

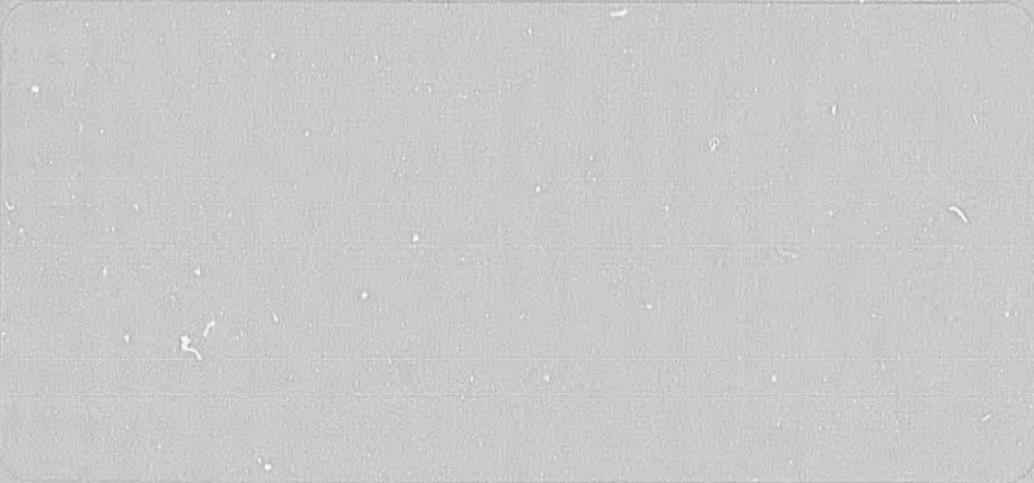
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TRIP REPORT

**INDRAMAYU OPERATIONS RESEARCH PROJECT TO
REDUCE Anemia IN PREGNANT WOMEN**

PROGRESS AND FUTURE PLANS

**Manoff Group Consultancy #7
February 1992**

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MotherCare Social Marketing Adviser**

Report Prepared for the
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- A. Persons Contacted
- B. Radio Plan
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BACKGROUND

Under the University of Indonesia's large community health study in Indramayu, MotherCare is supporting research on maternal mortality and morbidity, and in two kecamatan operational research on how to increase the effectiveness of iron distribution to pregnant women and their cooperation with tablet taking to reduce maternal anemia. The operations research has taken a social marketing approach working on both the supply and demand for iron tablets.

The quantitative baseline information for the anemia study is being collected as part of the larger data collection effort. The first step in the social marketing program was a qualitative study to explore women's perceptions and experience with anemia, pregnancy and iron tablets. Also, the feasibility of using traditional birth attendants to distribute iron tablets in addition to the regular health system (health center and community health post) was examined. Using the research results to design the program, the distribution phase of the project began, in one kecamatan through the health system and in the other through the health system plus traditional birth attendants. At the same time, a set of motivational materials were being developed for implementation six months after the initiation of the enhanced distribution.

The design of the communications strategy grew directly from the research. It has two major features: (1) promotion of the iron tablet, what it is and where and when to get it; and (2) education on specific resistances, including suggestions for how to overcome the common problems related to compliance. Once the strategy was written, Saatchi and Saatchi (S&S) was hired to do the creative and final art work. They were selected primarily because of their previous work for the Ministry of Health with an eye toward facilitating the Ministry's use of the materials developed in this project. Since the creative work began, there have been a series of delays. The first delay came when a creative idea decided on between the project team and S&S failed to test well with the families. Entirely new creative materials had to be developed. This new set has been tested and revised and was ready for final approval. The launch date for the communications was scheduled for the 1st February but then delayed. Training materials had been prepared for the communications training of all providers of iron tablets.

Since I was in Indonesia, the project requested assistance from MotherCare to:

1. Review final communication materials.
2. Review training plans.
3. Discuss future work schedule and budget.

Each item in the scope of work was accomplished. Below is a summary by item. In the attachment is the list of people with whom I consulted during this assignment.

CONSULTANT TASKS

Final Communication Materials

As part of the review of the final materials, Teguh, Carrie and I went over the text on the counselling cards prior to giving it to S&S. We reviewed the text by implementing a counselling session. As we did this, we realized several awkward questions or instructions. We also tried to simplify the text as much as possible. After several practice sessions, the text was finalized.

I had two meetings at Saatchi & Saatchi, the last of which was to approve final art work. There are ten materials (see list later in text). All were approved except the counselling cards which Teguh and I asked for more time to review. Regarding the counselling cards, we were not satisfied with the layout of the text on the back. The type size was too small. With a different layout of picture and text, the type could be bigger. However, it will require a new typesetting job as text is already in bromides.

Also presented by Saatchi & Saatchi when we were there to approve final art work was the budget for the work completed and for printing the materials. The budget was divided into three categories, plus tax.

1. Creative work	Rp. 7,000,000	US\$ 3,500
2. Final art work	Rp. 6,620,000	3,300
3. Printing	Rp. 27,695,000	13,848
4. VAT (10%)	Rp. 4,131,539	2,066

The first item was quoted as negotiated at the outset of the work. The second item was higher than an earlier estimate (Rp. 3,000,000), but then there were more revisions than expected. The printing was in line with earlier estimates but higher than expected especially given that the radio spots were being finished by the local Indramayu radio station. Even though University of Indonesia is not obligated to print the materials through S&S, their estimates gave us an idea of the cost of printing. Even with reductions in printing costs, these costs are higher than the project can afford, especially since the costs to produce the final radio messages and to air them must be added to the printing costs.

Given the budget problem while still at S&S, Teguh and I reviewed each material with S&S to see how the cost of

reproduction could be reduced. Carrie, Manoff consultant on the project, was not present at this meeting, so we could not benefit from her recollection of decisions made on materials specifications. Therefore, what is reported here may change. Given the high printing costs, Teguh and I felt the first effort to bring down the price should be by changing the specifications of the materials. For example, all printing costs were given for full color. This is primarily because Ibu Sehat (the project logo) is done in full color. For several materials, we changed the specification to a two or three color job. Following are the decisions made with S&S. Those marked with a "■" indicate a change in specification.

1. wall poster
 - remember "sticker" for dukun bayi is not printed on 1/2 posters
 - "tablet" change to "pill"
 - look at type and cost of paper
2. banner
 - add line about Gabus Wetan
 - change to two color burgundy & blue plus black
3. leaflet
 - 1 typesetting error
 - change to 2 colors
4. action sheet
 - no corrections
 - would like to do in 2 colors, not fc.
5. tin plate
 - no correction
 - check on making it 2-3 colors
blue, burgundy, black, omit green
6. large stickers
 - large no corrections
 - full color okay. Check green on depkes logo.
7. small sticker
 - no correction
 - 2 color
8. certificate A
 - no change
9. certificate B
 - no change
10. counseling cards
 - check type size
 - check cost of binding
 - reformat to give more space and to emphasize particular items more

On the counselling cards, even prior to seeing the price quotes, we decided to change specifications. Originally, the card set had been designed with a cardboard stand so it could be placed on a table. We eliminated that part of the package because (1) often there will not be a table to use; (2) by putting the card set on the table, it creates a barrier between client and counsellor and makes it difficult for the counsellor to refer to the pictures and more likely that she will try to read the back of the cards; (3) the higher cost with stand decreases the likelihood of replicability.

It is possible with these changes in specifications that production costs would drop ten to 15 percent (for an additional discussion of the S&S budget see page 5).

Another discussion that Teguh and I had regarded prioritizing materials in case, because of budget, any materials would need to be dropped. We decided that unless banners could be done extremely inexpensively they should be dropped along with the large sticker (but print more small ones) and that the leaflet could be replaced by distributing a small version of the counselling cards.

In addition to reviewing the print materials, we had a chance to reconsider the radio spots. The plan has been for three spots, two of 60-second duration and one "reminder" spot of 30-second duration. The spots have as their objectives (1) when to take the tablet and its benefits; and (2) how to take the pill (same time, every day, with citrus) and its benefits. The 30-second "reminder" spot stresses when to take the tablet, where to get it and its benefits. On all spots, we made some minor changes to (a) make them more attune to village life and (2) to make the message in each spot clearer by repeating it at least twice in the spot, in a different way each time.

We also received the radio schedule (see Attachment B). We felt the schedule needed to show a much stronger phrasing of the spots. Also, the team will enquire about the times the spots will be aired. Perhaps by placing spots at more critical times the numbers can be reduced.

Training Plans

When I arrived, Carrie had a draft training plan that she had put together in consultation with Teguh. The communications training for the project will be:

1. Training of the health center bidans (midwives) in the use of materials and to be trainers: 2 days
2. Training of the dukun bayi (TBAs): 1 day

3. Training of the village kader (volunteer workers):
1 day
4. Orientation of village leaders

The training modules to be used for this project have been adapted from the "IEC Materials Development Module" and the "Interpersonal Communications and Counseling Training Module," both of which were developed by the John Hopkins University Population Communications Services (JHU/PCS) and Program for Appropriate Technology in Health (PATH).

This project's training modules break with the tradition of much of the training done currently in Indonesia. It is highly participatory and task specific. The training of the bidans is oriented to their task as trainers as well as to their ultimate tasks as counsellors of clients and supervision of kader and dukun bayi. The kader and dukun bayi trainings are oriented to their task of counselling. This training includes a thorough familiarization with the important messages and why they are important, a review of all project materials and multiple practice sessions with the counselling cards. Prior to departure, I reviewed the final training plans that will be submitted in Carrie's second trip report but I include them in Attachment C here.

Evaluation

Prior to this trip, evaluation questions had been written and discussed with the Indramayu team and Nancy Sloan at Population Council and finalized. Over the next several months, these questions must be incorporated in Module D, not just added at the end. Apparently, there are no additional comments on the final list of questions and Teguh said that it would be no problem to get Module D reprinted with the anemia education questions inserted.

Work Schedule and Budget

The work schedule I discussed with Teguh and Carrie early in my consultancy was much more optimistic than upon my departure. They had hoped the training could be done prior to the beginning of Ramadan and the program launched shortly after (see Attachment D). By the end of the consultancy, it seemed that the training should be scheduled immediately after Lebaran (second week of April) and the program launched about mid-April.

The delay at this point is because of the budget. The total amount needed to launch the program is about US\$21,500. It is for the following:

- (1) S&S for creative layouts and final art (could be negotiated to about Rp. 11,000,000 - 11,500,000 or US\$5,500 - 6,000 because item 2 in their budget can probably be reduced by Rp. 1 - 2,000,000);
- (2) to print the materials (approximately Rp. 20 - 25,000,000 or US\$10 - 12,000 if not done by S&S, and with adjusted specifications);
- (3) the Indramayu radio station for the recording;
- (4) the local stations to air the spots (approximately Rp.13,000,000 or US\$ 6,500); and
- (5) for the training of the principal educational agents (approximately Rp. 4,000,000 or US\$ 2,000).

Obviously, these costs do not include the monitoring that will be needed. The evaluation should require no money beyond that already in the budget.

At a special meeting held to discuss the budget, it surfaced that there is only \$5,874 in the subcontract to cover all of the costs outlined in no. 1-5 above. This amount is only enough to cover obligations to S&S for number 1 above. The total amount which cannot be accommodated within the existing budget. MotherCare was notified immediately of the situation. Meanwhile, authorizing any printing was put on hold, although queries were initiated to get price quotes for doing the printing outside of S&S.

Although this initially surprising situation may not result in a problem, it will delay progress in the communications component. My recollection of the situation is that early in the project a budget was written for this component that indicated that the cost of the component would be close to \$20,000 or at least \$15,000 more than the budget allocated in the University of Indonesia's subcontract. Given this discrepancy, MotherCare set aside money that could be used if needed. It is critical that MotherCare clarify the situation from their point of view and that the principal investigator be assisted in clarifying the budget for the component.

Another issue that arose during the budget discussion was the project extension. At this time, the MotherCare assistance to the overall project is scheduled to end in May. At that point, the communications activities would have only been underway about a month. To complete the operations research study, there would have to be at least a nine-month extension and twelve months would be ideal. The project team had prepared a

budget for the extension for MotherCare.

Discussions with the Government

During discussions with government officials in the course of my other assignment in Indonesia, I learned of the plans between the Directorate of Nutrition and the Center of Health Education to use a social marketing approach to national iron/folate tablet distribution and promotion. Currently, they have several test markets or pilots ongoing with an Indonesian-manufactured tablet. The tablet is produced by Kimia Farma, it is large, red and slightly sweet tasting because of the binding used. Except for its size, the other specifications meet consumer preferences. Kimia Farma is currently working on the packaging for 30 pills. The government is looking at distribution. Here, the use of the dukun bayi in Indramayu should be of interest. To date, very little has been done by the government on the demand-side of the equation, i.e. dealing with other consumer resistances. UNDP has funded one of the pilots to allow for experimentation with communications. The Center for Health Education and a private group have been asked to collaborate. Again, here the Indramayu project has a lot to offer other pilot projects or the national effort: the qualitative research experience and the overall strategy conceptualization, selected materials and the training package. With Dr. Utomo providing assistance to the Ministry of Health with their trials of the tablet and through presentations already made by the group to the Ministry of Health personnel, the government has added Indramayu as one more pilot project experience to inform a national effort. It is important to keep this alive and to point out how the Indramayu process and materials can be simplified for regional adaptation.

NEXT STEPS

Indramayu

- (1) Clarify budget situation with MotherCare for printing materials and launching communication, and for the extension.
- (2) Finish final art work with S&S.
- (3) Obtain price quotes from other suppliers on printing some of the materials.
- (4) Finish radio spots, pretesting and final revisions.
- (5) Once budget situation is clarified, revise the launch plans.
- (6) Incorporate evaluation questions in module D.

MotherCare

- (1) Clarify budget situation with the University of Indonesia for the communications component and for the extension.
- (2) Review training plans again.

PERSONS CONTACTED

Indramayu Project Team: University of Indonesia, Center for Child Survival

Dr. Budi Utomo, Principal Investigator
Pandu Riono, Co-Principal Investigator
Teguh Budiono, Field Coordinator and Social Marketing Manager

Government of Indonesia

Fasli Jalal, Bureau of Health and Nutrition, BAPPENAS
Benny Kodayat, Chief, Directorate of Nutrition
Tjep Marku, Center for Health Education

Saatchi & Saatchi

Mr. David Warrior, Director
Lella, Account Manager
Mervyn Pereira, Creative Director

USAID/Jakarta

Joy Riggs-Perla, Deputy, Population and Health Office
Dr. Michael Linnean, CDC Child Survival Fellow, Population and Health Office

MotherCare Consultants

Carrie Hessler-Radelet, The Manoff Group
Mary Jo Hansell, JSI
Gour Dasvarma, Population Council

ATTACHMENT B

MEDIA PLAN SCHEDULE

Client : UI Project
 Campaign : Ibu Sehat - Iron Tablet
 Period : Mar - Aug 1992

Prepared by : THE Agency / SSA
 Plan No. : 002/UI/92
 Date : February 6, 1992

Radio Station	Length	March				April				May				June				July				August				Total			
		9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13	20	27	31	3	10	17	24	Spot	Nett
Cindelaras	60 A	84	84	28	28	28	42	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	854	2,562,000
Cindelaras	60 B							14	14	14	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	399	1,197,000
Cindelaras	60 C		56	56		56	42	42	42	42	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	931	2,793,000
RDK	60 A	84	84	28	28	28	42	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	854	1,024,800
RDK	60 B							14	14	14	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	399	478,800
RDK	60 C		56	56		56	42	42	42	42	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	931	1,117,200
Total cost																													
15 % agency fee																										9,172,900			
Subtotal																										2,948,400			
10% VAT																										12,121,200			
Total cost to client																										1,212,120			
																										13,333,320			

Note : 84 spots/week = 12 spots/day, 7 days/week
 28 spots/week = 4 spots/day, 7 days/week
 42 spots/week = 6 spots/day, 7 days/week
 14 spots/week = 2 spots/day, 7 days/week
 21 spots/week = 3 spots/day, 7 days/week
 56 spots/week = 8 spots/day, 7 days/week
 35 spots/week = 5 spots/day, 7 days/week

TRAINING DESIGN
Training of Trainers for Bidan

I. TRAINING OBJECTIVES: By the end of training, participants will be able:

1. to use counseling cards to counsel pregnant women on the use of iron tablets;
2. to identify characteristics of a good counselor and to practice counseling skills.
3. to identify characteristics of a good trainer and to practice training skills.

II. TRAINING CONTENT:

Areas of Knowledge:

1. Benefits of iron tablets for pregnant women.
2. How to take iron tablets.
3. How to manage side effects.
4. How to use the action sheet.

Skills to be developed:

1. Use of counseling cards.
2. Counseling skills.
3. Training skills.

III. TRAINING MODULES:

- Module 1: Arrival and Introduction to Training
- Module 2: Communication Module
- Module 3: Training Module
- Module 4: Introduction to Counseling Cards
- Module 5: Development of Counseling Skills
- Module 6: Practice in the Use of Counseling Cards
- Module 7: Final Wrap-up and Award Ceremony

TRAINING SCHEDULE
Training of Trainers

9:00 a.m.	Training begins Module I: Arrival and Introduction to Training
9:20 a.m.	Module II: Communication Module
10:05 a.m.	Module III: Training Module
10:45 a.m.	Break for coffee and tea (provided)
11:00 a.m.	Module IV: Introduction to Counseling Cards
12:20 a.m.	Break for lunch (provided)
1:15 p.m.	Module V: Development of Counseling Skills
2:40 p.m.	Break for coffee and tea (provided)
2:55 p.m.	Module VI: Practice in the Use of Counseling Cards
4:15 p.m.	Module VI: Final Wrap-up and Awards Ceremony
5:00 p.m.	Training ends

MODULE I: ARRIVAL AND INTRODUCTION TO TRAINING

Objectives:

- o Participants will become acquainted with other participants and trainers;
- o participants will become familiar with the training agenda and objectives;

Time: 20 minutes

Sections

Covered:

- A. Arrival
- B. Introduction of Participants and Trainers
- C. Introduction to Training

Preparation: Agenda written on flip chart.

Supplies: Flip chart, markers

Arrival and Introduction

MODULE I

STEPS

TRAINER'S NOTES

A. ARRIVAL

1. Anyone arriving early can help set up.

B. INTRODUCTION OF PARTICIPANTS AND TRAINERS (10 minutes)

1. Trainers and participants will introduce themselves and say a little about themselves.

C. INTRODUCTION TO TRAINING (10 minutes)

1. Introduce training objectives (on flip chart).

2. Hopes and Expectations of Training (on flip chart). Participants and trainers should list their expectations of training.

3. Introduce agenda (on flip chart)

TRAINING OBJECTIVES:

By the end of training, participants will be able:

1. to use counseling cards to counsel pregnant women on the use of iron tablets.
2. to identify characteristics of a good counselor and to practice counseling skills.
3. to identify characteristics of a good trainer and to practice training skills.

Stress teamwork, having fun with the training, motivation, working together.

MODULE II: COMMUNICATION MODULE

Objectives: Participants will be able:

- o to identify reasons that different people view and hear things in different ways;
- o to give examples of how to improve verbal and visual communication;

Time: 45 minutes

Sections

Covered:
A. Introduction
B. Word-of-Mouth Game
C. Animal Game
D. Wrap-Up

Preparation: Sentences for Word-of-Mouth Game, aardvark illustration

Supplies: Flip chart, markers, paper and pencils for all participants

STEPS

TRAINER'S NOTES

A. INTRODUCTION (5 minutes)

1. Introduce communication as a two-way process influenced by their background and experiences.

You speak, someone hears;
You show, someone sees.

BUT

Do they hear/see what you want to say/show?

When you want to communicate, think about:

- * WHO do you want to communicate with?
- * WHAT do you want to say?
- * HOW is the message presented?
- * Is what you want to say heard and understood?
- * Is what you want to show seen and understood?

2. Illustrate the two-way process with the following exercises:

NOTE:

After each exercise, it is important to emphasize the objectives of each. Remember the overall objective of illustrating the differences in the way people view and hear things, and the implications these have for communication.

B. WORD-OF-MOUTH GAME (15 minutes)

1. Select a long and confusing message about iron tablets, such as: Tuti took iron tablets every morning on an empty stomach for a week and every day she became nauseous so she finally went to the bidan who told her to take her tablets with food at night and when she did this Tuti soon felt better.
2. Ask participants to divide up into two lines. Whisper the

This exercise illustrates how spoken words can be distorted and how rumors and misinformation can be spread. Discussion can focus on how we can improve verbal messages and communication.

message to the first person in each line. That person will whisper the message to the next person in line only once, who will repeat it to the next person in line. The message is repeated along the line until the last person has received the message.

3. The last person in each line tells the message she heard, and the message is compared to the original message.
4. Try the exercise again with a different message, this time speaking the message with a different accent, speaking quickly, or using unfamiliar, technical language.
5. Process the exercise by asking why the message changed.
6. Ask the group how the verbal message can be improved so that it will be less likely to be distorted. What can the sender do differently?

C. ANIMAL GAME (15 minutes)

1. Give participants a paper and pencil for this game.
2. Explain that you will ask them to draw an animal. You will tell them how to draw the animal and will read the instructions two times.

- * Too long
- * Too complicated
- * Information unfamiliar

<u>Message should:</u>	<u>Sender should:</u>
o be clear	o speak clearly
o be brief	o repeat
o be simple	o get feedback
o be appropriate	o illustrate
o be specific	o ask questions

KEY POINTS TO REMEMBER:

- * Rumors and misinformation are often spread because the original message is distorted.
- * When communicating information, use familiar language, keep the message clear, brief, simple and appropriate.

Emphasize that drawing skills are not important.

3. Read the description on the right.

Read it slowly and repeat it only once. The purpose of this is not to understand what they are drawing, but rather that seeing helps people understand better.

4. Tell participants that they have only three minutes to draw the animal. Let them work on it.
5. Ask the participants to show the group their drawings.
6. Ask a few people to guess what kind of animal they have drawn. Then show them the drawing of the aardvark to the group. Reread the description and point to each part of the picture as you read.
7. Process this exercise by asking participants what they have learned from it. List lessons on a flip chart.

D. WRAP-UP: (10 minutes)

1. Think back to the various activities and the lessons learned from each.

"The body is short and wide, with an arched back. The limbs are also short and wide and have strong, blunt claws. The ears are long. The long, narrow head is set on a short, thick neck and at the end of the snout are the nostrils. The mouth is small and shaped like a tube. The animal has a very long, thick tongue."

The animal is an aardvark.

Possible Lessons:

- * It's difficult to listen.
- * Listening and seeing help understanding rather than just listening or seeing.
- * Visual aids are important.
- * A picture is worth a thousand words.
- * Verbal descriptions of objects or concepts that are unfamiliar to the target audience are difficult to understand.

POINTS TO EMPHASIZE:

- * The backgrounds and experiences of individuals influence the way they see, hear and understand.
- * Everyone has their own way of seeing, hearing and understanding.

- * There are no "right" or "wrong" ways of seeing, hearing or understanding - only different ways.
- * In communicating a message, it is up to the sender (or counselor) to make sure that the target audience understands the messages the way they are intended.

MODULE III: TRAINING

Objectives:

- o to observe examples of good and poor training;
- o to identify characteristics of good training.

Time: 40 minutes

Sections

Covered: A. ROLE PLAY
B. DISCUSSION

Preparation: Prepare seating in standard classroom format prior to module; mirrors for participants, any visual aids re. anemia.

Supplies: Flip chart, markers

STEPS

TRAINER'S NOTES

A. ROLE PLAY: GOOD TRAINER/
AUTHORITATIVE TRAINER
(20 minutes)

1. This role play performed by the trainers will demonstrate the importance of appropriate training skills. The role play will involve two 7-minute "mini-trainings" on symptoms of anemia.

2. One trainer will play the role of the "bossy, authoritative" trainer. Chairs should be placed in rows, all facing the front. Trainer will enter the room, greet the participants formally, and take her place at the front of the room. She should talk quickly, giving a formal lecture on symptoms of anemia, using as many medical terms as she can. Do not permit participants to ask questions or interrupt. From time to time scribble on the flip chart. Be sure it is difficult to see and understand. At the end of the seven minutes (be punctual), thank your participants and leave the room.

2. Without another word, the second trainer will enter the room. This trainer will have a friendly, relaxed manner, and will invite participants to pull up a chair and sit in a circle. As trainer, you "teach" the same topic as trainer #1, but whenever possible try to draw information out of the students from their own experience. Invite students

to look at their own fingernails, palms, lips and tongue to see if they are pink (bring a mirror). Have them look at their neighbor's mouths and hands to find symptoms of anemia. Again, the mini-training should last 7 minutes, but just before the end make sure that you ask if there are any questions or comments. Thank the participants and leave.

B. DISCUSSION (20 minutes)

1. Process the role play by asking the participants what they thought about the two role plays.
2. Summarize the difference between the two counseling sessions during the discussions, by listing the characteristics of the first training session on the flip chart under the heading Training 1 and the characteristics of the second training session under the heading Training 2. A participant can help in this task by writing on the flip chart.
3. Based on the role plays, talk about what makes a good trainer. Have participants come up with their own ideas about what makes a good trainer, but make sure the points to the right are included in their list.

QUESTIONS FOR DISCUSSION:

- * What did you think about the two training sessions?
- * From which training session did you learn more?
- * Which did you like better? Why?
- * Who do you think was a better trainer?
- * How did you feel as participants in the first session? the second session?
- * What did you learn about training from this role play?

CHARACTERISTICS OF A GOOD TRAINER:

1. Interacts with participants.
2. Shows participants that he cares about what they learn.
3. Helps participants learn by seeing and doing.
4. Explains concepts in easy to understand words.
5. Builds on participants' experience.

NOTE: Encourage participants to think about the characteristics of good training activities and good trainers as they participate in the rest of the training.

Ask one of the participants to help facilitate the discussion following the role play, to give her practice in the role of trainer.

NOTE:

After discussion the role play, briefly review this module. What did they think about the activities and the way it was facilitated? Do they have any suggestions for improvement?

MODULE IV: INTRODUCTION TO COUNSELING CARDS

Objectives: Participants will be able:

- o to review the counseling cards and action sheets;
- o to role play the message of the counseling cards, so that the message will be more easily remembered and understood.

Time: 80 minutes

Sections

Covered:

- A. Introduction
- B. Review of Counseling Cards
- C. Role Play

Preparation: Props for role play: dukun bayi hat, three white service provider kebaya, packets of iron tablets, fruit, water and glasses, pillows for pregnant women, name tag for narrator.

Supplies: Flip chart, markers, counseling cards and action sheets.

STEPS

TRAINER'S NOTES

A. INTRODUCTION (2 minutes)

1. Explain that in this session they will become familiar with the counseling cards and the action sheets, as well as become familiar with a way this module could be facilitated.

B. REVIEW OF COUNSELING CARDS
(38 minutes)

1. Hand out copies of the counseling cards and action sheets to all participants.
2. Go through each picture, reading the text carefully, and talking about the picture and the message. Talk about participants' experiences with distributing iron tablets to women. In their experience, what most influences women's willingness to take iron tablets? What are some of the traditional beliefs about iron tablets and anemia?

C. ROLE PLAY (40 minutes)

1. Assign each participant a role. There should be 1 bidan, 1 kader, 1 dukun bayi, lots of pregnant women, and a narrator (someone who can read).
2. The narrator will read the text of the counseling cards (excluding the questions) and the participants will act out the message.
3. Process the role play by talking about how it felt to be in the different roles.

Ask participants what they see in each picture. Make sure that all participants understand all messages before you move on to the next picture and text.

Give participants props to make the role play more memorable and fun. Bring dukun bayi and nursing hats/lab coats for health personnel, and pillows for the bellies of the pregnant women. The narrator could have a name tag.

QUESTIONS FOR DISCUSSION:

- * Did those who played the role of pregnant women feel like they wanted to take iron tablets? Why or why not?
- * Did those who played counselors feel comfortable in that role?

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NOTE:

After discussion the role play, briefly review this module. What did they think about the activities and the way it was facilitated? Do they have any suggestions for improvement?

MODULE V: DEVELOPMENT OF COUNSELING SKILLS

Objectives: Participants will be able:

- o to identify characteristics of good counseling;
- o to practice good counseling skills while using the counseling cards.

Time: 85 minutes

Sections
Covered:

- A. Role Play - Bad Counseling/Good Counseling
- B. Discussion on the Characteristics of Good Counseling
- C. Counseling Card Practice
- D. Discussion

Preparation: Props for role play: counseling cards, action sheets, pillows, table, two chairs, packet of tablets

Supplies: Flip chart, markers

STEPS

TRAINER'S NOTES

A. GOOD COUNSELING/BAD COUNSELING
ROLE PLAY (30 minutes)

1. This role play performed by the trainers will demonstrate the importance of good counseling skills.
2. One trainer will play the role of a bad counselor. A participant can play the role of a pregnant woman. The bad counselor should place the counseling cards on a table between herself and the client, and have an authoritative, know-it-all attitude. Greet the client stiffly and treat her as a subordinate. Use big words that the client doesn't understand and rush through the counseling cards with very little interaction with the client. Give her the tablets without asking her if she wants them. Tell her to come back in a month and dismiss her when the talk is over.
3. When the role play is finished, the Good Counseling role play should begin, without any introduction. Again, a trainer will play the role of the counselor and a participant will play the role of the client. The good counselor should pull up a chair next to the client and establish a warm, caring conversation. She should slowly go over the counseling cards, asking questions and making sure that her client understands the message and the picture and is in agreement, before moving onto the next picture. Information

No introduction will precede the role play, and participants will form their own impressions about the role plays without being told that one is an example of good counseling and the other is an example of bad counseling.

should be conveyed in simple words that are easily understood by the client. The counseling session should be interactive, and throughout the counseling session the counselor should demonstrate that she cares about her client.

4. Process the role play by asking what the participants thought about the two role plays.

5. Ask a participant to help facilitate the discussion. Summarize the differences between the two counseling sessions during the discussion by making two columns on a flip chart: one entitled First Session and the second entitled Second Session. As participants discuss the differences between the two sessions, write their answers on the flip chart.

B. DISCUSSION ABOUT CHARACTERISTICS OF GOOD COUNSELING (10 minutes)

1. Introduce the concept of counseling.

2. Based on the role plays and the above discussion, talk about what makes a good counselor. Have them come up with their own definition of characteristics of good counseling, but in the end make sure that the points to the right are emphasized.

QUESTIONS FOR DISCUSSION:

- * What did you think about the two counseling sessions?
- * From which counseling session did you learn more? Why?
- * Which did you like better? Why?
- * Who do you think was the better counselor? Why?
- * How do you think the client felt in the first session? In the second session?
- * Which counselor treated the client as her equal? Could this affect her interest in taking iron tablets?
- * What did you learn from the two counseling sessions?

Counseling is one person helping another as they talk face-to-face. Participants do it everyday, almost each time they talk with a client!

Characteristics of Good Counseling:

1. Show your clients that you want to help them;
2. Find out and understand how your clients feel;
3. Give your clients accurate information in a way they can understand;
4. Help them make their own decision about taking iron tablets.

Emphasize the importance of listening so that you can understand clients, and therefore better help them.

C. COUNSELING CARD PRACTICE (35 minutes)

1. Ask participants to divide up into groups of two to practice using the counseling cards. Each participant should have a chance to practice being a counselor and a client. Trainers should observe the groups and assist when necessary.

D. DISCUSSION: (10 minutes)

1. Participants should process the activity by coming together as a group and discussing how it felt to use the counseling cards.

Remind them to think about the role play and what they learned about the elements of good counseling when they are acting as the counselor.

POSSIBLE QUESTIONS FOR DISCUSSION:

1. How did you feel using the counseling cards?
2. In what way were the cards useful?
3. What was the hardest thing about being a counselor?
4. How can we improve our counseling skills?
5. What did you think about the way this module was facilitated?

MODULE VI: PRACTICE MODULE

Objectives: Participants will be able:

- o to identify ways to counsel clients with special concerns;
- o to practice counseling clients with special concerns.

Time: 80 minutes

Sections

Covered: A. Introduction
B. Role Play - Clients with Special Concerns

Preparation: Scenarios

Supplies: None

STEPS

TRAINER'S NOTES

A. INTRODUCTION (2 minutes)

1. Explain that in this module, participants will have a chance to practice counseling clients who have special concerns.

B. ROLE PLAY COUNSELING SESSION WITH SPECIAL CONCERN CLIENTS
(78 minutes)

1. Divide participants into groups of four, with one trainer assigned to each group. Each group is given a piece of paper listing four scenarios describing clients with different special concerns. (Scenarios listed at right).
2. For each scenario, the group should talk together first about how to counsel the client. Then participant pairs should take turns playing the role of client and counselor, practicing the use of the counseling cards while addressing the client's special concern. The trainer should observe and assist when necessary.
3. After role playing the first scenario, the group should come together again and talk about how the practice session went. They should share how they counseled their "client", and what they found to be difficult.
4. Then the groups should move onto the next scenario and follow the same process.

SCENARIOS:

1. Client who is afraid that the iron tablets will give her high blood pressure.
2. Client who has taken iron tablets before but stopped because she didn't like the taste.
3. Client who is taking iron tablets but is experiencing side effects.
4. Client who is afraid to take iron tablets because she believes that they will give her a large baby.

POSSIBLE QUESTIONS FCDISCUSSION: (Participants facilitate processing)

1. How did you feel when you were counseling the client?
2. How did the client feel?
3. What was difficult about this special concern?
4. Did you feel you adequately addressed her concern?
5. Did any new issues arise?

MODULE VII:

Objectives:

- o To review the training to ensure that Hopes and Expectations were met.
- o To award certificates to participants for the successful completion of training.
- o To distribute tin plates, certificates, iron tablets and supplies for the first month.

Time: 40 minutes

Sections

Covered:

- A. Final Wrap-up
- B. Award Ceremony
- C. Distribution of Iron Tablets and Action Sheets

Preparation:

Hopes and Expectation page from flip chart, certificates with names, tin plates with names, pre-packaged bags of initial supplies of iron tablets and action sheets

Supplies:

None

STEPS

TRAINER'S NOTES

A. FINAL WRAP-UP (10 minutes)

1. Review Hopes and Expectations chart from first session to make sure that all points were covered. Discuss the day - what was helpful, what wasn't helpful, so that the information can be used to improve future trainings.
2. Ask if there are any other questions, and answer them.

B. AWARDS CEREMONY (15 minutes)

1. Have a small ceremony, awarding each participant her certificate. Give each dukun bayi her personalized tin plate at this time.

C. DISTRIBUTION OF IRON TABLETS AND ACTION SHEETS (15 minutes)

1. Give each participant her first month's supply of iron tablets and action sheets. (Make sure they have a bag for their supplies). Talk about when they will get their second supply, and remind them about the next meeting with the bidan.

How did the training compare to what they learned in the Training module? How do they feel about leading a similar training? Do they have any questions or concerns about leading the training?

TRAINING DESIGN

Training for Kader and Dukun Bayi
on the Use of Counseling Cards to Counsel
Pregnant Women on the Use of Iron Tablets

I. TRAINING OBJECTIVES: By the end of training, participants will be able:

1. to use counseling cards to counsel pregnant women on the use of iron tablets;
2. to identify characteristics of a good counselor and to practice good counseling skills.

II. TRAINING CONTENT:

Areas of Knowledge:

1. Benefits of iron tablets for pregnant women.
2. How to take iron tablets.
3. How to manage side effects.
4. How to use the action sheet.

Skills to be developed:

1. Use of counseling cards.
2. Counseling skills.

III. TRAINING MODULES:

- Module 1: Arrival and Introduction to Training
- Module 2: Communication Module
- Module 3: Introduction to Counseling Cards
- Module 4: Development of Counseling Skills
- Module 5: Practice in the Use of Counseling Cards
- Module 6: Final Wrap-up and Award Ceremony

TRAINING SCHEDULE

9:00 a.m. Training begins
Module I: Arrival and Introduction to Training

9:30 a.m. Module II: Communication Module

10:20 a.m. Break for coffee and tea (provided)

10:35 a.m. Module III: Introduction to Counseling Cards

12:05 a.m. Break for lunch (provided)

1:00 p.m. Module IV: Development of Counseling Skills

2:30 p.m. Break for coffee and tea (provided)

2:45 p.m. Module V: Practice in the Use of Counseling Cards

4:15 p.m. Module VI: Final Wrap-up and Awards Ceremony

5:00 p.m. Training ends

MODULE I: ARRIVAL AND INTRODUCTION TO TRAINING

Objectives:

- o Participants will become acquainted with other participants and trainers;
- o participants will become familiar with the training agenda and objectives;

Time: 30 minutes

Sections

Covered:

- A. Arrival and Ice Breaker
- B. Introduction of Participants and Trainers
- C. Introduction to Training

Preparation: Puzzle piece drawings for ice breaker, safety pins, Agenda written on flip chart.

Supplies: Flip chart, markers

STEPS

TRAINER'S NOTES

A. ARRIVAL

1. Anyone arriving early can help set up.

2. ICE BREAKER (10 minutes)

Have prepared simple pictures of different people doing different activities. Cut each picture in half to form a puzzle. When each participant arrives, a puzzle piece should be pinned to her back. She must find the person who has the other half of her puzzle by asking questions about her own puzzle and helping others by answering questions about their puzzle piece. Partners will introduce each other to the group.

Encourage participants to introduce themselves as they try to find their partner. When they identify their partner, each should tell a little about themselves so their partner can introduce them to the group. Encourage those who are shy.

B. INTRODUCTION OF PARTICIPANTS AND TRAINERS (10 minutes)

1. Trainers will introduce themselves and participants will introduce their partner from the Ice Breaker.

Sit in a circle. Partners should sit next to each other.

C. INTRODUCTION TO TRAINING (10 minutes)

1. Introduce training objectives (on flip chart).

TRAINING OBJECTIVES:

By the end of training, participants will be able:

1. to use counseling cards to counsel pregnant women on the use of iron tablets.
2. to identify characteristics of a good counselor and to practice good counseling skills.

2. Hopes and Expectations of Training (on flip chart). Participants and trainers should list their expectations of training.

Stress teamwork, having fun with the training, motivation, working together.

3. Introduce agenda (on flip chart)

MODULE II: COMMUNICATION MODULE

Objectives: Participants will be able:

- o to identify reasons that different people view and hear things in different ways;
- o to give examples of how to improve verbal and visual communication;

Time: 50 minutes

Sections

Covered:

- A. Introduction
- B. Word-of-Mouth Game
- C. Animal Game
- D. Wrap-Up

Preparation: Sentences for Word-of-Mouth Game, aardvark illustration

Supplies: Flip chart, markers, paper and pencils for all participants

STEPS

TRAINER'S NOTES

A. INTRODUCTION (5 minutes)

1. Introduce communication as a two-way process influenced by their background and experiences.

You speak, someone hears;
You show, someone sees.

BUT

Do they hear/see what you want to say/show?

When you want to communicate, think about:

- * WHO do you want to communicate with?
- * WHAT do you want to say?
- * HOW is the message presented?
- * Is what you want to say heard and understood?
- * Is what you want to show seen and understood?

2. Illustrate the two-way process with the following exercises:

NOTE:

After each exercise, it is important to emphasize the objectives of each. Remember the overall objective of illustrating the differences in the way people view and hear things, and the implications these have for communication.

B. WORD-OF-MOUTH GAME (20 minutes)

1. Select a long and confusing message about iron tablets, such as: Tuti took iron tablets every morning on an empty stomach for a week and every day she became nauseous so she finally went to the bidan who told her to take her tablets with food at night and when she did this Tuti soon felt better.
2. Ask participants to divide up into two lines. Whisper the

This exercise illustrates how spoken words can be distorted and how rumors and misinformation can be spread. Discussion can focus on how we can improve verbal messages and communication.

message to the first person in each line. That person will whisper the message to the next person in line only once, who will repeat it to the next person in line. The message is repeated along the line until the last person has received the message.

3. The last person in each line tells the message she heard, and the message is compared to the original message.
4. Try the exercise again with a different message, this time speaking the message with a different accent, speaking quickly, or using unfamiliar, technical language.
5. Process the exercise by asking why the message changed.
6. Ask the group how the verbal message can be improved so that it will be less likely to be distorted. What can the sender do differently?

C. ANIMAL GAME (15 minutes)

1. Give participants a paper and pencil for this game.
2. Explain that you will ask them to draw an animal. You will tell them how to draw the animal and will read the instructions two times.

- * Too long
- * Too complicated
- * Information unfamiliar

<u>Message</u> should:	<u>Sender</u> should:
o be clear	o speak clearly
o be brief	o repeat
o be simple	o get feedback
o be appropriate	o illustrate
o be specific	o ask questions

KEY POINTS TO REMEMBER:

- * Rumors and misinformation are often spread because the original message is distorted.
- * When communicating information, use familiar language, keep the message clear, brief, simple and appropriate.

Emphasize that drawing skills are not important.

3. Read the description on the right.

Read it slowly and repeat it only once. The purpose of this is not to understand what they are drawing, but rather that seeing helps people understand better.

4. Tell participants that they have only three minutes to draw the animal. Let them work on it.
5. Ask the participants to show the group their drawings.
6. Ask a few people to guess what kind of animal they have drawn. Then show them the drawing of the aardvark to the group. Reread the description and point to each part of the picture as you read.
7. Process this exercise by asking participants what they have learned from it. List lessons on a flip chart.

D. WRAP-UP: (10 minutes)

1. Think back to the various activities and the lessons learned from each.

"The body is short and wide, with an arched back. The limbs are also short and wide and have strong, blunt claws. The ears are long. The long, narrow head is set on a short, thick neck and at the end of the snout are the nostrils. The mouth is small and shaped like a tube. The animal has a very long, thick tongue."

The animal is an aardvark.

Possible Lessons:

- * It's difficult to listen.
- * Listening and seeing help understanding rather than just listening or seeing.
- * Visual aids are important.
- * A picture is worth a thousand words.
- * Verbal descriptions of objects or concepts that unfamiliar to the target audience are difficult to understand.

POINTS TO EMPHASIZE:

- * The backgrounds and experiences of individuals influence the way they see, hear and understand.
- * Everyone has their own way of seeing, hearing and understanding.

- * There are no "right" or "wrong" ways of seeing, hearing or understanding - only different ways.
- * In communicating a message it is up to the sender (counselor) to make sure that the target audience understands the messages the way they are intended.

MODULE III: INTRODUCTION TO COUNSELING CARDS

Objectives: Participants will be able:

- o to review the counseling cards and action sheets;
- o to role play the message of the counseling cards, so that the message will be more easily remembered and understood.

Time: 90 minutes

Sections

Covered:

- A. Introduction
- B. Review of Counseling Cards
- C. Role Play

Preparation: Props for role play: dukun bayi hat, three white service provider kebaya, packets of iron tablets, fruit, water and glasses, pillows for pregnant women, name tag for narrator.

Supplies: Flip chart, markers, counseling cards and action sheets.

MODULE IV: DEVELOPMENT OF COUNSELING SKILLS

Objectives: Participants will be able:

- o to identify characteristics of good counseling;
- o to practice good counseling skills while using the counseling cards.

Time: 90 minutes

Sections

Covered:

- A. Role Play - Bad Counseling/Good Counseling
- B. Discussion on the Characteristics of Good Counseling
- C. Counseling Card Practice
- D. Discussion

Preparation: Props for role play: counseling cards, action sheets, pillows, table, two chairs, packet of tablets

Supplies: Flip chart, markers

Introduction to Counseling Cards

MODULE III

STEPS

TRAINER'S NOTES

A. INTRODUCTION (2 minutes)

1. Explain that in this session they will become familiar with the counseling cards and the action sheets.

B. REVIEW OF COUNSELING CARDS
(43 minutes)

1. Hand out copies of the counseling cards and action sheets to all participants.
2. Go through each picture, reading the text carefully, and talking about the picture and the message. Talk about participants' experiences with distributing iron tablets to women. In their experience, what most influences women's willingness to take iron tablets? What are some of the traditional beliefs about iron tablets and anemia?

C. ROLE PLAY (45 minutes)

1. Assign each participant a role. There should be 1 bidan, 1 kader, 1 dukun bayi, lots of pregnant women, and a narrator (someone who can read).
2. The narrator will read the text of the counseling cards (excluding the questions) and the participants will act out the message.
3. Process the role play by talking about how it felt to be in the different roles.

Ask participants what they see in each picture. Make sure that all participants understand all messages before you move on to the next picture and text.

Give participants props to make the role play more memorable and fun. Bring dukun bayi and nursing hats/lab coats for health personnel, and pillows for the bellies of the pregnant women. The narrator could have a name tag.

- * Did those who played the role of pregnant women feel like they wanted to take iron tablets? Why or why not?
- * Did those who played counselors feel comfortable in that role?

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STEPS

TRAINER'S NOTES

A. GOOD COUNSELING/BAD COUNSELING
ROLE PLAY (30 minutes)

1. This role play performed by the trainers will demonstrate the importance of good counseling skills.
2. One trainer will play the role of a bad counselor. A participant can play the role of a pregnant woman. The bad counselor should place the counseling cards on a table between herself and the client, and have an authoritative, know-it-all attitude. Greet the client stiffly and treat her as a subordinate. Use big words that the client doesn't understand and rush through the counseling cards with very little interaction with the client. Give her the tablets without asking her if she wants them. Tell her to come back in a month and dismiss her when the talk is over.
3. When the role play is finished, the Good Counseling role play should begin, without any introduction. Again, a trainer will play the role of the counselor and a participant will play the role of the client. The good counselor should pull up a chair next to the client and establish a warm, caring conversation. She should slowly go over the counseling cards, asking questions and making sure that her client understands the message and the picture and is in agreement, before moving onto the next picture. Information

No introduction will precede the role play, and participants will form their own impressions about the role plays without being told that one is an example of good counseling and the other is an example of bad counseling.

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should be conveyed in simple words that are easily understood by the client. The counseling session should be interactive, and throughout the counseling session the counselor should demonstrate that she cares about her client.

4. Process the role play by asking what the participants thought about the two role plays.
5. Summarize the differences between the two counseling sessions during the discussion by making two columns on a flip chart: one entitled First Session and the second entitled Second Session. As participants discuss the differences between the two sessions, write their answers on the flip chart. A participant who can write can help in this task.

B. DISCUSSION ABOUT CHARACTERISTICS OF GOOD COUNSELING (10 minutes)

1. Introduce the concept of counseling.
2. Based on the role plays and the above discussion, talk about what makes a good counselor. Have them come up with their own definition of characteristics of good counseling, but in the end make sure that the points to the right are emphasized. Write down their responses, even if the participants are illiterate, as you can then read back what they have said.

QUESTIONS FOR DISCUSSION:

- * What did you think about the two counseling sessions?
- * From which counseling session did you learn more? Why?
- * Which did you like better? Why?
- * Who do you think was the better counselor? Why?
- * How do you think the client felt in the first session? In the second session?
- * Which counselor treated the client as her equal? Could this affect her interest in taking iron tablets?
- * What did you learn from the two counseling sessions?

Counseling is one person helping another as they talk face-to-face. Participants do it everyday, almost each time they talk with a client!

Characteristics of Good Counseling:

1. Show your clients that you want to help them;
2. Find out and understand how your clients feel;
3. Give your clients accurate information in a way they can understand;
4. Help them make their own decision about taking iron tablets.

Emphasize the importance of listening so that you can understand clients, and therefore better help them.

C. COUNSELING CARD PRACTICE (40 minutes)

1. Ask participants to divide up into groups of two to practice using the counseling cards. Each participant should have a chance to practice being a counselor and a client. Trainers should observe the groups and assist when necessary.

D. DISCUSSION: (10 minutes)

1. Participants should process the activity by coming together as a group and discussing how it felt to use the counseling cards.

Remind them to think about the role play and what they learned about the elements of good counseling when they are acting as the counselor.

POSSIBLE QUESTIONS FOR DISCUSSION:

1. How did you feel using the counseling cards?
2. In what way were the cards useful?
3. What was the hardest thing about being a counselor?
4. How can we improve our counseling skills?

MODULE V: PRACTICE MODULE

Objectives: Participants will be able:

- o to identify ways to counsel clients with special concerns;
- o to practice counseling clients with special concerns.

Time: 90 minutes

Sections

Covered: A. Introduction
B. Role Play - Clients with Special Concerns

Preparation: Scenarios

Supplies: None

STEPS

TRAINER'S NOTES

A. INTRODUCTION (2 minutes)

1. Explain that in this module, participants will have a chance to practice counseling clients who have special concerns.

B. ROLE PLAY COUNSELING SESSION WITH SPECIAL CONCERN CLIENTS (88 minutes)

1. Divide participants into groups of four, with one trainer assigned to each group. Each group is given a piece of paper listing four scenarios describing clients with different special concerns. (Scenarios listed at right).
2. For each scenario, the group should talk together first about how to counsel the client. Then participant pairs should take turns playing the role of client and counselor, practicing the use of the counseling cards while addressing the client's special concern. The trainer should observe and assist when necessary.
3. After role playing the first scenario, the group should come together again and talk about how the practice session went. They should share how they counseled their "client", and what they found to be difficult.
4. Then the groups should move onto the next scenario and follow the same process.

SCENARIOS:

1. Client who is afraid that t... iron tablets will give her high blood pressure.
2. Client who has taken iron tablets before but stopped because she didn't like the taste.
3. Client who is taking iron tablets but is experiencing side effects.
4. Client who is afraid to take iron tablets because she believes that they will give her a large baby.

POSSIBLE QUESTIONS FOR

DISCUSSION:

- (Trainer facilitates processing)
1. How did you feel when you were counseling the client?
 2. How did the client feel?
 3. What was difficult about this special concern?
 4. Did you feel you adequately addressed her concern?
 5. Did any new issues arise?

MODULE VI:

Objectives:

- o To review the training to ensure that Hopes and Expectations were met.
- o To award certificates to participants for the successful completion of training.
- o To distribute tin plates, certificates, iron tablets and supplies for the first month.

Time: 40 minutes

Sections

Covered:

- A. Final Wrap-up
- B. Award Ceremony
- C. Distribution of Iron Tablets and Action Sheets

Preparation:

Hopes and Expectation page from flip chart, certificates with names, tin plates with names, pre-packaged bags of initial supplies of iron tablets and action sheets

Supplies: None

Final Wrap-Up

MODULE VI

STEPS

TRAINER'S NOTES

-
- A. FINAL WRAP-UP (10 minutes)
1. Review Hopes and Expectations chart from first session to make sure that all points were covered. Discuss the day - what was helpful, what wasn't helpful, so that the information can be used to improve future trainings.
 2. Ask if there are any other questions, and answer them.
- B. AWARDS CEREMONY (15 minutes)
1. Have a small ceremony, awarding each participant her certificate. Give each dukun bayi her personalized tin plate at this time.
- C. DISTRIBUTION OF IRON TABLETS AND ACTION SHEETS (15 minutes)
1. Give each participant her first month's supply of iron tablets and action sheets. (Make sure they have a bag for their supplies). Talk about when they will get their second supply, and remind them about the next meeting with the bidan.

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SOCIAL MARKETING OPERATIONAL TIMELINE
Improved Iron Folate Distribution Project
Indramayu, West Java

The following operational timeline presents the tasks that must be accomplished to carry out the social marketing campaign promoting the use of iron tablets for pregnant women in Gabus Wetan and Sliyeg. It is assumed at this time that the campaign will run for a total of six months, with periodic monitoring activities taking place throughout the campaign, and a final evaluation at the end of the campaign.

Phase I: PRE-LAUNCH PREPARATION

1. Plan Launch Celebration and Award Ceremony, to recognize the dukun bayi, kader and bidan who have been trained, and to kick-off campaign activities. Local officials such as the PKK leadership, puskesmas staff, MOH officials, village and kacamatan leaders, and religious leaders (KUA and KYAI) will be invited. Teguh and Budi will draw up the guest list and formal invitations will be sent. (Deadline: Feb. 23, 1992)
with letter in #5? seems like go to get
2. Visit the local and national Depkes headquarters (PKM and Gizi) to show them our materials and enlist their support. Appropriate persons should be invited to join the Launch Celebration and Award Ceremony in Indramayu. (Deadline: Feb. 20, 1992)
3. Visit Program Directors at the two Indramayu radio stations, to inform them about the upcoming campaign. Bring copies of the radio spots, and ask for their support in having the spots played during the most appropriate airtime. Bring copies of materials and try to interest them in doing a feature on the launch activities and the iron tablet campaign in general. If they are interested in sending someone to cover the event, or in interviewing one of the project team members, try to schedule it at the same time as the Launch celebration. (Deadline: Feb. 24, 1992)

Write press releases about launch activities and the project in general. Use language and images that are similar to those presented in the materials. Just prior to the launch, (a week or so), send out press releases. Follow-up a few days later to see if they are interested in covering the event or in doing a feature story. (Deadline: Feb. 23, 1992)

5. Compose and produce letters to be sent to Ministry of Health officials, puskesmas staff, local political officials, local PKK officials and local religious leaders, to inform them about the upcoming campaign and to ask for their support. Include leaflets and stickers where appropriate. In the letter, indicate a willingness to meet with community groups to discuss iron tablets and project activities, and follow-

up on any opportunities to address groups of men (e.g. Kantor Pertanian or KYAI) or women (PKK). Mail the packets prior to the launch ceremony, so that letters will arrive just before the launch. Make sure that the appropriate persons are invited to the launch celebration. Designate someone from the project who can field questions about iron tablets and launch activities. (Deadline: Feb. 24, 1992)

6. Hang posters and banners and distribute radio spots. (Deadline Feb. 29, 1992)

*will SIS be involved? ↗
that is part of their fee.*

CS'