment.
Then every one can give a "title" to her/his drawing, and try to connect it with her/his feelings. It is very important to stress that no drawing ability is required, as sometimes people are afraid of not being good enough at drawing! The goal is to express feelings, so even if the person is able to draw only lines and dots the purpose can be fulfilled, even the use of different colors can express different feelings. Materials needed include: large sheets of paper (preferred to small) and colored pencils, watercolors or markers. It is important not to interpret and, likewise, not to allow other participants be "interpretative" and/or judgmental. The goal is to let everyone freely express themselves.
Trust activities. The objective is to provide an opportunity for group members to trust their physical and emotional safety with others by attempting a graduated series of activities, which involve taking some physical and/or emotional risk. Trust activities aim at building trust. Basic trust activities are initially chosen and can be performed repeatedly to reinforce and develop trust within a group.
Developing trust within a group is a gradual process. Consequently it is crucial to avoid forcing anybody and to respect people when they say "no" (especially when working with GBV victims).

Psychological counseling for women, men, couples, youth and children is provided by the psychologist with the aim to improve the psychological well-being of the Users and to reduce the incidence of gender-based violence including domestic violence, rape, incest and sex selection during pregnancy and to prevent the physical and psychological effects of menopause.
During 2011 in the Halbouni HCC the psychologist provided 791 counseling services (144 to new clients/individuals and couples) achieving a significant increase of services (about 95%) compared to the previous year (402 clients).
Common reasons for psychological counseling include: family problems, GBV and low self-esteem. Majority of the clients are women and the number of clients who regularly refer to the clinic is increasing as well. The psychologist also provides couple counseling where husbands are normally involved after a certain number of sessions attended by the wife; still they show a certain reluctance to discuss psychological matters.

2.2.2 Social counseling services.

They are provided by a Social Worker and include individual counseling, couple counseling, community education and a well-organized referral system established in collaboration with other organizations. Social counseling regards the social aspects of problems such as unemployment; in case the Social Worker advises on governmental institutions, NGOs or other organizations addressing this issue; alternatively she may refer Users to other professional training courses, employment opportunities. Most of the women accessing the social counseling services (especially those

counselled in relation to human rights abuses, intra-household conflicts and divorce) suffer from lack of financial independence and self-realization outside the household; this is due to their difficulties in finding employment or learning the skills to become self-employed. Psychological and legal counseling as well as social interaction during women's groups organized at the HCC premises offer some relief, provide precious information and raise awareness even of the most vulnerable ones. However, a considerable proportion of their problems can be attributed to basic livelihood constraints, requiring the need for advice on income generating activities and micro-credit schemes to realize their entrepreneurial skills.

2.2.3 Legal counseling

It provides legal information and advice about local legislation and rights. The User can be also referred to other legal organizations in case more formal legal assistance be necessary (like going to court). This type of in-depth follow-up service is not provided by the HCC lawyers, mainly because the time-commitment is likely to be too considerable for the HCC resources. However formal contacts are always established with free or low-cost legal aid associations, especially for victims of Gender Based Violence (GBV). The Lawyer and Social Worker, together with the Field Workers are trained to provide both social and legal counseling.

During 2011 in the Halbouni HCC legal counseling services were provided to 245 cases, while 87 people got sensitized about women's rights and Syrian Law. Counseling was provided either at the HCC premises or through outreach awareness sessions through the Women's Union Centers and other SFPA clinics. Outreach activities mainly consist of workshops and awareness sessions on women's rights. Individual counseling focuses on civil law and, in few cases, on penal and labour laws. Some cases regarded domestic violence. Main counseling services required by women were related to personal status low (consensual divorce and one-sided divorce Moukhala).

2.2.4 Male counseling

Socio-psychological counseling for men is provided by an appropriately trained male socio-psychological counselor, during individual and/or group sessions. Couple counseling on social and psychological problems can be also provided in collaboration with the psychologist. This type of counseling partly supplements women's counseling and offers assistance when dealing with psychological disorders and family violence. The male counselor reaches men in their meeting places and introduces the counseling activities in the HCC on the basis of men's knowledge and needs about reproductive health. Specific behavioral problems like promoting self-esteem can be addressed at more specific times, once Users have been screened. Also, men are advised regarding income generation activities, employment opportunities and micro-credit access.
Another very important and often challenging part of each HCC work is dedicated to men and especially male teenagers, with the aim of preventing violence and promoting community well-being. Male counselors promote sensitization work to mainly address and encourage healthy relationships and sexual relations, and not just reproductive health.
The focus is on "Healthy Relations" rather than just reproductive health; shifting the emphasis from family planning education to healthy couples, which includes promoting a healthy sex life fully respecting the differences between men and women.
The challenge is to shift the focus onto "healthy relations" between the two sexes. AIDOS has developed a complex and circular communication model, which is based on understanding what is important for men in those cultures, their values and their needs. This all contributes to determining their motivational levers, that is

those convictions and beliefs that can underpin any "shift" in men's convictions to bring about change and their perceptions.
These subjects and methodologies are complicated and innovative compared to those more traditional and to purely educational models, which are generally followed working with adolescents both in schools and in the psychological sessions.
A participative and circular methodology is the only approach capable of really bringing about change in an effective and immediate way.

2.2.5 Socio-psychological counseling for adolescents and youth

Working with adolescents is a very important element of any prevention activity. Often religious and/or socio-cultural reasons prevent this section of the population to access relevant information and services concerning sexual and reproductive health. Throughout the World many young girls get married at the age of 14/15. Early marriage may lead to health and pregnancy risks as they are still unprepared both on a physical and psychological level. Let alone the deriving consequences in terms of access to education and information in general.
HCCs provide counseling sessions at individual and group levels. Group activities are educational workshops and discussions; they may include physical activities such as yoga. The HCCs organize meetings with mothers in order to sensitize them about adolescents, promoting their participation in the center's activities.
Adolescents reflect a country's culture and society, it is therefore very important to understand their needs and the best way to deal with them so that to prevent gender stereotypes as they emerge and inhibit potential violent behaviors. Group sessions can start by simulating episodes from daily life, then commented together, or by using whatever expression techniques to portray their own life experiences and increase their own awareness.

During 2011, at the Halbouni HCC the Youth Counselor conducted 183 Volunteer Counseling Tests and 7 workshops to inform the youth about risks related to dangerous sexual behaviours and sexual education in general. This service counseled 229 Users through individual visits and phone calls.
Main reasons to contact the Youth Counseling service regarded dangerous sexual behaviours and repeated tests.
The Youth Counselor internally referred 24 cases to other HCC staff members: gynecologist, lawyer and social worker and 15 cases externally. In terms of Users composition it is to underline a substantial balance between male and female users (male 48%, female 52%) as well as a substantial balance between male and female users over and under 25 years (54% under 25 and 46% over 25).

2.2.6 Counseling services to menopausal women

In developing countries, women during their menopause do not benefit from many services. However AIDOS HCCs offer other possible types of services which are often overlooked, like medical or psycho-social services. Women are invited to take part in weekly meetings to discuss the most common needs, possible advantages and disadvantages linked to the menopause both from the medical and psychological points of view. Each meeting is divided up into three parts: listening, discussion and physical work. They are all based on a holistic approach and can direct women to follow either the weekly yoga course offered by the HCC or physical exercise classes, and possibly other discussion sessions.
These courses can also be led by the midwife or by the physiotherapist depending on the requirement. This is important as, in addition to the physical exercise courses led by the physiotherapist, the midwife can assist the women with her own approach by discussing the different problems that can arise during

this new post-reproductive period. This can include the potential of *different* types of hormone replacement treatment, including natural remedies and ranging from dietary recommendations to the use of local herbs, as well as sensitizing women about regular check-ups for breast and cervical/uterine cancer.
Lastly, the midwife can assist in developing, with the psychologist, thematic sessions about these further changes in women's life, which can include recognizing signs of depression and other less obvious changes etc.
This kind of course is recommended at least once a week, although if physical activity is included two meetings a week are better.

2.3 Special program on Gender- Based Violence

In the United Nations Declaration on Violence against Women of 20 December 1993, the term "violence against women" is defined as being "any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". For the most part this covers all types of domestic violence, sexual abuse and child abuse.
The WHO considers GBV as a public health issue and not merely a private problem within the household. For UNFPA, GBV is a violation of a fundamental human right and a serious impediment to women's human rights and women's reproductive health and rights. Despite such progress however, a set of coordinated services for the victims of GBV is still missing. Although women who refer to health care facilities often have symptoms related to GBV, they are generally not asked about GBV.

UNFPA GBV GUIDELINES
Based on the above theoretical framework, in 2001 UNFPA developed GBV guidelines "A practical approach to gender based violence: a program guide for health care providers and managers" providing step-by-step guidance on how RH facilities can promote and integrate GBV activities. AIDOS was the executing agency of this initiative.
The UNFPA guidelines address the service important gap and equip health providers with the necessary skills to effectively tackle this issue and properly respond to victims' needs.
In particular, the guidelines focus on three most common forms of GBV: 1) childhood sexual abuse of adolescent girls and adult women; 2) domestic violence; 3) rape or sexual assault. This guide foresees three modular options (A, B & C) integrating GBV services into the organizational structure of health facilities. It also allows to select the option that best suits its infrastructure, financial and referral resources and capability. Programmatic options are described as follows:

- Option A involves producing, distributing and displaying materials about GBV (including information about where to get help) in the public and private rooms of the facility and off-site, if feasible;
- Option B includes asking all Users about GBV. If Users disclose they have experienced GBV, they are then referred to outside structures that provide the necessary care and support.
- Option C includes all activities of options A and B; also it provides an in-depth assessment of each case and on-site treatment for GBV survivors.

Based on the chosen option, the HCCs undertake the following actions:

- in relation to Option A: HCCs Staff coordinate the elaboration, design and printing of information materials; specifically the production of a postcard with an effective image/

message and the phone number of a helpline which can be called in case women need help.
- in relation to Option B: adaptation and finalization of the UNFPA screening form. Also, the HCC sets up a referral system and possible network links with other specialized centers, to expand activities beyond the center.
- in relation to Option C: strengthening the psychologists and health providers' expertise on GBV, its dynamics and health consequences and on an in-depth assessment and treatment of GBV victims.

The guidelines support the facility by progressively guiding and sensitizing the staff through the various practical steps of each option. The focus of the training is on the delivery of a spectrum of appropriate services to GBV victims, ranging from information and education activities to screening for all Users, from assessment to diagnosis and treatment for victims. Whichever option is chosen, this innovative approach provides crucial care and services to victims/survivors of violence within a supportive and validating environment. In order to do so, before carrying out any GBV-related activity, health-care managers and providers are sensitized on the connections between reproductive and sexual health and GBV. The cultural myths and social barriers to tackle effectively the issue are actively discussed by all staff and explained, in this way unspoken beliefs can be shared and overcome. Helping staff to look at their own responses, beliefs and biases is key to an effective program and a supportive environment. An interactive and participatory training methodology is adopted as it fosters the Staff personal involvement, their experience and their understanding of such innovative services. This includes group sessions on gender issues and their cultural implications, active elaboration and presentation to other participants and, more importantly, role playing to experience providers' role and its constraints while dealing with GBV, hence bettering victims' needs.
AIDOS has tested and used these guidelines in its projects in Syria, Palestine, Jordan, Venezuela, Nepal and Russia. These guidelines are also available in Arabic.

Over the years AIDOS has found out that during different periods of women's sexual and reproductive life certain aspects (either unexplored or denied), like the absence of any decision-making power relating to any aspects of daily life, results later in women's adult life into roles of power. For instance: mother-in-laws in Palestine become important centers of power; their agreement to and their approval of various concepts of women's sexual and reproductive roles are key to the HCCs to approach men and encourage them to support women; they are also key to involve the rest of the community.
Because women's reproductive role is so central, infertility may lead to immediate repudiation. Often even women among themselves are very strict about this subject; seemingly the reproductive role is widely considered as the only one women can take upon themselves (even during sexual education groups it was often heard the statement that "women's only pleasure lies in maternity"). Furthermore, husbands often repudiate their wives in case they do not get pregnant, even when the cause of infertility is unknown (it might possibly be the husbands' fault).
It has been proven that many undiagnosed GBV cases are the cause of a variety of symptoms and different pathologies that remain unresolved. Often GBV victims are the most difficult Users of health services as they often fail to take care of themselves and are subject to continual relapses, unplanned pregnancies, recurring infections and more or less serious levels of mental health problems. Rape victims, for instance, are approximately 9 times more likely to attempt suicide and suffer from post-traumatic stress,

which can become quite acute. In the HCCs, AIDOS works to prevent, diagnose and treat GBV. As already mentioned, AIDOS approach is respectful of different cultures and local traditions; it avoids imposing notions from other cultures, on the contrary, it endeavors to introduce disturbing subjects in the most culturally acceptable way.
As many cases of sexual abuse and ill-treatment of women and girls by their husbands and/or fathers emerge, AIDOS promotes the "group" approach. In some environment, groups addressing problems of sexual violence/GBV are not accepted and, consequently, the setting up of relaxation groups are recommended, to offer initial support or experience sharing. In this way a welcoming and warm environment is created where experiences can be expressed and shared often for the first time.
AIDOS HCCs have always focused on creating environments open to discussion, addressing issues concerning violent behaviors and communicating a sense of safety for any victim.
Staff training is key to any work program on GBV: consequently all staff must be aware of their own personal responses, beliefs and prejudices about GBV.
One of the main obstacles to the identification and subsequent treatment of this problem is the widespread and common prejudice, which may exist even on a subconscious level. Therefore becoming aware of these restricting convictions about violence and recognizing them should be promoted. Many restricting beliefs emerge in all cultures. The most frequent ones are:
1) whenever an abuse takes place, the victims themselves have done something to provoke it (e.g. the clothing of rape victims, although statistics clearly show that victims are usually modest in appearance); 2) not believing the violent episodes described by women; 3) minimizing "culturally" violent attitudes (e.g. "honor killings are exaggerated by the media"); 4) denying the very existence of some forms of violence like: "child abuse does not exist here". Specific training should focus on the HCCs medical team (gynecologists, midwives and nurses) as they constitute the first reference point of the HCC Users and likely not to have attended any specific training on psychological issues.
Another significant obstacle is found whenever Staff members are GBV victims themselves. Their responses can be frequently defensive, when recognizing violence itself and/or in their approach to victims, as it has touched them personally and it "hurts". They may have problems discussing about it, they may even refuse talking about them (for example by falling asleep during GBV sessions or avoiding any kind of participation!).
All services concerning GBV have been traditionally divided up into three sections: prevention, diagnosis and treatment.
Prevention: community involvement is essential to any prevention approach. Research and surveys are carried out to identify the best sensitization strategies for community acceptance. Prevention normally entails raising community awareness about gender inequality and those forms of violence which are not culturally recognized as such.
Prevention awareness activities specifically address adolescents as younger generations are always more receptive to new behavior models; they can be carried out in schools, through workshops and classes, and/or with teachers themselves. The same subjects should also be addressed within the male community, both in the HCC male groups and outside the HCC during workshops in the community.
These prevention activities do not require explicit titles like "GBV prevention", as this can be counter-productive in some social and cultural contexts. The most effective prevention occurs when relevant information is transferred in a culturally acceptable manner, naturally evolving from whatever situations arise. Another key aspect of prevention is to provide HCC Users with accurate information about current legislation, about their rights and what is in effect legal or not. Normally lawyers directly provide information about legislation in connection with another HCC service provider from the center such as the social worker or psychologist.
Diagnosis. Only service providers can correctly diagnose possible GBV in Users if trained on the basics of diagnostic criteria and how to recognize

post-traumatic stress disorders (PTSD). In practice, the psychologists do not seem to ever have enough time to assess each User as it is very time consuming, although in accordance with UNFPA guidelines every User should be screened.
In fact it has already been widely accepted that all women are potential GBV victims regardless of their social, economic and cultural class. AIDOS experience has shown that GBV victims can be found among health staff, nurses, doctors and even the lawyers. Obviously certain socio-economic conditions contribute to an increase in GBV, like poverty, over-crowded living conditions and being in situations of permanent conflict. In the 'waiting' or 'reception area' HCCs use both GBV awareness posters and pamphlets, which can easily be seen and consulted to create an environment that can stimulate discussions on the subject of GBV and attempts to overcome taboos.
A permanent all-User screening process has been set-up in many HCCs and carried out by a service provider like a specifically trained field-worker and not necessarily the psychologist or social worker. Even basic communication skills training enables most field workers to successfully engage in the initial listening process and welcome Users as initially required, despite their basic education.
In addition to this specific screening training, the setting is very important. It should ensure a high degree of privacy to create a relationship of trust, something which is not considered a priority in certain contexts.

Key points for diagnosis:

- Screening methodology;
- Understanding needs and concerns of GBV survivors;
- Introducing basic engagement techniques in working with survivors;
- Differences between assessment, assumption, and diagnosis;
- Service provider responsibilities and community referral;
- How to refer cases and services integration;
- Knowledge of the principles of record keeping and confidentiality.

Treatment. The treatment is obviously the most technical and complex part. The main difficulty encountered, as already pointed out, is the lack of specialized psychotherapy training in the Middle East, as well as in other developing countries, resulting into a lack of adequately trained human resources. Although AIDOS basic training alone does not bridge this deficiency when encountered, some efficient treatment services can be set-up. Just the mere fact of listening and attempting to understand those needs and concerns with a sympathetic approach and engagement levels without any prejudice is by itself a therapeutic step.
It must not be forgotten that the most common form of GBV is domestic violence which unfortunately is encountered everywhere in the world, with no geographic (North, South) or economic (rich, poor) distinction. In some countries where AIDOS operates it is so widespread to seem practically 'normal' (regrettably encountering women who state "well, yes *of course* my husband beats me…").
In addition, legislation on this subject in many countries is in fact quite weak, consequently many crimes are not actually considered as such (the most frequent is 'marital rape' which does not legally exist in most of the countries where AIDOS works). It immediately became obvious how important it is for any GBV victim to be recognized as such, both by herself and by others, and above all, to face someone who is free from those forms of prejudice, avoiding for instance a listener asking what the woman might have done to deserve that beating! Indeed, nothing can justify violence. Treating these Users is very difficult, as any long protracted history of violence fractures one's own sense of personal integrity, regardless of where they come from and their immediate environment. Women who have experienced some unrecognized form


جمعية تنظيم الأسرة السورية
الشباب
وأوقات الفراغ
ماذا نفعل حين
ينتهي وقت العمل؟
جمعية تنظيم الأسرة السورية
حبوب
تنظيم الأسرة
الدكتورة نازك غلام
٢٠٠٤
جمعية تنظيم الأسرة السورية
تاريخ وأسباب
الأمراض التي تنتقل عن
طريق الجنس
جمعية تنظيم
الأسرة السورية

of violence within the family or society, either because it was justified as love or considered normal within a certain social context, often suffer from a low self-esteem. AIDOS health care approach endeavors to directly address this crucial aspect, prevalently in group sessions to increase one's self-esteem and regain that hope and trust in others, through games and physical exercises. Why to use 'playing' in such a dramatic context? Because playing is directly connected to personal imagination and the ability to fantasize. The group thus literally becomes a no-one-land, free and safe. A place where experiments are possible with no physical or emotional risk. It is like a "training" area where the rules that exist can be freely adhered to or broken. This protection also enables victims to learn new risk-free behaviors, even pleasurable ones and it can offer significant space for growth, leaving everyone the freedom of exploring how deep they want to feel involved but creating a warm, respectful atmosphere full of exchanges and attentive listening to each other.
The key points developed for this type of treatment for both individuals or groups are:
how to establish a trust-relationship: the importance of time;
how to respect the User's choice;
different settings;
self-help groups: for groups with similar or equally difficult problems;
relaxing techniques or/and exercises to increase self—confidence beyond simply sharing experiences on
a verbal level.

AIDOS approach begins with work on gender awareness and other issues already addressed in the community. Obviously, because of its complexity, the work done specifically with those Staff members responsible for GBV is still at an experimental stage: it is very difficult that any perpetrator accepts dealing with the service providers and/or questioning their own behavior. Often the victims' family are considered complicit with this kind of violent behavior to avoid being associated with any disapproval shown towards the victims themselves, in accordance with that widespread prejudice whereby all victims have in some way provoked violence or "brought it on themselves". It must not be forgotten that domestic violence is often considered "normal" or is at least socially more acceptable than a "divorce".

Relaxation techniques

Relaxation techniques can be used in many situations. Relaxation is a powerful tool that can be used during group sessions in order to enhance personal well-being or to enter a visualization. It is important to be congruent with the message to be transferred during the relaxation session. Voice tone must be calm and slow enough to allow the group follow the indications and to be in contact with sensations, images or whatever is required. Whether appropriate the facilitator can indicate a body relaxation path: starting from the feet up to the head, saying "now relax your feet" or "now relax your shoulders" and waiting for a while before passing onto another body part. Talking about body parts should be discrete and not embarrassing. GBV survivors can feel disturbed about naming parts of the body. Focusing on breathing is the most important element in reaching a state of relaxation. It is quite impossible not to feel anxious if breathing is troubled and/or difficult. Breathing should become the "internal" point of reference for everyone and if one can work on changing his/her breathing, s/he can also change his/her perceptions of reality. Relaxation is not a "must" or a duty; people should not be "pushed" to relax as people may become tense as they attempt to relax. Those people who find it difficult to relax, should be reminded that everything is going well and that having the intention to relax is already a start. People should not be brought out of the relaxation state too fast; one or two minutes should be allowed to come back to ordinary perception and to the group.

The Halbouni HCC has tested the GBV guidelines which were embodied into the HCC protocol as follows:

- Screening Forms - Step 1 (randomly distributed among 5 clients per day);
- Assessment Forms- Step 2 (executed on women resulting positive or suspect to the screening phase);
- Internal Referral;
- External Referral;
- Awareness Questionnaire for community leaders, teachers, and other specific target groups.

The Field workers were in charge of screening tests in order to limit the variables of the study; however all HCC trained staff could undertake the screening phase and refer to the relevant operator if needed. Screening results on 522 women evidenced the following:

- 76% of the screened women were aged between 19 and 45 years;
- 31% of the screened women (step 1) resulted likely or positive to the GBV;
- 31% of the cases, once referred to the psychologist or the gynecologist for the assessment and the follow up, refused to be referred because they were afraid of the possible effects of the procedure;
- 65% of the cases assessed (step 2) resulted positive to GBV.

The total number of GBV cases so far treated by HCC operators is 320 (90 cases included in the official study + 230 cases not covered by the statistical research). HCC produced and distributed information materials: small mirrors (including information on where to get help printed in the inside cover), post cards and posters.

2.4 Outreach and education program

There are different ways to work outside the HCC, specifically aimed at reaching the target Users (women, adolescents, men etc.) in their own environment.

2.4.1 Community workshops

One approach is to identify the main gathering locations (square, a local NGO, schools, gymnasiums, youth clubs etc.) and to organize workshops or events, to sensitize the community on specific subjects regarding a variety aspects of reproductive health. These workshops are organized in co-operation with various organizations involved in the health/social sector and are specifically targeted to female adolescents, pregnant women, mothers, elderly women, widows, women victims of violence, but also male adolescents and adult men according to the needs.
At the beginning of each month the HCC Staff meets to plan the number, the frequency and the topics of the workshops to be held, either at the HCC premises or through public meetings. Every month the HCC organizes an average of 4-5 workshops at its premises and 15 workshops in the community.
This methodology has proven to be effective and has met the positive reaction of the community. Workshops concentrate on the following subjects: gender relation awareness, adolescence, reproductive health and family planning, breast feeding and changes in pregnancy, early marriage, sexual abuse, breast and cervical cancer prevention, sexually transmitted diseases and HIV/AIDS, safe and responsible sexual behavior, post-delivery psychological problems, menopause, water and sanitation problems, civil and Islamic law (family law, work, parenthood, property rights), domestic violence, women's credit schemes, job opportunities for women, school dropouts and family health education, men involvement.
The resources needed include human resources (HCC Staff according to the topic), transportation,

refreshment and information materials.
HCC Staff work in team to produce *information and training materials* for the implementation of awareness and educational activities. HCCs upgrade and develop educational and information materials (leaflets, booklets, posters, etc.) and a more specific brochure about the services offered by the HCC.

In the Halbouni HCC all staff members have been involved in the implementation of outreach activities, which are planned on a monthly basis during Staff meetings. Only in 2011 the HCC organized 100 outreach activities including a variety of field and home visits, community workshops, trainings, awareness sessions and coordination meetings focusing on HCC promotion, GBV awareness, human rights and health issues. These activities reached 1,574 people.

2.4.2 Preventive and sensitization campaigns

Regular campaigns can be organized in the project target area to raise community awareness on HCC activities and on specific services offered, encouraging community participation and involvement; improving the HCC visibility and promoting the concept of prevention. Campaigns cover several RH subjects such as safe motherhood; active birth; breast and cervical cancer; family planning and STDs. The campaigns are carried out by the HCC service providers through meetings with the community in public areas and by distributing pamphlets and brochures on HCC activities also using other referral institutions like hospitals as contact points, where possible.

2.4.3 Home visits

Home visits are another strategy to establish contacts with Users in their own surroundings. This approach has proven particularly successful to encourage Users' active participation to speak about their personal experiences in a conducive, familiar and friendly environment.
Also, home visits allow to approach those User(s) most at risk and least likely to *spontaneously* come to the HCC. For example they can come from environments with serious financial problems and/or with cases of domestic violence. Consequently it is left to the field workers, accompanied each time by either the psychologist, or the social worker or the lawyer, to visit those women who, for whatever reason, find it impossible to leave their homes (forbidding husbands, woman's illness or in post-partum).

3
Training methodology and contents

In order to implement AIDOS methodology, HCC service providers are trained by international experts in gynecology, midwifery, psychology and communication. AIDOS training is based on the following general intervention lines:

- Preventing social adversity, especially gender inequalities;
- Promoting Users' self-awareness and reinforcing their identity/diversity when relating to others;
- Focusing on relationship needs and improving the capacity to socialize and cooperate, keeping in mind both the cognitive and emotional spheres.

In addition to the practical or "technical" aspects, capacity building of Project Staff mainly concentrates on strengthening their ability to relate to others. This leads to additional objectives:

- Improving team work;
- Concentrating on individual and group communication skills like "active listening";
- Enhancing group observation techniques and ability to de-codify group dynamics;
- Enabling service providers to be group interaction facilitators;
- Facilitating self-teaching, taking advantage of the expressive and creative potentials ("Learning to learn").

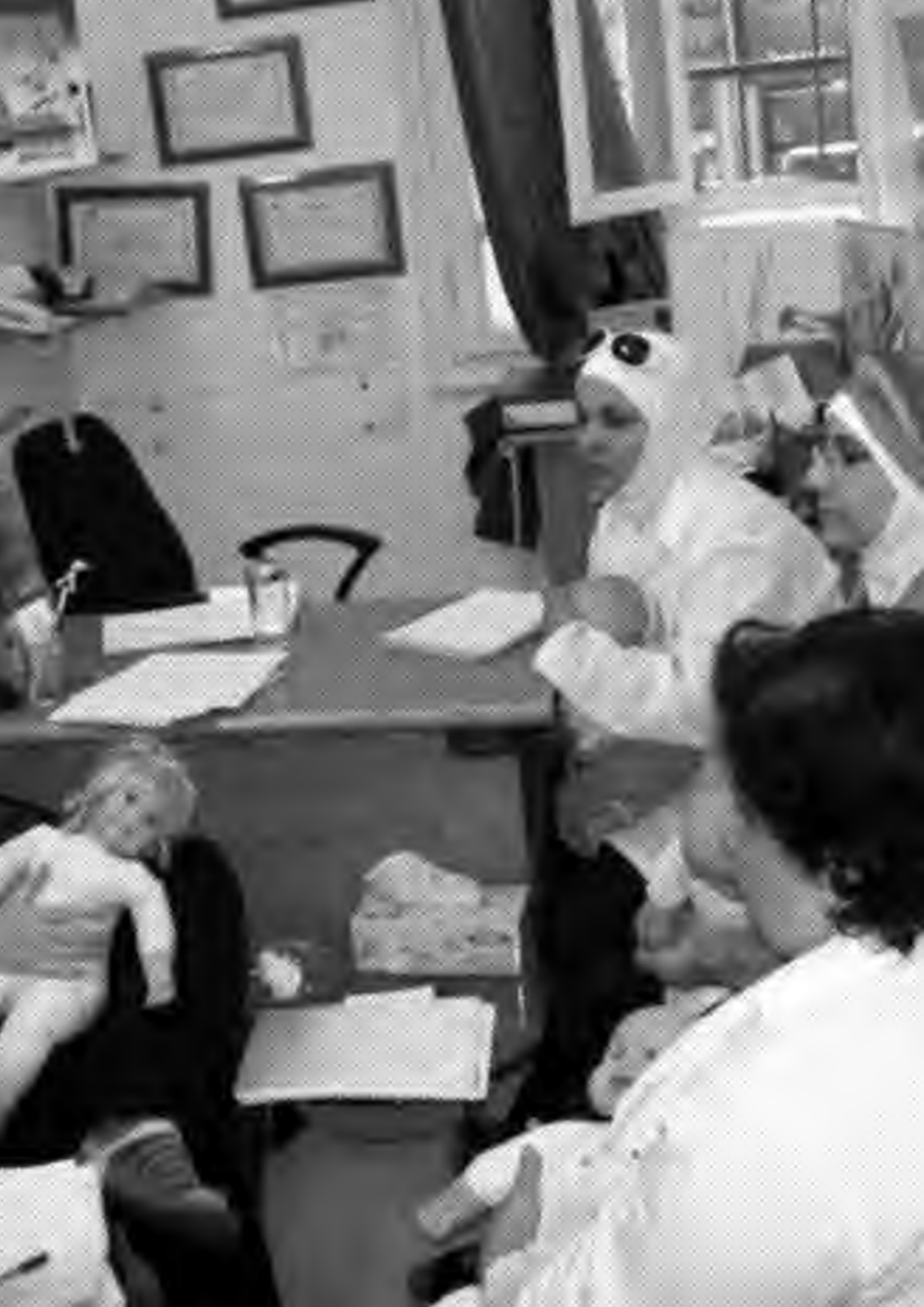
Trainers are considered "carriers" of appropriate instruments and methods to activate resources. *The Trainer is a facilitator* capable of:

- Active listening;
- Stimulating group participation and encouraging participants to express themselves, without losing control of the process;
- Contacting people in their own language;
- Entering other people's model ("map") of the world;
- Conveying messages in a simple way and ensuring others have understood;
- Being consistent, as non-verbal communication is not totally under our control and can be more important than verbal.

As evidenced in the Halbouni HCC Project final evaluation report carried out towards the end of Project activities, the technical assistance provided by AIDOS proved extremely effective, as recognized both by involved Staff and Project stakeholders. Indeed, a highly qualified staff and a tested methodology that can be used as best practice by other clinics, represent key results of this innovative development endeavor.

3.1 Principles

Participatory methodology. The type of training provided to HCC service providers is a broad and participatory one. Instead of applying a "linear approach" (where trainers merely transfer information to service providers who, in their turn, transfer this information to Users), AIDOS training promotes a circular type of communication featuring listening and observation and favoring a two-way exchange between trainers and service providers. Consequently, service providers are encouraged to develop the same attitude with Users. AIDOS experts begin with a general plenary session where *all* service providers are asked to participate, whatever their role is, including also the cleaner, the driver and the custodian.
The objective is to inform everyone about the aims and ways the work is carried out, promoting a feeling of sharing and belonging.
Methodologies are based on experience, role-playing, simulating events, listening and contact.
The goal is to train trainers in a participatory way to increase their effectiveness by involving them in the learning process.
Many studies show that active learning is more effective than passive: favoring better learning and increased retention. Instead of lectures, AIDOS participatory methodology focuses on group sessions, working out concepts together (e.g. definition of gender and sex).
For instance, to sensitize on the concept of 'gender', trainers may use a free word



association exercise referring to the words "gender" and "sex", or even asking participants about proverbs or idiomatic phrases connected to the above topics. A final interactive group session is held to analyze the main messages that have emerged, also sharing personal experiences.

Gender mainstreaming. The idea of "gender mainstreaming" underlies the whole training approach. As a totally new concept in some countries, the idea is introduced during the first plenary session and is kept as main focus of attention throughout the whole training. Experiential methodology is a fundamental element of AIDOS training program as a way to improve service providers' self-awareness and work on any limitation they might have. This is particularly important when training staff on 'Gender-Based Violence' (GBV) as explained in the UNFPA guidelines "A practical approach to Gender-Based Violence".

3.2 Methods

All instruments used depend on each specific operational situation and the trainees' requirements. Often the work is divided into theory and, where possible, practice ("on the job").
Classroom experience. This training approach is based on some theoretic frameworks, integrated with other instruments promoting direct experience such as:

- brainstorming;
- small group exercises;
- simulations;
- role-playing;
- working groups and any other potentially useful tool.

On the job. "On the job" training is another important element of this methodology, specifically for the psycho-social team (psychologists, social-workers etc.). Follow-up meetings evaluate these "on the job" experiences and determine priority areas of work and new strategies for possible improvements. This is useful to immediately put into practice previously studied theoretical techniques, including the importance of team work, group supervision, exchanging feedback and integrating different skills.

3.3 Main topics

Team work. Team work has always produced much better results than the sum of all the individual results; indeed team work enhances the overall group potential.
Feedback is an essential communication instrument among the Staff. During the training, participants are asked to give feedback to other trainees about their role-play performance.
Communication skills. This component of the training is based on the Neuro-Linguistic Programming (NLP) and other human communication techniques. AIDOS promotes a "circular" communication strategy: with the emphasis on flexibility, listening and observation and paying careful attention to the values of the other (or the other's "world map/model"). The NLP approach can be briefly summarized as the study of the structure of subjective human experience, therefore containing recognizable universal elements.
Because personal beliefs and values can be both individual and/or influenced by social groups, this strategy proves to be the most flexible and effective one to "discover the world map of the other".
The main objectives are:

- Adopting certain communication principles: you cannot NOT communicate; the map is not the whole territory; "circular" communication.
- Increasing one's own effectiveness in communicating through observation and listening to the other.
- Recognizing one's own behavior within a relationship: from what to do, to how it is done.
- Sharpening sensory perception to determine verbal, non-verbal and para-verbal messages of whatever is being communicated.
- Learning how to give efficient and constructive feed-back, essential for group work.

Limiting Beliefs. One's behavior is significantly determined by various belief systems: be they personal, group or socio-cultural. Consequently any shift in one's beliefs results in our behavior being equally influenced. Some beliefs can be unfortunately limiting, restricting our field of action and problem-solving capacity. Apart from overcoming any specific aspect impeding HCC activities, service providers can also acquire skills enabling them to look at problems from different points of view, utilizing those personal and group resources to go beyond personal prejudices and limitations. In fact specifically sensitive subjects are mostly affected by pre-conceptions and bias among service providers.
Supporting the service provider: the burn out risk in dealing with GBV cases. In general any profession dealing closely with human suffering is subject to accumulating stress; any contact with suffering in turn generates suffering and for this reason can be very risky, if not identified, worked through and contained. In addition to this, victims of violence are particularly difficult users; decision-making for them becomes as difficult as accepting any counseling, be it psychological or/and legal. It is all in fact practically impossible without building up a relationship of trust, which often takes a very long time. This is why service providers often find this kind of users also frustrating. This frustration accumulates and is worsened by a feeling of impotence, especially when coupled with the lack of a supportive legal framework to protect victims. Accumulated stress and anguish are some of the negative effects of burn out which can negatively affect the quality of the services provided. In order to tackle the burn out risk, AIDOS promotes some dedicated training for service providers including:

- An understanding of vicarious trauma, its causes, and ways of managing and preventing it**;**
- Knowledge and practice of self-care techniques;
- An introduction to supervision, including the roles and responsibilities of the supervisor and supervisee.

3.4 Working with Gender Based Violence survivors

In recent years HCCs have increasingly confronted GBV not only along the UNFPA guidelines, but also organizing specific services to deal with the issue. In this perspective, AIDOS has developed a dedicated training program for service providers, and a related manual entitled "Working with Gender-based Violence Survivors - A Five-day Training Course". Guidelines are attached in Annex 3. Much of the work concentrates on communication skills besides the more technical aspects of GBV training. The program includes the following subjects:

- Sensitization concerning gender and sexual prejudices;
- Introducing the concept of gender inequalities and forms of violence;
- Gender sensitization exercises for service providers to identify gender inequalities and adopt technical skills to work with GBV victims;
- Service providers (directors, gynecologists, midwives, nurses, social workers, lawyers, male counselors, psychologists, field workers).

These exercises help service providers assess their own feelings, assumptions and beliefs on GBV and become more capable of supporting GBV victims.
Service providers should be prepared to deal with any emotion that may arise when participants think about personal experiences related to "sensitive" and "taboo" subjects. This is particularly true when service providers may have experienced some GBV situations themselves. Another purpose of the exercise is to provide technical skills in a participatory adult learning methodology and to develop service providers' critical analysis on the subject.
The subjects covered by the gender sensitization include:

- The roots of GBV with exercises for raising awareness about gender inequality (sex/gender, proverbs, prejudices and beliefs);
- Recognizing the GBV victim, how to approach her/him;

- Assessment;
- How to refer cases and integrate other services;
- How to establish a trust-relationship with the victim/User;
- How to respect the right of User's choice.

These workshops and themes can be adapted to either adolescents or male adults to help them recognize and personally work on gender prejudice and consequently prevent potential GBV. In the training of service providers, personal experience and work are crucial to become more aware and sensitive, hence working on those barriers, limiting beliefs and deep-seated emotions that both cultural and personal prejudices can bring out on this subject.

Overall, during the implementation of the Halbouni HCC Project, seventeen technical assistance missions were conducted in order to improve the capacity of the HCC staff. These missions involved very highly-qualified international experts such as legal expert, three psychologists, a gynecologist expert, an international midwifery expert - specialized in ante and post natal care, yoga and reflexology-, a sustainability advisor and other management experts.
HCC staff received training on team building and communication skills, management, writing proposals and reporting skills, GBV, ante-and post-natal classes (including relaxation techniques, reflexology and yoga) and sustainability. Moreover, the staff also participated in a study tour in Jordan to the women's counseling center established by AIDOS in cooperation with the Noor Al Hussein Foundation, in order to exchange practices and learn from the Jordanian experience. They also attended a number of training events and workshops organized locally by other NGOs and institutions.
As emphasized in the report produced by an external evaluator towards the end of Project implementation, the HCC Staff evaluated the type of technical assistance received between good and excellent acknowledging the acquisition of new skills and competences on a variety of subjects, including RH and GBV issues. As reported, one of the lasting benefits they received from the capacity building component was communication and management skills (specifically the work on team building carried out by the two international psychologists), which enabled them to perform their duties better and to provide quality care to their clients; hence bearing an impact on the Project technical and methodological sustainability. Indeed, the new methodology was completely integrated in the HCC day-to-day work and the staff members are training other SFPA clinics operators on the holistic and integrated approach across the country. Four trainings have so far been delivered.

4

Monitoring and evaluation: surveys, information and monitoring systems

4.1 Baseline Survey

During the implementation of RH projects, AIDOS generally carries out a baseline survey at the beginning of the project and, if funding is available, another survey at the end of the project in order to assess knowledge, attitude and practice towards RH issues before and after project implementation.
The main objective of the baseline survey is to assess the existing situation in the country with regard to the RH needs of the target population, existing facilities, accessibility and local demand, with a special focus on the available reproductive health services for women and adolescents.
The survey reveals which indicators for project monitoring and evaluation need to be set.
The surveys mainly focus on the reproductive health status of women (aged 20–50) and of adolescents (aged 12-19) about existing RH services and assesses any intervention(s) required in the target area. Local research organizations are contracted to conduct the studies with the technical assistance of AIDOS consultants. The activities carried out for the conduction of the surveys include:

- Identification of project target areas;
- Review and analysis of literature (ad hoc surveys, census data and official yearbooks) concerning RH issues in the country and in particular in the project target areas;
- The review and analysis of related literature;
- Availability of infrastructure and services in the project target areas;
- Socio-demographic structure of the target area population;
- Demographic situation (fertility, marriage, family planning, morbidity, mortality) among target groups (female and male adolescents, women and men in reproductive ages, women in menopause/ climacteric stage of life);
- RH-related diseases;
- Physiological/cultural/social conditions (menarche, inter-family marriage, employment, poverty, etc.) inter-linked with RH issues;
- Attitudinal information related to RH issues (safe motherhood, family planning, couple relationship, values and norms, etc.) and identification of possible factors which may limit people to answer questionnaire freely.

The literature review is functional to the production of a report including the following topics:

- Description of project target areas (location, characteristics and services availability - health, education, transportation, etc.);
- Description of the target area socio-demographic characteristics;
- Identification of main issues concerning RH in target area;
- Themes to be explored by the survey;
- Drafting of questionnaire and pre-test, sampling design, questionnaire and field work, finalization of the questionnaire, recruitment of interviewers and briefing;
- Field work;
- Data recording, checking, processing and analysis;
- Organization of focus groups;
- Drafting of report on main findings and conclusion.

The subjects covered by the surveys include: 1) general information about respondents and their family; 2) information about knowledge level on their own bodies, ability to understand whether symptoms are signals of being unwell, and how they are dealt with; 3) family planning: type of methods used, advantages and disadvantages, family planning service providers, reason(s) for non-use, intention for future use; 4) marriage: knowledge about consequences of inter-family marriage, attitude towards inter-family marriage, knowledge of early marriage risks, importance of independent choice of the spouse; 5) pregnancy and ante-natal care: desired timing of first pregnancy, risks of early pregnancy, knowledge about ante-natal care, its importance, and ante-natal care service providers; 6) post-natal care: knowledge of post-natal care, its importance and post-natal services providers; 7) menopause:

knowledge of symptoms, ways to mitigate them, places for assistance; 8) STDs and HIV/AIDS: knowledge of transmission ways and ways to prevent transmission/infection, places/ways to receive information.

The Baseline Survey conducted in Syria provides an analysis of the health and socio economic situation with a focus on the situation in four selected areas of Damascus, identified by the Staff as particularly disadvantaged. These four areas, namely: Mezzeh Basateen, Aish al Warwar, Sheikh Ibrahim, Naahr Aisheh, represent the place of origin of most of the 2,000 already existing clients of the Halbouni HCC. The baseline survey highlights the main health and socio economic problems that the HCC can address through community awareness and campaigns in the field. All HCC Staff was actively involved in the production of the study at different levels. The baseline survey activity provided an opportunity to network with other government and non-government institutions such as the Women's Union, Damascus Governorate, Ministry of Health, and the Directorate of Education.

4.2 Computerized Management Information System

A computerized Management Information System is introduced in all HCCs with a data bank on women attending the centers as well as information on health care throughout the country.
The system represents an essential tool to monitor project achievements and to identify and develop lines for future intervention(s).
The indicators set on the basis of the surveys and of the formats of the registration systems developed for the HCCs established by AIDOS in other countries, represent a reference tool for developing and/or upgrading the software. The staff analyses the indicators, reviews the formats used by other centers and selects, adapts and integrates whichever indicator might be useful for their system.
In order to be effective the HCCs flow of information is systematized in a way to be accessed by all members of the staff and allows for an integrated delivery of services. The overall aim of an MIS is to be a mechanisms that can consistently gather data in a way that these can be aggregated, compared and evaluated.
The MIS operates at two levels: the level of the HCC office management and level of the HCC services and activities.
A specific software is purchased/developed and installed in the HCCs computer system by a local company and staff members are trained on its use, data analysis and reporting. The MIS is compatible with other national level systems.
The HCC management data include data on infrastructure and equipment, financial resources and financial information, human resources, documentation center, referral system, networks and institutional linkages, work-planning, reporting, events. This information should allow monitoring the performance of the HCC as an office at any moment in time, through a continuous update of data.
The HCC Users data include general information on the User, type of service requested/needs identified, type of service delivered (clinic, psychological, social, legal, gym). These data should allow for an updated clinic file for each User that can be monitored and assessed at any moment in time. It should contain information of all HCC Users. Clinic files can be sorted either by the User's name, area of origin and type of service. Each Clinic file has an introductory general data part and more specific sections which are filled depending on the service provided. A new section should be filled for any User's new visit so that to monitor her/his situation over time, this allows for accurate record keeping, comparing between visits and verifying whether any improvement has taken place.
Once the MIS is developed and functioning, the MIS consultant company will train the staff on the use of the software for data entering, analysis and reporting. The company will have also to

guarantee technical assistance and maintenance and be available for any request integration request. The list of possible data to be included in a MIS is attached in Annex 4. These data are those used in the MIS of the Halbouni HCC.

The Halbouni HCC is currently in an ideal position to gather different types of data, thanks to the newly introduced management system (MIS). In this perspective HCC can produce in the future reliable researches on a variety of issues such as the type of GBV abuses suffered by women or what kind of effect the work on women's empowerment is truly having on men.

4.3 Monitoring system

The monitoring of the project implementation modalities is carried out through monitoring and technical assistance missions by AIDOS staff and international experts who monitor the activities through extensive meetings with the partners, review of the HCCs training and operational procedures, center attendance, and through visits to the outreach workshops.
Partner organizations ensure continued monitoring through the service of a coordinator, who functions as a liaison officer to coordinate the relationship between the implementing organizations and the HCC, and supervises on a regular basis the HCC activities. Partner organizations submit quarterly activity and financial reports to AIDOS to update on the project achievements and related constraints.
The monitoring of the project results and of its impact on the target population is implemented through regular staff meetings, through meetings with the community and the beneficiaries, through the management information system of the HCCs.

In order to supervise the Project achievements, capacity development was incorporated with follow-up methods in training schemes. In this perspective AIDOS has carried out its own internal monitoring through the technical assistance field missions, and by installing the computerized Management Information System (MIS) at the Halbouni HCC. This tool is considered crucial to improve the capacity of the center to monitor patients' information and data.

4.4 Evaluation

The evaluation highlights the HCC main strengths and weaknesses and the degree of achievement of the expected objectives at project completion. The Final Evaluation Report assesses the execution of project implementation against the given Overall and Specific Objectives and Results. Findings are structured around the European Commission Evaluation criteria of relevance, effectiveness, impact, efficiency, complementarity, sustainability, cross cutting issues. Also, the Evaluation provides relevant recommendations to be taken into account for the continuation of the HCCs activities. The Project relevance is measured against a number of indicators with the aim of understanding whether the project design was relevant to the country needs and in line with national and international policies.

For the Halbouni HCC, the Project evaluation was produced by an external consultant during the last year of Project implementation.
The analysis of the data collected evidenced that both the overall design and general objectives are in line with the country's needs, specifically in terms of identification of problems and social needs. Moreover, the impelling necessity to improve the access of vulnerable people to RH services in the target

areas, including raising awareness on GVB issues, was found both relevant to the context and in line with international and national policies strategies.
The project's effectiveness was measured against different indicators, such as increased number of services, quality of services, and usefulness of informative materials.
The HCC project proved to be highly effective in providing clients/beneficiaries with high quality RH services within the framework of the innovative holistic approach. As a matter of fact, counseling, including legal counseling is now highly appreciated by the community despite the initial hesitation.
The impact of the project, according to the beneficiaries and stakeholders interviewed during the evaluation, was very positive. The project impacted on the life of beneficiaries beyond the mere provision of services and contributed to their general well being, broadening its positive effect to the whole family. Thanks to the awareness work in the communities and the type of services delivered at the center, the project contributed to a change in attitudes, knowledge and contributed reducing harmful traditional practices concerning RH and maternal and child health. It also impacted in a similar way on men and youth for whom it has established specific counseling services.
The efficiency. AIDOS performance was assessed in terms of implementation modalities as well as its relationship with the SFPA. General efficiency, including the timely implementation of the project's work plan, cooperation between partners and technical assistance - in terms of management and finance, reporting and spending capacity.
The holistic approach adopted by the HCC was recognized as successful and fruitful.
The HCC corporate knowledge of RH and GVB has now to be transferred to other SFPA clinics all over the country. Implementation strategies and modalities were found to be adequate and financial efficiency in line with the parameters set out by the EC.
The project's complementarity was assessed against the level of satisfaction of other actors with regard to the coordination efforts made by AIDOS and SFPA in the field in order to avoid duplication and to maximize the effects of the project by cooperating with other organizations.
This coordination was reported to be very satisfactory. Both networking and referral systems were build with the aim of strengthening bridges with local authorities and other agencies/organizations and to create links between the HCC and other formal structures targeting women. In addition, the project had linkages and interaction with other EU funded initiatives and gained visibility from this cooperation.
Sustainability was analyzed in a number of ways, not just by recognizing the efforts made by the implementing organization to work with AIDOS on a fund-raising plan that eventually can lead to new grants to support the work of the centers for one or more years. This section takes, in fact, into consideration the conclusion of a strategy and also analyses the issue of sustainability according to three distinct components: financial sustainability, institutional capacity and enabling environment.

5
Sustainability analysis and strategy planning for the health counseling centers (hcc)

5.1 Integrated approach to 'sustainability'

"Sustainability of a development project/ intervention is the ability of its positive outcomes to persist over time, maintain relevance and raise/generate resources".
Any development and eventual self-reliance of the AIDOS-supported HCCs are regarded from a broader perspective on financial resources and to include the following analytical dimensions:

- *financial and economic* sustainability (e.g. looking at the financial and other economic resources, their source, generation and utilization)
- *technical and methodological* sustainability (e.g. concerning the stock of know-how and methods, their upgrading and valorization)
- *managerial and organizational* sustainability (e.g. analyzing the internal organizational structure and management style/processes, their rationalization and improvement)
- *institutional* sustainability (e.g. considering the institutional identity and role of the HCC within its stakeholder environment, including issues of liaison, coordination and partnership)
- *socio-cultural* sustainability (e.g. evaluating the interaction of the HCC work on key social and cultural factors of its target community)
- *developmental and policy-related* sustainability (e.g. valorizing the impact of the HCC in terms of local development as well as its potential as a 'model' or body of 'best practices' and 'lessons learnt' that may inform strategy and policy at sectoral and national levels).

For each HCC project AIDOS conducts a sustainability analysis which adopts an inter-disciplinary approach (using frameworks from social sciences like economics, sociology, private law, institutional theory, management, marketing, etc.). However, the overall analysis focuses on economic and managerial issues – mainly due to the key role of *cost-recovery* in the sustainability strategies of a HCC. For instance, aspects of managerial/organizational and institutional sustainability are a necessary condition of sustainable income for the HCC to continue pursuing its mandate of social development (beyond the life of the HCC as an international aid project).
The main focus of the sustainability analysis is on HCC Project implementation and its implications for the implementing organization. However, other activities and projects carried out by the HCC, like initiatives supported by other donors, have to also be considered in the sustainability strategy. The holistic approach of the HCC does in fact support a vision of an institution providing integrated services for the benefit of the local community, which makes each activity/project of the implementing organization virtually inseparable.
When working on SRH project sustainability we have to ensure that its cohabitation or integration with/across other activities of the same health center is taken into account and clearly visualized. This helps with organizational and resource management issues, and to focus on strategic sustainability priorities.

5.2 Defining a 'sustainability strategy': the process

The HCC sustainability strategy is formulated and 'set for implementation' over technical assistance missions carried out by AIDOS contracted independent International Experts (IE) in economic and institutional development. This process ideally includes three main steps:

- A '**Sustainability Study'** divided into phases for: a preliminary documentation and consultation/agreement over selected methodology; an inclusive, field-based diagnosis at the project location (HCC venue and relevant target areas); a data analysis, additional desk-research and write-up.
- A '**Planning for Sustainability'** mission, comprising awareness-raising, technical training and participatory planning sessions, as well as building consensus

and jointly producing a Sustainability Strategy (composed of strategic plans and corresponding workplans).
- A '**Strategy Implementation'** mission, comprising an intervention of organizational development aimed at mobilizing the human and technical resources for practical application of Strategy and setting up/modifying necessary structures/mechanisms.

These results in: three comprehensive reports, detailed sustainability plans, organizational charts and basic tools for financial monitoring, cost-recovery calculation and costing/pricing which are all validated, shared and utilized/ applied by the relevant actors as instruments/ tools of day-to-day progress towards the chosen sustainability objectives.

5.3 Financial and economic sustainability

Economic and financial sustainability objective: to sustain SRH programme/health center with sufficient and well-managed internally and/or locally-generated financial resources.
The application of 'economic' and 'financial' sustainability to the *specific* case of the HCC projects (and the implementing partner like SFPA in Syria) entails the approach outlined below:
a. The Sustainability Study looks at 'financial' sustainability from the point of view of:
- the external and internal sources of income;
- how average annual income (based on actual data and projections for a 5-year period) had been/would be utilized;
- the institution spending capacity (an indicator of its ability to deliver services planned and its cost forecasting skills);
- other potential financial flows, from 'traditional' and 'new' sources;
- the main issues of financial management and monitoring between donors, executing and implementing agencies.

b. The Sustainability Study considers the 'economic' sustainability of the implementing organization in terms of:
- A strategy for 'cost analysis, reduction and recovery';
- The criteria for costing and pricing of the HCC services;
- The possible specialization/expansion of the HCC service portfolio;
- The promotion and marketing of existing and new services;
- The need for continuous investment;
- A basic outline for HCC prospects as viable 'social enterprise' (or other type of independent organization).

5.4 Technical and methodological sustainability

Objective of technical and methodological sustainability: to enhance the relevance and appeal of HCC through services delivered in the needed quantity and variety, at an adequate technical level and with the appropriate methodology.

5.4.1 Analysis of technical services provided by the HCC

Technical assistance is mainly provided by AIDOS experts in the specialist fields relevant to upgrading the capacity of the HCC. This process considers the HCC range of services and spelling out the skills and qualifications of the human resources required to offer the services of such an organization, thus contributing towards the technical and methodological sustainability of HCC.
The HCC advertises as its main mandate the provision of services characterized by a *'holistic approach'* and is aimed at meeting the different health needs of the household, while contributing to disseminating and promoting reproductive health principles. Consequently HCC services target women of all ages (generally of reproductive and menopausal age), men, adolescents and children.

Possible technical and methodological sustainability of HCC is based on:

- *the range and quality of available know-how and facilities* – (i.e. what isn't available from other similar organizations);
- the way HCC *adds value* to the local community by means of its *'specificity'* (i.e. which services and products are specific to the HCC).

When compared to the average type of services offered by other health centers in the same area, the main features that afford HCC a certain degree of *'comparative advantage'* are:

- Its *integrated, interdisciplinary* nature (its 'holistic approach');
- The emphasis on alternative and conventional therapies that promote *well-being* as a *preventative* attitude to health care targeting also *adolescents* and *menopausal* women;
- The involvement of *male members of households* (both adolescents and adults) through men's counseling groups and awareness raising workshops;
- The *outreach* dimension of HCC work: home visits, home-based counseling and awareness raising groups carried out by professional counselors and field workers.

For a service-based organization, the human resources – with their qualifications, know-how, experience and institutional memory - represent its cornerstone, main 'factor of production' and source of competitiveness.
These human resources can support an HCC sustainability - if properly motivated, stimulated, engaged in the appropriate roles and at the correct level of decision-making. Participation, inclusiveness and continuous consultation - aimed at a rational utilization of all available in-house resources and skills – are key factors of technical sustainability.
HCCs tend to be knowledge-based service-delivery organizations and thus should mostly compete by innovation/quality rather than just price (fees). The quality and continuous upgrade of their human resources' technical and organizational skills are thus key elements of sustainability and require investment, mainly through AIDOS inputs like capacity building, technical assistance and strategic HR policies. (please note that we are here discussing the different types of competition as the assumption is that a health center will have to resort to some form of cost-recovery and income-generation if it wants to pursue sustainability; this means operating in some sort of market for health services).

5.4.2 Data gathering and information sharing. 'Best practices' and 'lessons learnt'

It is appropriate to emphasize the importance of documentation also in relation to *technical and methodological* sustainability for any HCC, in connection with potential income-generating opportunity to document, analyze and publish case-studies and technical papers from HCC field experience.
Best practices and *lessons learnt* from similar organizations and/or in comparable SRH contexts are accessible through Internet, libraries and documentation centers of universities and development agencies, but they also represent a priority area of AIDOS experts' mandate when sharing their professional knowledge and international experience with HCC personnel. Internalizing and utilizing relevant information should enhance efficiency and effectiveness, as well as reducing the risk of replicating mistakes.

5.5 Managerial and organizational sustainability

Objective of managerial and organizational sustainability: to develop and maintain an efficient, effective, flexible, responsive and participatory internal organization and management system.

5.5.1 Analyzing 'managerial and organizational' sustainability

This analysis relates to the *internal* aspects of organizational structure, management model and style, co-ordination, co-operation and working modalities, i.e. the *functioning* of a HCC as opposed to its *identity* in the institutional environment and its *external* relations (networking, partnership) with other institutions/ organizations.
The organizational model of the HCC is reviewed with a view to its potential sustainability as an efficient and effective organization and whether the way it functions reflects the social purpose and participatory human rights-based approach towards its human resources and target groups.

5.5.2 HCCs management model: strengths and weaknesses

The first step of this dimension of the sustainability analysis is to identify and assess:

- Structure (hierarchical levels of individuals/teams/units);
- Functions and roles (at individual and team level);
- Decision-making and supervisory processes (top-down flows);
- Reporting lines (bottom-up flows);
- Consensus building and planning mechanisms (circular or network flows).

Following this exercise, a revised organizational chart (structure-related) and the framework for a flow diagram (process-related) are proposed to illustrate the vision of a more sustainable organization.

5.6 Institutional sustainability

Objective of institutional sustainability: to enhance the status, credibility and synergy of HCCs in relation to the User community and other institutions in the country.
'Institutional sustainability' refers to the capacity of an institution to project a clear image of its mandate, features and capacity, and to initiate and sustain mutually beneficial relationships with the different stakeholders of a project/ program/sector at all institutional levels (from the local community to government and international organizations, as relevant).
The institutional identity of the HCCs as well as the institutional context in which they work are explored with the aim to:

- clarify the status of the implementing organization as an institution and how this affects its external relations with the community and other organizations at national and local level;
- identify the typology of existing/potential partners and other actors in the relevant fields of SRH care and counseling services;
- assess, in terms of frequency, the quality of institutional relations established by the implementing organization at various levels and with different objectives;
- propose means and methods to define/ improve the implementing organization's co-operation and networking strategy, based on those options of collaboration and synergy that would enhance the implementing organization's sustainability, e.g. both through improved contractual instruments, cooperation policies and marketing, by improving corporate image and promotional tools.

5.7 Socio-cultural sustainability

Objective of socio-cultural sustainability: to maintain a harmonic and co-operative relationship with the user community, by facilitating positive social change in the respect of cultural values and local priorities.

5.7.1 Impact of the HCC Projects and the activities of the HCCs on social change

Most of the HCCs work consists of service-delivery targeting the local community and

relating to the well-being of families - a private and sensitive sphere of social life. The activities of the HCCs thus interact with social value-systems and carry cultural connotations.
The social and cultural implications of HCC Project's stem from various elements:

- a health and counseling center devoted specifically to women, emphasizing their status and importance in the local society;
- women users of all age brackets, also including adolescent girls and menopausal women, highlighting the role of women in society as not strictly reproductive and maternal;
- a focus on gender awareness, women's rights and empowerment through information and access to services;
- consultation and counseling work on sensitive issues, ranging from reproductive health to domestic violence - with different degrees of 'sensitivity';
- an innovative, holistic approach to service delivery, aiming at multi-dimensional empowerment;
- the inclusion of male household members in integrated initiatives of gender-related awareness raising;
- the policy choice of facilitating positive social change for the well-being of local women users and their families, choosing to work through dialogue and to valorize differences while avoiding or mediating conflicts over the most sensitive issues.

The HCC projects are designed and set-up based on principles of openness and tolerance, complemented by the objective of facilitating social change to improve local community quality of life. However, for the socio-cultural sustainability of HCC positive role in the target area, such principles need to be consistently internalized and applied by its staff; certain key aspects of the HCC socio-cultural dimension have to be tackled both at the internal and external levels.

5.7.2 Internal socio-cultural sustainability

The HCC make-up is considerably diverse in terms of gender, social, education and professional backgrounds and lastly, with different cultural approaches. Such diversity is an asset as it enhances the HCC appeal and response to an equally varied target community. The HCC staff individual characteristics are reflected to some degree in the way cases are approached. When the most apparent qualities are motivation and professionalism, this is positive. However, HCCs are advised to seriously work on any overly subjective approaches which undermine objective and scientifically-based service-delivery; the HCCs projects are also designed to positively acknowledge and valorize diversity and avoid any 'partisan' association or allegiance to specific systems of social norms and cultural values, other than the lay, neutral and internationally recognized umbrella of the protection of human rights (those of the women in particular) and the respect of cultural differences.
Appropriate attention has to be paid to the following aspects:

a. The social development and human rights protection objectives of the HCCs activities should constitute a common platform for the whole staff and consequently be reflected in their actions and approach;
b. HCC jobs should acquire a distinctive character, as they carry out not only technical competence and professionalism but also the social mandate of enhancing the Users' well-being and empowerment;
c. Such focus on the motivational aspects can be managed through a mix of external technical assistance. A conscious commitment to the protection of human rights and especially the work on the respect of multi-culturalism need additional capacity building to ensure that awareness of these dimensions are raised and made consistent across the HCCs staff;
   Motivation should be interpreted at two levels:
   - 'social responsibility', a form of 'civic sense' whereby citizens are expected to participate in the improvement of society

- 'individual motivation', a genuine interest in the technical aspects of a job, and the appreciation of its potential impact in terms of poverty reduction, women empowerment, human rights promotion...

d. The internal adoption of an inclusive and participatory approach is also identified as a need consistent with HCCs external impact, for methodological consistency and ethical coherence;
e. Team-work is also seen as a common effort to preserve institutional memory and to ensure information sharing, so that service delivery is not highly dependent on specific people.

5.7.3 External socio-cultural sustainability

Several measures for HCCs also directly reflect their socio-cultural sustainability on an external level, e.g. awareness and motivation with regard to social development goals and respect of multiculturalism. The following major priorities emerge about HCC staff's relationship with the target community:

- adequate resources should be devoted to needs assessment to ensure that project activities respond to community priorities and that HCC work is socially acceptable;
- focus on awareness raising about fee-charging for sustainability and 'empowerment'[2];
- cultivate flexibility and tolerance, build constructive relationships with users, with appropriate time/work to build up trust and facilitate gradual change in social habits and cultural norms[3];
- concentrate on mainstreaming gender awareness especially in schools and within households (i.e.: involving male members in counseling groups).

One of the major inconsistencies in the HCC staff working approach that emerged concerns different personal religious attitudes in aspects of their work (e.g. associating religious beliefs with technical recommendations provided to Users in relation to SRH). This may have an impact on intra-organizational relations, but become even more apparent during service-delivery, in direct contact with the local community.

The HCC staff should enable women users to access impartial, objective information supported by scientific and technical knowledge and through these 'neutral' consultations and/or counseling sessions, they should be able to make their own informed choice and be free to balance different aspects (including user's own religious beliefs). Staff should feel supported by clear guidelines to deal with these sensitive socio-cultural issues, further emphasizing the need to clearly define a common approach on this aspect of SRH care.

There is no 'one-recipe' approach to solve sensitive situations. Once a HCC has defined its own ground-rules they can be clearly applied across the board in situations with potentially controversial socio-cultural relevance. For sustainability objectives such guidelines should preferably be formulated through a participatory process. Lastly, another medium to long-term measure is to establish a sort of 'clearing chamber' for the mediation of socio-cultural issues like a 'local committee' representing the target community or alternatively the co-optation of local community leaders on a project 'Steering Committee'. Such choice needs careful consideration and an in-depth knowledge of the socio-cultural fabric and power relations (and other relevant institutional factors) in the project target area.

2 Contrary to widespread prejudice on the 'dependency syndrome', low-income groups may have the ability and willingness to contribute to their community's welfare. Charging adequate fees for services also allows for cross-subsidization and assigns a nominal value to services.

3 This is based on the assumption that 'social capital' can be nurtured and is not a predetermined endowment in the community.

5.8 Developmental and policy-related sustainability

Objective of developmental and policy-related sustainability: to contribute towards poverty reduction and promote human-rights (with a gender focus), thus becoming a reference point and 'center of excellence' that enhances the definition and implementation of policies and strategies for local and national social development.

5.8.1 'Poverty reduction' focus. Targeting issues

This dimension of the sustainability analysis is designed to highlight those development-related issues that impact on prospective sustainability not only at the micro/project level, but also at the macro/policy-related one.
The economic and financial sustainability analysis considers the pros and cons of cost-recovery through charging fees. Such system would allow for income-generation while introducing cross-subsidization. The latter would be key to maintaining an extent of affordable or free services, consistently with providing women – and especially those in vulnerable circumstances – with integrated health and counseling services that contribute towards the reduction of 'deprivation'[4] in the target area.
In this sense, any Project *'poverty reduction' focus* should be considered as one element of sustainability insofar as it defines and 'justifies' a socially useful role of the HCC in the local and national context.

From the cost-recovery and marketing strategy perspectives, HCCs clients come from a varied socio-economic background, even within the same target areas. However, the main mandate of the HCCs is to cater to needy Users, especially for women who are powerless and unaware of their rights and entitlements, needing targeted support to overcome health, psychological, social and legal problems. HCCs are thus advised to develop a specific set of guidelines about *targeting* its services, i.e. to distinguish potential patients into main groups, prioritized from the developmental point of view such as, for instance, vulnerable women (e.g. divorced/widowed/ heads of households, unemployed, victims of domestic violence); women from target area who need more awareness/information and better access to services of reproductive health, well-being therapies and counseling; the target area community at large, and in particular those who are interested in expanding their knowledge and participate in open debates regarding the social, psychological and rights-based issues covered by the counseling services of the HCC; patients from in and around target area willing to pay adequate market-level fees for clinical, therapeutic and counseling services (cross-subsidizing HCCs activities focused on deprivation reduction). This classification may be modified depending on how HCCs *'social development policy'* evolves.

5.8.2 Awareness of a HCC "developmental" mandate

To sustain the identity and mandate of a HCC devoted to social promotion through health and counseling services, the target community needs to be aware of the center's role and action. Therefore, the centers own human resources need to be conscious of the impact of their work and be familiar with the linkages that SRH care may have within the wider framework of local development.
The following concerns are raised on the HCC development objectives:

- Emphasis should be placed on awareness-raising on human rights protection (with a gender focus);

4 In development studies literature, in particular according to Nobel laureate Amartya Sen, aid interventions should not just aim to alleviate income/food poverty and respond to basic needs, but also reduce level of 'deprivation' (here: broad concept including respect of civil, political, social, cultural and economic rights) thereby expanding scope of 'people's choices', transforming passive 'beneficiaries' into subjects – Users - who are empowered by fair and equal opportunities to choose the best living standard they can achieve. The delivery of information and services regarding health and other fundamental aspects of well-being is thus included in the framework of 'poverty reduction' as defined here.

- 'Poverty targeting' should be improved through better classification and prioritization of user groups;
- User-friendly criteria should be set for fee-charging and subsequent cross-subsidization of developmental services;
- Protection and empowerment of vulnerable women should include the enhancement of their economic independence and social dignity. Services should be improved/strengthened with regard to employment advice and support for self-employment through information, training and institutional linkages (e.g. with organizations offering Business Development Services).

5.8.3 Valorizing data and know-how. Interaction at policy level

Two main elements can substantially contribute towards a HCC policy-related sustainability:

a. The accurate and systematic gathering and recording of information regarding the medical, therapeutic, counseling and mobilization work (as qualitative and quantitative data stored in a data base/MIS; and as a compilation of case studies, 'best practices' and 'lessons learnt').
b. The analysis and sharing of data and know-how with key institutions (e.g. Government, NGOs and international agencies) aimed at positively contribute towards national sectoral policy formulation and fine-tuning and strategies for social development.

Regarding point (b) in particular, HCCs' attention is drawn to the opportunities offered in policy-making by working with institutions such as the Ministry of Health, the Ministry of Education, UNFPA, UNICEF and UNDP for stakeholder organizations (with existing or potential linkages with HCC) identified as the following:

- cost-recovery in the delivery of SRH care, with a view to sustainability;
- SRH in the framework of human rights, in particular women's rights;
- targeting methods and efficiency of service-delivery for enhanced affordability and access of SRH care.

5.9 Planning and implementing the sustainability strategy of HCCs

5.9.1 Sustainability as a 'work in progress'

The sustainability study results in an in-depth analysis, as detailed in the previous sections and a period of remote and on-site follow-up by AIDOS and the International Expert. This is followed by other technical assistance missions aimed at supporting the HCCs to kick-start the process of planning and implementing the proposed sustainability strategy.
The actual implementation and subsequent impact of a sustainability strategy for a HCC (or similar organization) is a complex and demanding process that needs to be viewed in a medium to long-term perspective. It will still take some time after the end of the project before the HCCs can operate independently while maintaining effectiveness and relevance in all dimensions. Nevertheless, the development and application of a methodology for the analysis and planning of sustainability have indeed benefited the HCCs, their patients and partners.
There is, however, no one blue-print for all and these sustainability results should primarily be seen as specific to the AIDOS-supported HCCs. Consequently, the sustainability analysis and planning methodology adopted by the HCCs should be modeled for other contexts using a 'point of comparison' approach, so to avoid the risks of rigid blueprinting and superficial generalizations.

5.9.2 Participatory strategic and action planning

The main concepts underpinning the multiple aspects of sustainability should be understood and internalized by all key staff of a HCC so that staff can feel committed to shared objectives, fully support implementation processes and make informed choices for planning the future of their organization. Intensive and inclusive sessions of sustainability-related participatory planning and capacity building/ technical assistance are carried out in plenary groups (especially for validation purposes) or in focus/working groups as well as one-to-one, as needed. Systematic consultations at all managerial levels are also carried out with an emphasis on strategic and institutional aspects. HCCs should endeavor to implement sustainability recommendations by following a logical pattern comprising:

- A Strategic Plan: providing overall and specific objectives, time-scale and/or priority of the objective under consideration.
- An Action Plan, specifying one or more practical steps meant to achieve each specific objective in the relevant Strategic Plan. Time frame and responsibility are also spelled out for every group activity.
- A Work-Plan for every activity described in the Action Plan, which requires a good extent of organization and co-ordination.

Plans should be used as 'working tools', which entails continuous consultations within and across relevant teams, and re-adjusting plans as objectives shift, context changes and resource levels vary.

5.9.3 Technical assistance

Technical assistance is provided for several aspects of sustainability. Considerable support is devoted to key financial dimensions of sustainability and to business planning and economic viability. The design of a business plan for any current or prospective income generating activity run by the HCCs (for viability and a correct pricing policy as well as marketing approach) is recommended in order to prevent income-generating service delivery from being carried out on a supply basis, without a specific demand analysis.

Technical assistance is provided on the analysis of available resources, actual demand, delivery capacity, realistic pricing policy and promotion of HCC services in the appropriate market niches. The principle of cross-subsidization[5] needs to be internalized for the HCCs to reconcile their social role in the community with their need to improve their economic and financial sustainability as 'non-profit' business approach. The role of marketing and of innovation/quality-based competition is reiterated and mainstreamed through practical examples. The main concepts of business planning, the basic format of a business plan and simple calculations of viability and profitability based on estimates are further reinforced through case studies of specific HCC services (e.g. gym-based activities, etc).

A basic viability assessment is needed for all HCC activities including non-fee charging HCC counseling services. This is crucial for a full picture of HCC status in terms of subsidized services as well as potential sustainability (or at least decreasing dependency on external supporters and donors).

5 Charging at market rates, proportional to quality and innovative character of certain services - but still competitive – in order to be able to reinvest the margin into discounts and exemptions for the underprivileged and destitute.

ANNEX 1

Job descriptions

Job Title	Director
Working time	full-time
Job purpose	Ensuring efficient implementation and quality of center's activities and correct adoption of holistic approach to reproductive and sexual health by the HCC
Key tasks	- Manage Center's personnel - Manage Center's financial resources and supervise expenditures - Manage Center's equipment and assets and monitor their utilization - Plan Center's initiatives/ activities and coordinate their execution with HCC Staff - Be responsible for organizing workshops promoted through HCC and for all technical and administrative tasks carried out at Center's level - Coordinate preparation of training/ information/ sensitization and education materials and their dissemination strategy in collaboration with HCC Staff - Produce regular narrative and financial reports - Contribute to setting out a Management Information System (MIS) - Participate in conferences, seminars and workshops and present Center's activities - Ensure timely follow up to technical assistance missions of international consultants and ensure that their inputs and recommendations are adopted in Center's daily work - Facilitate international consultant missions - Liaise with other health, education and social institutions - Establish a referral system for treatment of patients beyond Center's capacity - Organize Staff meetings on a regular basis - Ensure the correct implementation of Center's internal policy guidelines - Conduct regular monitoring of HCC Staff performance - Be responsible for promoting HCC activities and potential marketing of its services - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The job holder will be responsible for all personnel recruited by and based at the Center.
Education & qualifications	University degree in medicine, science, business administration. Post-graduate specialization in public health / social sciences or medicine. At least 5 years of experience in medical or public health field.
Skills	Significant managerial and coordinating skills; analytical skills; good communication skills - written and verbal; fluent English; able to maintain high levels of confidentiality; strongly motivated involvement in development projects; able to adopt a gender-oriented approach in daily work; knowledgeable about holistic approach to sexual and reproductive health; knowledgeable about local socio-economic situation; Good IT (information technology) skills.
Personal requisites	Team player; flexible; dynamism and proactiveness; friendly and cheerful disposition; able to remain calm under pressure; working to deadlines and priorities work load; quality and result-oriented; approachable; mature and sensitive approach to dealing with issues; consistent in her/his work; meticulous attention to details and accuracy.

Job Title	Gynecologist / Deputy Director
Working time	full-time
Responsible to	HCC Director
Job purpose	Ensure correct delivery of medical and gynecological services in line with Center's holistic approach to reproductive and sexual health
Key tasks	- Be responsible for the delivery and coordination of obstetrical, gynecological and clinical services (detection and primary care of gynecological problems, ultrasound examinations, detection of breast and cervical cancer, ante- and post-natal care, treatment of menopausal women, testing during pregnancy) - Be responsible for providing family planning services (advice on contraceptive methods and identifying most appropriate methods based on User needs, including inserting of intrauterine devices (IUDs) - Advise on treatment and ensure the appropriate care or referral of patients affected by sexually transmitted diseases (STDs) - Coordinate pre-delivery and post-delivery courses to be conducted by the Midwife, the Physiotherapist and the Psychologist - Organize and conduct meetings and other sensitization/ information activities in collaboration with other Staff, at the HCC or in other external locations - Contribute to the drafting of education and sensitization materials - Adopt inputs of technical assistance in daily work - Contribute to producing clinical procedures guidelines - Be responsible for the management and update of User medical files; - Compile and be accountable for monthly clinical reports - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	Job holder is responsible for the Midwife and the Practical Nurse; collaborates closely with all HCC Staff
Education & qualifications	University Degree in medical science and specialization in gynecology. At least 10 years experience as gynecologist. Previous experience in counseling center is an asset.
Skills	Fluency in English; analytical skills; good communication and interaction skills; able to maintain highest levels of confidentiality; consolidated experience in ultrasound machine use.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable, mature and sensitive approach to addressing issues; consistent in work; open to learning; committed; motivated to working in development projects.

Job Title	Midwife
Working time	full-time
Responsible to	HCC Director, Gynecologist
Job purpose	Ensuring correct and timely delivery of gynecological and health care services with HCC Gynecologist and Practical Nurse
Key tasks	- Assist Gynecologist during delivery of obstetrical services (insertion of IUDs under gynecologist supervision) - Inform and provide Users with family planning methods as advised by Gynecologist - Compile monthly reports on contraceptive consumption - Be responsible for managing and storing medical stock - Be responsible for ensuring hygiene of gynecological instruments and environment - In collaboration with other HCC Staff, organizing and conducting meetings and sensitization/ information activities at HCC premises and/or other locations - Collaborate in elaborating information, training and sensitization materials - Conduct pre-delivery and post-delivery courses in coordination with the Physiotherapist and the Psychologist - Adopt inputs of technical assistance provided by international consultants in daily work - Contribute producing guidelines for clinical procedures - Refer social cases if needed - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The Midwife has no direct responsibility over any of Staff
Education & qualifications	Ministry of Health Midwifery Certificate. At least 5 years referenced work experience. Previous work experience in counseling HCC is an asset.
Skills	Fluency in English; analytical skills; good communication and interaction skills; able to maintain highest levels of confidentiality.
Personal requisites	Team player; confident in her own abilities; friendly and cheerful disposition; capable to work under pressure and to deadlines; approachable, mature and sensitive approach to addressing issues; consistent in work; open to learning; committed; motivated to work in development projects.

Job Title	Practical Nurse
Working time	full-time
Responsible to	Center's Director, Gynecologist
Job purpose	Assist Gynecologist and Midwife in providing appropriate health care services
Key tasks	- Receive Users, carry out registration procedures for new Users - Refer Users to appropriate HCC Specialist(s) - Provide Gynecologist with User files - Be responsible for organizing User file archive - Be responsible for collecting Users' fees for clinical services, with receipts for payment - Keep track of monthly income for clinical services and produce a report (for Accountant), check it against activity report and contraceptive consumption report - Coordinate and perform animation activities in the HCC waiting room - Assist Psychologist in adolescent group meetings - Contribute to pre-delivery and post-delivery courses, conducted by the Midwife, the Physiotherapist and the Psychologist - Perform information/awareness activities for adolescents - Collaborate with the Gynecologist and the Midwife in all HCC activities from the anamnesis collection to discussing different clinical cases - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The Practical Nurse has no direct responsibility over any of the Staff
Education & qualifications	Nursing Certificate. At least 5 years of referenced work experience. Previous experience in counseling centers is an asset.
Skills	Elementary knowledge of English; analytical skills; good communication and interaction skills; computer skills; able to maintain highest levels of confidentiality.
Personal requisites	Team player; confident in her own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable, mature and sensitive approach to addressing issues, consistent in her work; open to learning; committed; motivated to working in development projects.

Job Title	2 Field Workers
Working time	full-time
Responsible to	HCC Director, Social Worker
Job purpose	Promote HCC services among potential Users, sensitize and increase their awareness of reproductive and sexual health through community-based and individual meetings carried out in the field
Key tasks	- Contribute to designing and implementing Center's out-reach program in collaboration with the Social Worker and other HCC Staff - Organize and conduct community-based workshops about different aspects of sexual and reproductive health both at HCC and in public meeting places, in coordination with community leaders and other organizations involved in health/social sector - Promote HCC services among women, adolescents and men by reaching them at their own houses or workplaces, schools and universities - Implement 'post delivery home visits' programmes on a regular basis - Organize and provide information and awareness sessions with HCC Staff - Contribute to producing sensitization and promotional materials - Compile monthly reports of field activities - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	Job holders have no responsibility over any of HCC Staff
Education & qualifications	University or diploma in social sciences. Proven working experience in social services. Previous experience in a counseling center is an asset.
Skills	Capable of maintaining high levels of confidentiality; proficient in English; analytical skills; good communication and interaction skills; convincing aptitude.
Personal requisites	Team player; dynamic; friendly and cheerful disposition; approachable, mature and sensitive approach to addressing issues; open to learning; committed; sensitive to social norms and traditions; knowledgeable about socio-economics of target area; motivated to work in development projects.

Job Title	Physiotherapist
Working time	full-time
Responsible to	HCC Director
Job purpose	Improving physical and psychological well being of women through the provision of bodily and relaxation activities
Key tasks	- Design a weekly program for the Center's Gym and be responsible for its implementation - Conduct ad-hoc counseling for women who want to benefit from bodily activities - Conduct pre-delivery and post-delivery courses, including physical exercises and lectures - Conduct gymnastic classes - Provide weight-loss advice and conduct dietary lectures - Conduct sessions on relaxation techniques - Ensure a favourable environment among gym Users - If specific physical problems are detected consult with Director and refer User to relevant health facilities - Collaborate in drafting sensitisation and educational materials - Ensure correct utilization of Gymnasium - Ensure maintenance of gym equipment - Ensure technical assistance inputs are incorporated in daily work and gym classes. - Collect User fees against a receipt and provide it to accountant - Compile a monthly report for the Director - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The Physiotherapist has no responsibility over any of HCC Staff
Education & qualifications	University or diploma in physiotherapy or physical education; proven working experience as gym trainer; strong knowledge of anatomy.
Skills	Strong coordination skills; analytical skills; proficient English; able to maintain high levels of confidentiality; Knowledgeable about Center's holistic approach to sexual and reproductive health; knowledgeable about local socio-economic situation.
Personal requisites	Team player; dynamic; patient, friendly and cheerful disposition; approachable, mature and sensitive approach to addressing issues; open to learning; committed; sensitive to social norms and traditions; knowledgeable about socio-economic context of target area; motivated to work in development projects.

Job Title	Psychologist
Working time	full-time
Responsible to	HCC Director
Job purpose	Provide psychological assistance to HCC Users
Key tasks	- Assist women suffering from psychological disorders, depression and/or victims of domestic violence or sexual abuse - Conduct psychological therapy sessions for single patients, couples and adolescents - Conduct sessions specifically for adolescents' mothers - Refer specific cases to relevant external health care institutions, if needed - Organize group discussions on different topics including: depression, anxiety, violence - Participate in information and sensitization activities - Conduct pre-delivery and post-delivery courses in coordination with the Physiotherapist and the Midwife - Contribute in producing general information, training and sensitization materials - Consult and collaborate with other HCC Staff, to ensure comprehensive and accurate assistance for each single case - Supervise and coordinate socio-psychological counseling for men - Compile monthly reports - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The Physiologist is responsible for the socio-psychological male counselor
Education & qualifications	University Degree in psychology or social sciences. At least 5 years of proven working experience
Skills	Proficient English; analytical skills; strong communication and interaction skills; ability to maintain highest levels of confidentiality. Strong motivation to work in development projects.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; mature and sensitive approach to addressing issues consistent in work; open to learning; committed; deeply motivated to work in development projects.

Job Title	Socio-Psychologist male counselor
Working time	part-time
Responsible to	HCC Director, Psychologist
Job purpose	Sensitize men to issues related to reproductive and sexual health and encourage them to take an active role in improving family conditions
Key tasks	- Provide counseling to men and male adolescents through individual and group sessions - Conduct couple social and psychological counseling with the HCC Psychologist - Refer specific cases to relevant external health care institutions, if needed - Promote Center's counseling service among men and invite them to come to the HCC - Provide advice in terms of income generation activities, employment opportunities and micro-credit in coordination with the social worker - Compile monthly reports with the Psychologist - Contribute to producing information and education materials - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	Job holder has no responsibility over any of Center's Staff
Education & qualifications	University degree in psychology or social sciences. At least 5 years work experience in social services (with references).
Skills	Fluent English; analytical skills; good communication skills and interaction skills; ability to maintain highest levels of confidentiality.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; mature and sensitive approach to addressing issues; consistent in work; open to learning; committed; deeply motivated to work in development projects.

Job Title	Social worker
Working time	full-time
Responsible to	HCC Director. Job holder collaborates with Gynecologist, Psychologist and Lawyer
Job purpose	To provide ad hoc counseling for women, adolescents and men on a variety of issues ranging from health to employment opportunities and refer them to appropriate service providers within the HCC or appropriate external institutions
Key tasks	- Evaluate cases based on reports from field workers and other HCC Staff - Provide individual and group counseling at the HCC - Refer social cases to institutions/organisations specialized in social assistance - Collect information and be updated on new opportunities and services provided by institutions in social sector (youth associations, non-government organizations (NGOs), Community-based organizations (CBOs), governmental establishments) - Coordinate and supervise the implementation of out-reach programs organized by Center's Field Workers with other HCC Staff - Design an out-reach program and monitor its timely implementation with Field Workers - Contribute to designing all awareness and information materials for out-reach program with other HCC Staff - Advise women on income generating activities, job opportunities and credit programs - Produce monthly activity reports in coordination with the field workers - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	Field workers
Education & qualifications	University degree or higher in social sciences. At least 5 years work experience in social services.
Skills	Fluent English; analytical skills; good communication skills and interaction skills; ability to maintain highest levels of confidentiality; computer skills.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; mature and sensitive approach to addressing issues consistent in work; open to learning; committed; deeply motivated to work in development projects

Job Title	Lawyer
Working time	part -time
Responsible to	HCC Director
Job purpose	Increase awareness of women's rights as per the national and local law and contribute to their enforcement taking positive social norms into account.
Key tasks	- Address family and social problems from a legal perspective - Provide legal counseling to women victims of domestic violence and other abuses and raise awareness on their rights - Advise on legal issues, including Islamic law and family law - Collaborate in drafting educational materials - Conduct home visits and workshops, if needed - Refer single cases to relevant public institutions or legal experts if needed in agreement with HCC Director - Participate in all training and capacity building initiatives conducted for the HCC Staff
Responsibilities	The Lawyer has no responsibility over any of HCC Staff
Education & qualifications	University Degree or higher in legal studies with a specialization in local private and family law; at least 5 years work experience as legal counselor.
Skills	Proficient English; analytical skills; good communication skills and interaction skills; ability to maintain highest levels of confidentiality.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; mature and sensitive approach to addressing issues; consistent in work; open to learning; committed; motivated to work in development projects.

Job Title	Secretary
Working time	part -time
Responsible to	HCC Director
Job purpose	Provide secretarial support to HCC Director and to HCC Project.
Key tasks	- Carry out secretarial work as requested by Director and Project Coordinators - Be responsible for maintaining HCC documentation - Coordinate Staff transfers and field trips in collaboration with HCC Staff and Driver - Keep mileage record - Receptionist work and answer phone calls - Take care of correspondence and maintain files archive - Contribute to the organization of any public activity promoted by the HCC, such as training, meetings, small gatherings - Keeps minutes of staff meetings - Keep an inventory of equipment, furniture and supplies in the center - Keep records of presences and absences
Responsibilities	The Secretary supervises driver and cleaner
Education & qualifications	High school diploma or higher, 5 years of secretarial work experience.
Skills	Proficient English; good communication and interaction skills; ability to maintain highest levels of confidentiality; excellent IT skills (including typing).
Personal requisites	Team player; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; motivated to work in development projects.

Job Title	Accountant
Working time	part -time
Responsible to	HCC Director
Job purpose	Ensure correct administration of Center's financial resources following the book-keeping and accounting procedures of the implementing agency and donors
Key tasks	- Carry out daily book-keeping necessary for project and HCC functioning, following donors' accounting procedure guidelines - Prepare quarterly financial reports - Provide support for purchasing HCC equipment, furniture and supplies and ensure its maintenance and correct use - Conduct administrative tasks in accordance to donors' rules and regulations - Compile invoices and other documents in official local language and English required for overall HCC administration in line with local legislation - Cooperate with HCC Director in planning activities, monitoring and reporting on resource management and availability - File administrative documents and make them available and comprehensible for any appraisal from national and international staff - Translate all financial documents into English for reporting purposes - Maintain excellent working relations with colleagues - Maintain petty cash balance to agreed limit. Issue petty cash as authorized. - Be responsible for monthly payroll - Reconcile balance as appropriate between HCC and other potential partners - Participate in all training activities relevant for accounting and overall HCC administrative management
Responsibilities	Job holder has no responsibility over any of HCC Staff.
Education & qualifications	Job requires recognised specific qualifications. Job holder should also be familiar with modern computerized accounting systems.
Skills	IT proficient in accounting software; fluent in English; analytical skills; good communication and interaction skills; ability to maintain highest levels of confidentiality.
Personal requisites	Team player; confident in own abilities; friendly and cheerful disposition; capable of working under pressure and to deadlines; approachable; mature and sensitive approach to addressing issues consistent in work; open to learning; committed.

Job Title	Cleaner
Working time	part -time
Responsible to	HCC Director
Job purpose	Maintaining hygienic and cleanliness standards in the HCC
Key tasks	- Clean Center daily, ensuring high level of hygiene for medical equipment and workplace - Weekly in depth cleaning of all rooms
Responsibilities	The job holder has no responsibility over any of HCC Staff
Education & qualifications	Proven working experience
Skills	Awareness of health and safety Friendly, sociable manners Elementary ability to understand English is desirable Punctuality Understand HCC mission and objectives Day time availability Able to work on own initiative Traceability.
Personal requisites	Able to maintain highest levels of confidentiality

Job Title	Driver
Working time	part -time
Responsible to	HCC Director
Job purpose	To provide a punctual and safe driving service in a way to ensure timely realization of Center's activities and reduce transportation costs
Key tasks	- Accompany HCC Staff during field activities - Accompany HCC Director and other Staff to meetings outside Center - Accomplish any task requested by Center Director such as delivery of material/ documents, small purchases, etc. - Ensure good maintenance of car through regular checks - Daily car meter checks with HCC secretary - Provide accountant with any relevant invoices/receipts
Responsibilities	Job holder has no responsibility over any HCC Staff
Education & qualifications	A faultless driving record; good knowledge of HCC target area(s).
Skills	Friendly and sociable manner Capable of interacting in English is desirable Capable of keeping appointments and punctuality Understand HCC mission and objectives Day time availability Traceability
Personal requisites	Able to maintain highest levels of confidentiality

ANNEX 2
Indicators for clinic services

The following section sets out goals, actions and indicators for the following Component Objectives **groups**:

- Antenatal Care
- Postnatal Care
- Resources Optimization

Goals	Actions	Indicators
ANTENATAL CARE		
Intensifying post-abortion information, counseling, services and care on contraceptive use and distribution Helping women choose most appropriate family planning options Reducing number of high-risk abortions as one of the main maternal mortality causes.	Providing high quality care based on "customized care" and "referral systems" to find most adequate option Meeting women's needs rather than focusing on population goals Targeting disadvantaged groups, i.e. single women and adolescents Improving emergency contraception	Contraceptive prevalence rate (CPR) Coverage of family planning training Community knowledge of family planning Contraceptive prevalence rate among single women, young people and men Incidence of unsafe and spontaneous abortion Management of abortion complications

Goals	Actions	Indicators
Raising prenatal care quality levels to humanized childbirth standards Promoting holistic approach and women's involvement and awareness, strengthening their self-esteem	Providing information on natural pregnancy and associated complications to women in fertile age Providing high quality perinatal care based on evidence based written guidelines (EBG) on natural pregnancy and childbirth Organizing childbirth preparation training courses aimed at disseminating information, providing women with "focal" points about childbirth experience and listening to the natural language of the body during pregnancy, and raising their awareness of being able to give life Experimenting body work including yoga, relaxing techniques, deep and aware breathing, pelvis mobility and dynamics, voice use, massage; reflexology - to ease most common pregnancy disorders and naturally induce delivery	Knowledge of at least two signs of complications during pregnancy Coverage of ante-natal care training Coverage of ante-natal course with holistic approach
Granting continuity between perinatal quality care and delivery assistance. Prevent pregnancy complications and/or ensuring they can be handled properly	Setting up and enacting ante-natal testing protocols, depending on relevant pregnancy period and any pregnancy and/or delivery associated pathologies (Hypertensive Disorders of Pregnancy (HDP) or Pre-Eclampsia, Labour and delivery complications)	Number of pregnant women experiencing natural childbirth after receiving at least three ante-natal visits
	Provide double immunization protocol tetanus vaccination during pregnancy	Tetanus vaccination coverage
	Applying pregnancy screening programs for Syphilis, Streptococcus, AIDS and other STDs	Coverage of Syphilis, HIV/ AIDS, STDs and Streptococcus screening Syphilis infection among pregnant women
	Promoting pregnancy ultrasound tests (for 21st and 30-32nd week)	Percentage of early detected foetal and maternal pathologies

Goals	Actions	Indicators
	Clinical screening for iron and folic acid deficiencies on anaemic women Administering dietary integrators, mainly proteins and other nutritionals (vitamin A, Iron and Folic Acid), in top risk areas	Percentage of Anaemia in pregnant women
POST NATAL CARE		
Promoting supporting actions for breastfeeding along principles set out by the *Baby Friendly Initiative* (WHO-UNICEF)	Setting up mother-child contact schemes from delivery room through to puerperium Rooming-in	Rate of newborns latching on mother's breast within the first two hours of life
Promoting puerperium home assistance schemes to favor breastfeeding and meeting social and psychological needs	Setting up easy access puerperium schemes in disadvantaged settings Setting up a psychological, social and health care network by appropriately trained service providers to cater to various needs within first month of childbirth	Percentage of social and health care wards that set up easy access schemes Percentage of women receiving postpartum care Percentage of women that continue breastfeeding after third month, through pediatric data collection forms Percentage of satisfied Users of both sexes that solved medical and psychological-social problems triggered off by pregnancy, detected through psychological and social data collection forms, updated by HCC psychologists and field workers in month following childbirth

Goals	Actions	Indicators
Promoting family support home assistance schemes directed to new parents and aimed at increasing male involvement after childbirth (schemes lasting from six months to one full year after childbirth)	Setting up easy access for women and family support schemes in disadvantaged areas lasting six months to one year after childbirth Setting up networked psychological, social and health care by qualified staff (including male counselors) capable of addressing various needs in a period of six months to one year after childbirth Setting up an info-desk for social and legal topics, and male involvement in the motherhood experience within HCC	Percentage of social-health care wards that set up easy access for women and family support schemes of six months to one year after childbirth Percentage of satisfied Users that solved medical and psychological-social problems detected through data collection forms updated by HCC psychologists and field workers
RESOURCES OPTIMISATION		
Optimizing resources and cross-level action integration (HCC, as 1° level and 2° and 3° level inside all Referral Systems) Drafting long term action plan(s) to develop, women during their reproductive life and mother and child care protocols Set-up comprehensive staff lifelong training and update scheme	Setting up a database and an information system Annual review of ante-natal and maternal and perinatal health indicators Annual review of overall staff training levels	

ANNEX 3

Working with Gender-Based Violence Survivors – Training curricula

I - Overview of Gender-Based Violence: the roots of GBV

Goals

- An introduction to key concepts related to gender-based violence
- Definition of what violence means in your community
- An introduction to causes and contributing factors of gender-based violence
- Exercises for raising awareness about gender inequality and service provider barriers
- Training outline

Session 1 Setting the Mood

- Welcome and Introduction
- Training Overview and Logistics
- Participant Expectations
- Establishing Ground Rules

Session 2 Understanding Key Concepts

- Sex vs. Gender: example of a practical activity
- Definition of Gender-based Violence. Group activity: Violence Jeopardy Game
- Examples of GBV in your community and in the world
- GBV in Your Community: Causes, Contributing Factors, Consequences. Small groups activity: proverbs

Session 3 Barriers in dealing with GBV

- Limiting beliefs: Exercises (9 points)
- Barriers to talking with Users about sexual assault

II - Strategies in Working with Survivors: Who is a GBV victim?

Goals

- An understanding of GBV survivors needs and concerns
- An introduction to basic engagement techniques in working with survivors
- How to screen
- Differences between assessment, assumption, and diagnosis
- Service Provider Responsibilities and Community Referral
- Knowledge of the principles of record keeping and confidentiality
- Training outline

Session 1 Understanding the Survivor

- Basic Psychological Needs
- Brief Introduction to Trauma Theory
- Definition of Trauma
- Identifying Common Reactions to Trauma
- Post Traumatic Stress Disorder
- In the User's shoes

Individual activity: Visualizations for traumatic experience

Session 2 Introduction to Engagement Techniques

- Service Provider Effectiveness
- Self-Assessment

Individual activity: Why I chose...
Small group activity: Reflecting on Values

- Medical power and control
- Assessment vs. Assumption

Session 3 Record Keeping, Confidentiality and Referral

- The Fundamentals of Record Keeping
- Ensuring Confidentiality
- Screening Form
- Coordinating a Community Response

III - Effective Engagement Strategies: How to treat victims

Goals

- An introduction to roles of service providers
- Complexity in working with survivors, including safety planning, cultural sensitivity
- Responding to special populations (like Users with other problems, like being alcohol dependent or with a bipolar disorder)
- Instituting safety precautions for service providers (when dealing with for instance 'special populations': as above)
- Training outline

Session 1 How to deal with GBV victims

- Active Listening
  Individual activity: Visualization
- Barriers to Good Listening

Session 2 The Role of Values

- Improving Active Listening
  Working in pairs activity: Looking for Values
- The Pyramid of Values
  Group activity: The "Magic" Sale
- Interaction techniques
- Advising vs. Informing
- Role Playing
  Small group activity: Dealing with Survivors

Session 3 Specific Issues in Working with Survivors

- Special Populations e.g.: drug or alcohol abusing survivors - indicators of substance abuse; suicidal/homicidal survivors, e.g.: recognising signs of depression, suicidal risks, violence)
- Protocols for Action

Session 4 Safety Precautions for Service Providers

IV - Group Activities

Goals

- An introduction to basic group techniques in working with survivors
- Relaxation techniques; trust activities
- How to debrief each activity
- Training outline

Session 1 Treatment groups and educational groups

Session 2 Why groups for GBV?

- Breaking through the loneliness and shame
- The group as a resource

Session 3 General Issues on Working with Groups

- Setting up the Group: Establishing a Contract, Ground Rules
- The "Here and Now"
- Dealing with Feelings and emotions
- Dealing with "Projections" (a psychological term to describe an unconscious ascription of a personal thought, feeling or impulse onto someone else, which can often happen in a group)
- Types of resistance and defensive mechanisms
- Debriefing

Session 4 How to lead a session (experiential)

- Relaxation exercises
- Stretching
- Trust activities
- Drawing
- Role-playing in groups

V - Supporting the Service Provider: the Burn Out Risk

Goals

- An understanding of vicarious trauma, its causes, and ways of managing and preventing vicarious trauma
- Knowledge of and practice in self-care techniques
- An introduction to supervision, including the roles and responsibilities of the supervisor and supervisee
- Training Review and Evaluation
- Training outline
- Defining and Coping with Vicarious Trauma
- Introduction to Self-Care
- Role of the Supervisor
- Responsibilities of the Supervisee
- Training Review and Evaluation

ANNEX 4

Management Information System – Data

The office management data to collected include:

a) HCC Management

Infrastructure and equipment

- Premises: list of utilities, equipment, furniture/ maintenance
- Transportation: fuel consumption/ mileage, log book information, mobility of the HCC Staff
- Car insurance

Financial resources and financial information (confidential)

- Financial resources managed at HCC level
- Accounting
- Income generated through clinic and counseling services, gym training
- Petty cash
- Yearly allocation / updated availability
- Financial donations
- Depletion of in kind resources
- Payroll
- Procurement materials, relevant procurement and service contracts
- Financial data (info on bank account)
- Forms used for payment of the expenses (invoice, acknowledgement of service, payment request)

Human Resources

- CVs and profiles of the staff
- Personal data, skills, qualifications
- Length of contract; increase of salaries
- Training and capacity building (exposure to events, study tours)
- Contact list
- Attendance sheet
- Leave request and leave planning
- Monthly evaluation of staff's performance

Documentation Center

- Library Catalogue (including statistics and baseline survey)
- Borrowing books and documents
- Electronic materials (e-books & other e-documents)
- Technical assistance missions (TAM) Reports (confidential)

Referral System & Networks & Institutional Linkages

The referral system should be implemented for all cases going beyond the HCC direct capacity. It should include all those organizations operating in fields, which are relevant to the HCC work and which can complement the assistance already provided by the HCC (hospitals, private clinics, laboratories, development projects, etc.). In particular it should include the name of the organization, the address and telephone number, the name of the contact person; the referral agreement; the type of services for which the agreement was made.

As per the networking component, the HCC contact/ mailing list should be categorized as follows: governmental organizations; international organizations, Syrian and international NGOs, "HCC Friends" (donors and supporters), embassies, clients.

Work planning

- Yearly and quarterly Work Plans (a Work Plan designed with Excel)
- Weekly calendar of activities
- Training of trainers activities

Reporting (delivery of services – should be linked to Clinic Filing described after)

- Data on service delivery (calendar of training, gym courses, field visits, etc., cost of services; n. of counseling sessions)
- Reception and client registration
- Clinic services delivery (ultrasound examination; IUD insertion; pap smear; breast self examination; etc)
- Counseling services (psychological; social and legal counseling)
- Gym activities (pre-natal and post natal yoga sessions; stretching, aerobics courses, gym machines; reflexology)
- Outreach (field visits; awareness workshops, monitoring and follow up)
- Information and sensitization campaigns (type of campaign, material used, number of women sensitized evaluation)

Events and occasions

- Events attended by the HCC staff in quality of attendees (such as training, workshops,
- etc...)
- Events organized by the HCC (such as national workshop, general meetings, official
- ceremonies, etc)
- For all above components indicators should be identified both at the quantitative and qualitative level.

b) Situation of HCC patients (clinic file)

Recording: general data on the client; type of service requested/need identified; type of service delivered (clinic; psychological; social; legal; gym).

General data on the User

- User CODE
- Date of birth
- Address
- Telephone number
- Education level
- Profession
- Personal status
- Date of marriage
- Nr. of marriages of husband
- No. of children
- Major illness had in the past or health problem

Clinic services

- Date of the visit
- Nr of the visit
- Accompanying person
- Pathology
- Service required (ultrasound examination; IUD insertion; breast examination, etc.)
- Service provided
- Diagnosis
- Posology
- Referral (internal and/or external)
- Examination and tests required
- Observations
- Date of next visit
- Name of the service provider

RH Counseling services

- Date of the visit
- Nr of the visit
- Accompanying person
- Pathology
- Counseling requested
- Counseling provided (contraceptive methods; nutrition and dietary information
- personal hygiene; breastfeeding; pre and post natal care)
- Observations
- Referral (internal and/or external)
- Date of next visit
- Name of service provider

Psychological services and Socio-psychological counseling services for men

- Date of the visit
- Nr of the visit
- Accompanying person
- Symptoms and main problems
- Counseling requested
- Counseling provided
- Diagnosis
- Posology
- Referral (internal and/or external)
- Observations
- Date of next visit
- Name of the service provider

Social counseling services and Legal counseling services

- Date of the visit
- Nr of the visit
- Accompanying person
- Reason for the visit
- Counseling requested
- Counseling provided
- Referral (internal and/or external)
- Observations
- Date of next visit
- Name of the service provider

Participation in group awareness sessions

- Date of the session
- Topic of session (breast feeding; ante and post -natal care; menopausal women
- HIV/AIDS and Sexually Transmitted Diseases STD; etc.)
- Nr of participants
- Observations

- Name of the service providers

Participation in group therapy
- Date of the session
- Type of session (GBV support group, parenthood group, etc.)
- Nr of participants
- Observations
- Name of the service providers

Field visits (community workshops)
- Date of the workshop
- Location
- N. of participants
- Main topic of the workshop
- Material distributed
- Referral (internal and/or external)
- Observations
- Date of next workshop
- Name of the service providers

Field visits (home visits)
- Date of the visit
- Location
- N. of participants
- Main reason for visit
- Referral (internal and/or external)
- Observations
- Date of next visit
- Name of the service providers

Field visits (campaigns)
- Date of the campaign
- Location
- N. of participants
- Main topic of campaign
- Referral (internal)
- Observations
- Date of next campaign
- Name of the service providers

Gym services
- Type of service (yoga pre natal; yoga post natal; stretching; aerobics; machines
- relaxation; reflexology)
- Date of service
- Nr of service
- Activity requested
- Additional counseling provided
- Referral (internal and/or external)
- Observations
- Name of the service provider

<u>Reports required</u>
- HCC User base (No.) sorted by geographic area; age group and gender
- No. of women participating in each activity
- No. of new users of the HCC
- No. of old users of the HCC
- No. of services (visits, counseling, awareness sessions) provided on a monthly basis
- No. of new users to a specific service (clinic, psychological, legal etc.)
- No. of old users of a specific service (clinic, psychological, legal etc.)
- No. of field visits (community workshops and home visits)
- No of people involved in the workshops sorted by gender and age group
- No. of group awareness sessions
- No of people involved in the group awareness sessions by gender and age group
- No. of therapy groups
- No. of campaigns
- No. of people involved in all campaign sorted by gender and age group
- No. of sessions for each counseling service on a monthly basis
- % of users who are recurrently visiting the HCC
- % of users externally referred (to what kind of institutions);% of clients internally referred (to what service)

<u>Ratio required</u>
- Ratio between No. of new Users and old Users
- Ratio between all services delivered inside HCC

ANNEX 5

Glossary of terminology

Activating skills	Where skills already exist: they are initially identified and then used or allowed to be used i.e.: "activated"
Active birth	An approach to delivery/labor where a woman can decide what is best for her
Active offer	By offering a range of services and information women or users are then informed on their right to knowing and being aware of all the implications of their choices affecting their reproductive and sexual health
AIDOS	Associazione Italiana Donne per lo Sviluppo – Italian Association for Women in Development
Ante-natal assistance	Assistance prior to birth – during pregnancy for instance
Benchmarks	Standards against which something can be measured or assessed
Breast-feeding on request	Breast-feeding when baby asks for it rather than according to a specific daily feeding timetable
Breathing exercises	Exercises used in controlling ones breathing – normally used for relaxation purposes
CBO	Community-based organizations
Capacity building	Adding or building capacities – e.g.: through courses or additional learning and teaching
"Circular" communication	A type of communication which "circulates" and presumes that there is continuous feed back between the parties communicating
Clinical audits	A systematic check or assessment, of different clinical cases mainly in plenary meetings with all the staff
Collateral effects	Unintended effects
Continuity of care	Where health care is not a one-off intervention but needs follow-up and is consequently continuous
Cross-cultural exchange	Exchanging aspects or knowledge acquired from experiences in different cultures
Customized assistance	To alter or make something in order to make it fit to or address the users requirements
Disseminating principles or information	To distribute or spread information or principles
Empowerment	The process to give somebody power or authority and/or to give somebody a sense of confidence or self-esteem
Endometriosis	A medical condition in which the mucous membrane (endometrium) that normally lines only the womb is present and functioning in the ovaries or elsewhere in the body
Exchange programs	Programs set-up to exchange information or services between organizations or institutions
Experiential	Learning something derived from or relating to experience as opposed to other methods of acquiring knowledge
Facilitators	Somebody who aids or assists in a process, especially by encouraging people to find their own solutions to problems or tasks

Family planning	The use of birth control methods to choose the number and timing/spacing of children born into a family
Feedback	Comments in the form of opinions about and reactions to something, intended to provide useful information for future decisions and development
Gender equality	Rights, treatment, quantity, or value equal between different genders
Gender violence or Gender Based Violence (GBV)	Violence perpetrated by groups or individuals on another group or individual because of power inequality
Gender mainstreaming	To put into the "mainstream" – to render it more widely acceptable – the concept of gender
Ground rules	The basic rules or main rules
Holistic approach	An approach which includes or involves *all*, or the *whole* of something, especially all of somebody's physical, mental, and social conditions, not just physical symptoms, in the treatment of illness
Horizontal communication	Communication being at or between a group of people or organizations on the same level
Information sharing group	A group whose members share information: be it personal, or not
Informed choice	A choice which is based upon a set of information, which includes information about process and results
Institutions	A large organization such as a hospital or college or something having influence in a community – like governmental ministry
Interactive workshops	Workshops where both facilitators/trainers and participants can inter-act or exchange ideas and information
Key to entering community	A "way" to contact community and become part of it (like opening the door into a community)
Know-how	Lit. from "Knowing how" – which is not just knowledge as information but also used to define skills
Male involvement programs	Programs which aim specifically to involve male members of any given community or section of a community
Massage	A treatment that involves rubbing or kneading the muscles, either for medical or therapeutic purposes or simply as an aid to relaxation
Monitoring	To ensure the good order or proper conduct of something or project
Mutual support group	A group whose members help each other through either exchanging their similar experiences or merely through empathy
Non-standard timetable	A time-table which is not fixed; can be customized or changed according to different people's requirements
Outreach program	From verb "to reach out": where service providers leave the center and go out into the community to reach out to potential users
Plenary session or "in plenary"	A meeting or session where everyone involved is present
Prevention in health care	An action or actions taken to prevent something – here illness - from taking place

Projections	Psychological term to describe an unconscious ascription of a personal thought, feeling or impulse onto someone else, which can often happen in a group
Promoting skills	Identifying skills and making full use of them
Puerperium	Period immediately after childbirth approx. 6 weeks
Re-assessment audits	A systematic check or assessment, especially of the efficiency or effectiveness of an organization or department, typically carried out by an independent assessor
Referral	The act or process of referring somebody to somebody else, or other organization - especially sending a patient to consult a medical specialist (or legal in this case)
Referral network	A system or network of different organizations which can refer or send someone to each other
Reflexology	A form of massage in which pressure is applied to certain parts of the feet and hands in order to promote relaxation and healing elsewhere in the body
Risk-free maternity	Being able to live through maternity with the minimum of risk – hopefully free of risks
Role-play(ing)	To act out or 'play' out a role – pretending to be something or someone else
Self-Care	Caring for one-self – being able to heal oneself
Self-determination	The ability or right to make your own decisions without interference from others
Sensitizing – to sensitize/Raise awareness	To make somebody sensitive through information, especially to a situation, or condition,
Sequential	The order of things, or sequence in which they are undertaken
Service integration	A combination of parts or services that work well together, or are complementary
Service provider	Someone who provides a service: in this case Health services and information pertaining to all aspects of well-being
Sexual self-determination	To determine one's own future, and have power of choices for one's own body
Sexual health	All aspects of health concerning sexual activities – before, during and after
Skill retention	Retaining or keeping skills
Special populations	To indicate survivors of either GBV, or Users with other problems like alcoholism; substance abuse or with bi-polar disorders
Strategies	A carefully devised plan of action to achieve a goal, or the art of developing or carrying out such a plan
Targets for outreach program	People or sections of community that the program aims to affect or involve
Target area	A particular area which has become the focus (or target) of a specific project or initiative
Therapeutic pact	Freely choosing a treatment with service provider, based on information provided in the center

TOT	Training of Trainers
Ultrasound scan	An imaging technique that uses high-frequency sound waves reflecting off internal body parts to create images, especially of the fetus in the womb, for medical examination.
Unequal relations	An unbalanced relationship: where two things are not equal
Upgrading a center	To improve the quality, standard, or performance of a center, especially by incorporating new advances
User(s)	Anyone who requests any services from the HCC –consequently anyone who Uses the centers
User-friendly	Used to describe something which is easy or accessible for a User
Vertical communication	Communication between groups or people or organizations on up and down different levels
Vicarious trauma	Trauma experienced through another person rather than at first hand, by using sympathy or the power of the imagination
Yoga	A system or set of breathing exercises and postures derived from or based on Hindu yoga, used to relax and acquire better control over ones body

ANNEX 6
Reference bibliography

Klugman, B. – Fonn, S. – San Tint, K. Reproductive Health for All. Taking account of power dynamics between men and women. A Training manual. 2001, Associazione Italiana Donne per lo Sviluppo (AIDOS), Rome, (IT)

Ante-natal care

Journal of Prenatal and Perinatal Psychology and Health Vol. 13 (3-4), 1999, Association for Prenatal and Perinatal Psychology and Health (APPPAH), Forestville, CA (USA). (This issue of the Journal contains articles concerning discoveries on new-born baby brain development)

Balaskas J., New Active Birth: A Concise Guide to Natural Childbirth, 1990 (New revised edition), Thorsons Publishers, London (UK)

Coordinamento Regionale del Lazio per una nuova coscienza del Parto e della Nascita, Useful advice for child care, 1966, Roma (IT)

Dougans I., The Complete Illustrated Guide to Reflexology: Therapeutic Foot Massage for Health and Wellbeing, 1999, Element Books Ltd, Rockport, MA (USA)

Ferrari Gabriella A., La Comunicazione e il Dialogo dei Nove Mesi (Il Bonding dei Nove Mesi), 2005, Mediterranee, Roma (IT)

Iyengar B.K.S., Illustrated Light On Yoga, 2004, Harper Collins Publishers, New York (USA)

Iyengar B.K.S., The Tree Of Yoga, 1989, Shambhala Publications, Boston, MA (USA)

Kitzinger S., Education and counseling for childbirth, 1977, Bailliere Tindall, London (UK)

Kitzinger S., The complete book of pregnancy and childbirth, 2003, Knopf Publishing Groups, New York (USA)

Klaus M., Kennell J., Klaus Ph.H., Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier, and Healthier Birth, 1993, Perseus Publishing, New York (USA)

Leboyer F., Birth without violence, 1975, Wildwood House, London (UK)

Marquardt H., Reflex Zone Therapy of the Feet: A Textbook for Therapists, 1988, Healing Arts Press, Rochester, VT, (USA)

Masunaga S., Zen Imagery Exercises. Meridian Exercises for Wholesome Living, 1990, Japan Publications Inc., San Francisco, CA (USA)

Montagu A., Touching: The Human Significance of the Skin Book Description, 1986, Harper Perennial, New York (USA)

Oki M., Zen Yoga Therapy, 1979, Japan Publications Inc., San Francisco, CA (USA)

Strova M., Il linguaggio segreto della danza del ventre. I Simboli, la Sessualità, la Maternità, le Radici dimenticate, 2005, Macro Edizioni, Cesena (IT)

World Health Organization (WHO), Care in Normal Birth: A Practical Guide. 1996, WHO, Geneva (CH)

Counseling, gender sensitization, communication skills and team work

Benson J.F., "Working more creatively with groups", 1987, Tavistock Publications Ltd, London (UK)

Dilts R.B., "Visionary leadership skills. Creating a world to which people want to belong", 1998, Meta Publications, Soquel (USA)

Dilts, R. B., Grinder J., Bandler R., Bandler L.C., DeLozier, J., "Neurolinguistic Programming. The Study of the Structure of Subjective Experience", 1980, Meta Publications, Soquel (USA)

Dilts, R. B., Hallbom, T., Smith, S., "Beliefs. Pathways to Health and Well-Being", 1990, Metamorphous Press, Portland (USA)

EC – UNFPA - Klugman B., Fonn S. & Khin San Tint, "Reproductive Health for All. Taking Account of Power Dynamics between Men and Women", 2001, AIDOS and the Women's Health Project of the University of Witwatersrand, Rome (IT)

IPAS and Health and Development Networks, "Gender or Sex: who cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers", 2001

Lankton, S., "Practical Magic. A translation of basic Neurolinguistic Programming into Clinical Psychotherapy", 1980, Meta publications, Soquel (USA)

Watzlawick P., Beavin J., Jackson D., "Pragmatics of human communication", 1967, Norton &Co, Inc. New York (USA)

Williams S., "The Oxfam Gender Training Manual", 1994, Oxfam Publications, Oxford (UK)

Schults J., "Autogenic Training", 1968 (Schultz, J. H. Das Autogene Training.: Geo. 1964, Thieme Verlag, Stuggart (DE)

Goleman D., "Emotional Intelligence", 1996, Bloomsbury Publishing, New York (USA)

Associazione Italiana Donne per lo Sviluppo (AIDOS)
The Italian Association for Women in Development is a non-governmental organization dedicated to working in developing countries and economies in transition for women's rights, dignity, freedom of choice and economic empowerment. It provides technical assistance, training and information. One of its main sectors of intervention is sexual and reproductive health and rights, adopting an integrated and holistic approach.

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