

**DEVELOPMENT OF HEALTH
ACTION MATERIALS
SNNPR, ETHIOPIA**

September 29-October 17, 1997

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ACKNOWLEDGMENTS

This trip included two workshops and a week of field work in local communities. The participants represented a wide range of skills and levels of work (some at the regional level and others at the community level). The success of this trip was primarily due to the ability of the participants to work together on the task of developing health action materials. It was their commitment and enthusiasm that not only produced high quality materials but allowed us all to learn a great deal and have fun at the same time. The heterogeneity of the group proved to be an asset. Collectively the participants have an impressive array of skills for doing this type of work: creating and telling stories, facilitating group discussions, and basic knowledge of health topics.

The support and assistance of the BASICS/Awassa team headed by Paul Freund was critical not only to the smooth running of the workshop and the field work but contributed tremendously to the quality outcomes. In particular, Ato Wondimu Amdie, Dr Mengistu Asnake, and Dr Mulugeta Betre were invaluable with their tremendous experience in working with local communities in Southern Ethiopia, their leadership and technical expertise, and their ability to make complex ideas comprehensible to the participants. We gratefully acknowledge their contribution to the work described in this report.

In preparing for this trip, we had the benefit of reviewing some of the work of leading educators. We thank Peter Gottert, Claudia Fishman, Marcia Griffiths, Ellen vor der Bruegghe and Judi Aubel for their willingness to share their experience and insights into this type of work.

ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BASICS	Basic Support for Institutionalizing Child Survival
CHA	Community Health Agent
ESHE	Essential Services for Health in Ethiopia
HIV	Human Immunodeficiency Virus
HW	Health Worker
JHU	John Hopkins University
KAT	Kembata Alaba Tembaro Zone
MOH	Ministry of Health
NGO	Non-governmental Organization
PCS	Population Communication Services
PSI	Population Services International
PVO	Private Voluntary Organization
RHB	Regional Health Bureau
RTC	Regional Training Center
R/Z/W	Regional/Zonal/Woreda
SNNPR	Southern Nations and Nationalities Peoples Region
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
USAID	United States Agency for International Development

PURPOSE OF TRIP

The primary purpose of this visit was to develop and test health education materials and activities and to train health staff in their use. Specifically we worked with BASICS/Awassa and regional/zonal/woreda counterparts to

- ◆ Develop drafts of interactive educational activities and materials that educate rural, low-literate community members on selected emphasis behaviors,
- ◆ Conduct training of R/Z/W and some CHA participants;
- ◆ Test the activities and materials in two communities;
- ◆ Recommend modifications to the draft materials based on the field test results; and
- ◆ Develop a detailed plan for all follow-up activities including an activity time line, additional training, field testing, modification and production of the materials.

BACKGROUND

Recent BASICS project activities in five focus woredas have used participatory techniques to develop community health action plans in close collaboration with community committees and health staff from the woredas and zones. Community implementation plans have focused on improving those essential caretaker behaviors which will result in improved health status for both mothers and their children. Many aspects of these action plans have begun to be implemented. Large parts of the action plans were related to improving the knowledge and skills of households and communities to adopt the key behaviors. As community-level activities are implemented, there is an immediate need for health education activities and materials to be developed and used by community health agents, and other groups and individuals such as schools and religious groups.

During the participatory planning process, communities selected behaviors that they felt were a priority and that they thought were feasible to change. The most commonly selected behaviors were antenatal care for pregnant women, exclusive breastfeeding for about six months, and immunization. Since these behaviors were a priority for almost all the communities and represented a range in types of behavior (home-based and facility-based), we—along with the BASICS team in Awassa—selected these behaviors to begin the health education strategy.

HEALTH EDUCATION STRATEGY

Objectives

The objectives of this activity were to:

- ◆ Produce a set of interactive educational activities and materials that educate rural, low-literate community members on selected emphasis behaviors and effectively use interactive materials and activities in a variety of community settings.
- ◆ Build capacity at the regional, zonal, woreda, health facility and community levels to develop, test, modify, implement and train others in the use of interactive educational activities and materials.

Strategy

The strategy uses some elements of a problem-posing approach but emphasizes a move toward actions that a given community group can do at a given moment in time. The health education strategy will use an interactive approach where individuals and groups would negotiate ways to achieve the goals of the emphasis behaviors that were selected by communities during the participatory planning process. This approach encourages dialogue between health workers and community members as well as among community members through small groups. Using stories in a variety of ways, community members present the stories and discuss them in a variety of existing social settings, such as schools, churches, coffee ceremonies, as well as meetings that might be convened by health committees and CHAs.

The stories that are developed are based on characters which are realistic to specific communities. The story line is based on the "do-able actions" (sub-components of the behaviors which are feasible given the current situation of this community) and key support and information which is needed by the community in order to do the actions. The small group approach is based on the realistic stories and discussions of them. The groups are small so that all can share their experiences, problems, and questions and give each other support and information throughout the discussion. The groups will meet regularly and at the close of group discussion, individuals will make agreements to take action.

PREPARATION

Before our trip, we took time to review the work of some leading health educators. We reviewed materials that have been produced and interviewed educators about their experience using interactive approaches. The materials reviewed and people contacted are included in the appendixes.

The team in Awassa collected and reviewed health education materials which addressed one or more of the emphasis behaviors. A matrix showing the results of their search is included in the appendix. The Awassa team also conducted interviews with CHAs to identify opportunities for conducting educational sessions. In addition, the team identified existing community groups that are already involved in health education activities or are interested in getting more involved in health.

TRIP ACTIVITIES

Our trip consisted of a three-week workshop which included one week of field work in two of the focus communities. The first week was a workshop in Awassa with about 12 participants from the region, Sidama and KAT Zones, Dale and Alaba Woredas, and Wicho and Ashoka communities. After the workshop, the group split into two teams. One team spent a week working with the do-able actions and stories in Wicho, Dale while the other team spent the week working in Ashoka, Alaba. The two of us (Uccellam and Bhattacharyya) spent the first half of the week in Wicho and the second half of the week in Ashoka working with the two teams. Then we all returned to Awassa for the third week. One day was spent preparing for the workshop with the team leaders. Then there was a two-day workshop with the whole group. Finally, one day was spent developing a detailed plan for follow-up. On the last day of our trip, we held a debriefing to which we invited people from USAID, PVOs working in child survival, Pathfinder, PSI, and the central MOH.

The activities in the workshops and field work were designed to build on each other. For example, we built on concepts and skills needed to create and tell stories. Over the course of the three weeks, we tapped participants' creative resources (visual, vocal, kinesthetic). Each day we elicited feedback and assessment of learning from the participants. We also created opportunities to exchange perspectives and experiences among the very heterogeneous group of participants.

First Week - Workshop

The first week of our trip was spent facilitating a workshop to introduce the concepts of interactive health education, develop draft stories, and prepare for a week of work in the community. The workshops were conducted primarily in Amharic since some participants spoke no English. Many of the sessions were directly facilitated by the BASICS/Awassa staff while other sessions were facilitated by one of us and then translated. The detailed workshop agenda follows.

Second Week - Field Work in Two Communities

During the second week, the large group split into two teams. One team traveled to Wicho Kebele in Dale Woreda and the other team went to Ashoka Kebele in Alaba Woreda. Both teams spent six days working with community groups. Two days were spent on each of the

behaviors—care during pregnancy, immunization, breastfeeding. While in Awassa, each team had planned what types of groups they would like to work with and these were organized by the CHA and other health committee members. Sometimes the team was further split into two teams so that two health education sessions could be conducted simultaneously in the community.

Each day, we met with various community groups based on the behavior under consideration. For example, we met with pregnant women and women who had recently delivered when talking about care during pregnancy. With each group, there was an initial round of introductions and then one person presented the story. Sometimes the story was presented in parts with discussion occurring after each part was presented. Other times, the whole story was presented and then followed by discussion. During the discussion, participants were asked what they understood from the story and which characters they liked and why. Then they were asked to think about whether there were people like that in their community. The discussions focused on each do-able action that was presented in the story to understand why some people were doing it and why others were not doing it. Every attempt was made to elicit the "true happenings"—true stories of people who had tried or done some of the do-able actions. Some of the discussions ended with commitments to carry out specific actions.

Two days were spent on each behavior. At the end of the two days, the team met to review what they had learned. Using the summary form (see appendix) the team came up with revised do-able actions and the support and information needed, this was based on what was possible given the existing situation of the community. By the end of the field work, each team had revised do-able actions for the three behaviors and the needed support and information. They also had numerous stories of people who had done the do-able actions.

Third Week - Workshop and Work With BASICS Staff

On Monday, October 13, we worked with the team leaders to revise the do-able actions and the stories based on the experiences in the two communities. We reached consensus on the revised do-able actions for each behavior. Then stories were developed around these new do-able actions. We also reviewed the proposed agenda for the workshop and allocated responsibility for each session with the hope that, as much as possible, it could be run completely in Amharic.

Summary of Learner-Centered Objectives for Each day of the Workshop	
Day 1 (September 30)	The main objectives of this first half day were to establish rapport and review our overall health education goals and strategy and agree upon the health behaviors
Day 2 (October 1)	Analyze an international example of a health education material to examine the concepts of do-able actions for the health behaviors. Clarify technical questions for each health behavior.
Day 3 (October 2)	Make do-able actions realistic and feasible. Analyze an international example of a health education material Begin to create and tell stories using a step-by-step visual process
Day 4 (October 3)	Practice interactive ways to tell stories. Revise the stories. Analyze an international example of a health education material. Analyze the potential of health education in small groups. Prepare for fieldwork.
Days 5-13 (October 4-12)	Practice in the field
Day 14 (October 13)	With the team leaders: Revise the do-able actions and the stories based on the experiences in the two communities Reach consensus on the revised do-able actions for each behavior. Develop stories around these new do-able actions Review the proposed agenda for the workshop and allocated responsibility for each session.
Day 15 (October 14)	Further refine the do-able actions to make them more realistic in the focus communities. Explore different ways to tell stories. Analyze an international example of telling stories. Review the adult learning cycle as a basis for discussing health education materials.

Day 16 (October 15)	<p>Create discussion guides for each health behavior</p> <p>Practice using the discussion guides with each story</p> <p>Build small group facilitation skills</p> <p>Practice a process for creating and adapting stories in the community</p> <p>Agree upon activities for the future</p>
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RESULTS

By the end of the third week, we had developed some do-able actions for each of the three behaviors. These are listed in the table below. Over the next few months, these do-able actions will need to be continually revised based on the reality of the communities as well as the changing external environment (e.g. ANC outreach services may begin in some communities).

Behavior	Do-able Actions
For all pregnant women, seek antenatal care at least two times during the pregnancy. For pregnant women, seek tetanus toxoid vaccine at every opportunity	<p><i>All pregnant women should</i></p> <p>Go to TBA or health institution that gives care during pregnancy as soon as they realize they are pregnant.</p> <p>Get tetanus vaccine as soon as they realize they are pregnant.</p> <p>Keep vaccine card and take it with them every time they go to a health institution</p> <p>Try to eat more of the food in the house each day</p> <p><i>Pregnant women with problems should</i></p> <p>Go to the health institution immediately if there is any problem during the pregnancy</p>
Breastfeed exclusively for about six months.	<p>Start breastfeeding child immediately after delivery (after expulsion of placenta and baby is washed).</p> <p>Give only breastmilk until 3-4 months of age.</p> <p>Take sufficient fluid and food while breastfeeding</p>

<p>Take infant for measles immunization as soon as possible after the age of 9 months</p> <p>Take infant for immunization even when he or she is sick Allow sick infant to be immunized during visit for curative care.</p>	<p>Bring child for vaccination within only a few days after birth</p> <p>Go for measles vaccination at 9 months</p> <p>Keep the card and take it with you until child has completed the series of vaccination.</p> <p>Take child for vaccinations even if the child is sick</p> <p>Discuss vaccination with neighbors</p>
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- ▶ A packet of health action materials for community educators has been developed and is included in the appendix. The packet is complete in English with many parts of it already existing in Amharic. The packet includes the following pieces:
 1. General guidelines on using small groups, facilitating the groups, and making the stories fit each community.
 2. Reference information for three behaviors (care during pregnancy, breastfeeding, vaccination).
 3. Recording and monitoring forms.
 4. For each of the three behaviors:
 - a. Sample stories including pictures and story notes
 - b. Sample discussion questions.
 - c. Guidelines to create a story with the community.

- ▶ The results of this trip also include trained staff at regional, zonal, woreda and community levels, including one week of field testing. These staff will have an opportunity to implement and continue testing this approach in the focus communities. They are also in the position to use this approach throughout the Southern region and have expressed a desire to use this approach in future training.

- ▶ The training curriculum which is included in this document has been used with a wide range of participants. We feel confident that it can be adapted for use with any level of person (regional, zonal, woreda and community).

- ▶ On the last day of this trip, we held a debriefing in the BASICS office in Addis Ababa. This included Carina Stover and Wuleta Betemariam from USAID/Ethiopia, several people from Christian Children's Fund, Africare, PSI, and a couple of people from the health education unit in the central Ministry of Health. Wondimu Amdie from BASICS/Awassa was able to join us and gave part of the presentation. We presented our work and gave them a taste of what we had done in the workshop by having them draw pictures of the behaviors and presenting one of the stories to them. People were very interested in the approach and agreed that this approach has greater potential to bring people to action than mass media which tends to focus on knowledge only.

FOLLOW-UP

We met with the BASICS/Awassa staff to develop a plan for follow-up activities. There is a draft packet of materials to be used by the community educators and their trainers. The draft is

complete in English and many parts of it exist in Amharic. Key follow-up activities to complete the packet include

- Work with the artist to finalize the pictures and notes for the facilitator (The first meeting to discuss this took place with us)
- Complete the sheets of "Reference Information for Facilitators" for each of the three behaviors—care during pregnancy, breastfeeding, vaccination.
- Much of the packet has been translated into Amharic. This should be reviewed and typed up. The rest of the packet should also be translated and typed. As staff are translating, they should review each piece carefully with an eye towards simplifying it as much as possible.

The packets should be completed within two weeks.

In addition to the packets, field visits will be made to follow up and orient others to this activity. The field visits will include participation of staff from the RHB and RTC as much as possible. The field visits should include the following.

- Meetings and briefings of woreda health officials of the three woredas not included in this activity.
- Identification of other community educators in all five focus communities (much of this has already been completed).
- Get commitments from the other educators and train them in the approach. A two-day training in each community was suggested. The curriculum for this training could be taken in part from the longer curriculum used during this workshop.
- Continued support to the CHAs of Wicho and Ashoka to conduct the small groups.
- Discussion with woreda officials and others about a routine monitoring plan, after the small groups have been held. This may include using the attached monitoring forms.

We had some discussion in both Awassa and Addis Ababa about the longer term plans for the health education component. We discussed the option of expanding this to other behaviors that were selected by communities. We also discussed the idea of using the pictures or photos to actually show community members (rather than just prompts for the educators as is the case now) or use in leaflets or other materials that could be left with mothers as reminders. Given the relatively short time frame and the complexity of the three behaviors that have been started, we felt strongly that BASICS should not expand into other behaviors before September 1998. Instead, it might make more sense to create some additional materials for use around those three

behaviors (ANC, breastfeeding, immunization). But all of these decisions must be made after there has been some experience in using, modifying and adapting the suggested approach

APPENDIXES

APPENDIX A

List of Participants

List of Participants

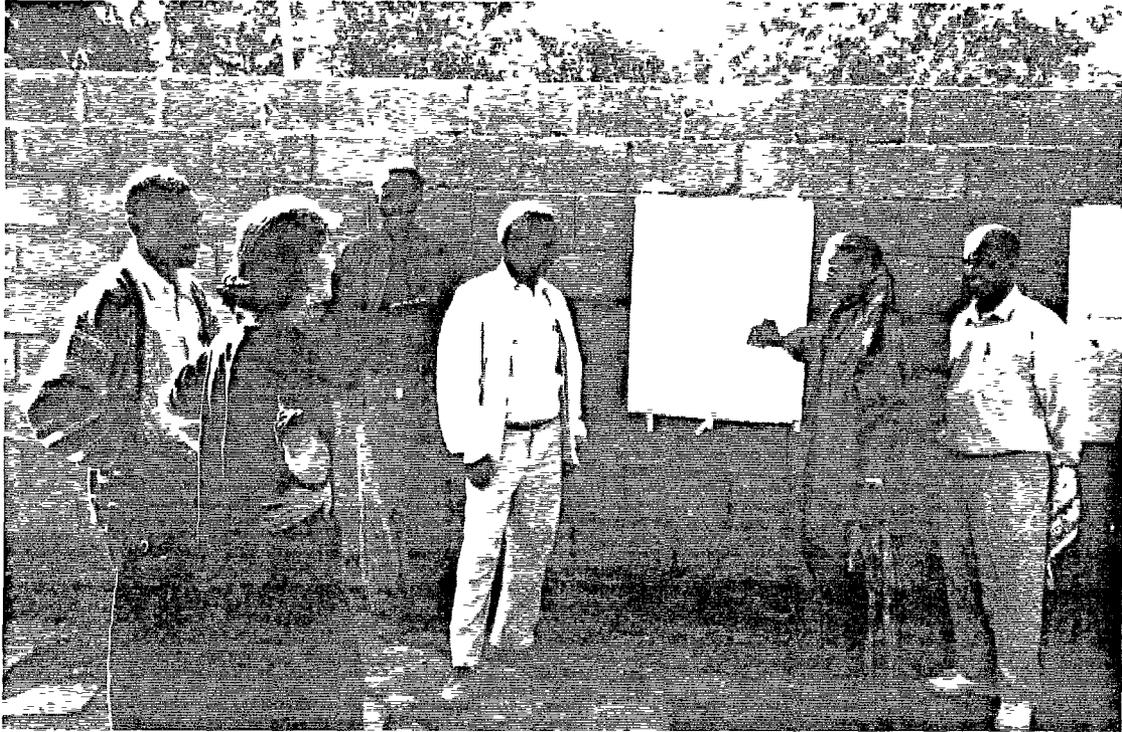
Temune Adere, KAT zonal health office
Wondimu Amde, BASICS
Mengistu Asnake, BASICS
Getachew Assefa, Regional Training Center
Teferra Berassa, Dale woreda
Mulugeta Betre, BASICS
Mekonnen Fara, Health Education, RHB
Demoze Firde, Health Education, RHB
Meskerem Genanew, Alaba
Engidayehu Hailu, Alaba woreda
Mohammed Ribato, CHA, Ashoka Kebele
Beyene Shora, CHA, Wicho

†

APPENDIX B

Photographs

Psychomotor Learning



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The Small Group Approach



Men, women, TBAs





The Team



- *Local BASICS staff*
- *Ministry of Health (regional, zonal)*
- *Community Health Agents*



APPENDIX C

Workshop Activities

Trip Activities

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Afternoon

- Personal Introductions
Activity Hand Gesture Stories

- Health Education Our Goals and How to Get There
Handout Health Education Goals, Our Work Together
Activity Group discussion
Question In pairs, what do you see as your main contributions to this process? *Report out one by one*

- Selected Behaviors for First Phase of Our Work
Present basic rationale for selecting 3 behaviors. Explain that these are just for the first phase of our work. The objective is to establish an approach that could work for the development of materials on other behaviors/ topics;
References criteria for selecting behaviors, graphic of "our strategy" Behaviors selected by focus communities
- Bus Ride
Goals - to build out our own creative skills and storytelling ability and look at how we might be more effective health educators
Lessons - Be at the right place at the right time; listen attentively to key words. This story is similar to our interactive materials - that is it has a central character, a beginning and an end, a purpose, involved everyone (everyone was a story-teller).
- Overall Education Strategy
*Handouts Our Education Strategy (graphic),
Activity paired and large group discussion*
Presented first half of graphic. Question: Based on your experience, what can community members do to change the behaviors selected in their action plans?
Present graphic circle
- Closing: energy pass to not lose the energy that any one individual can contribute to the workshop.

Day 2 (October 1)	Analyze an international example of a health education material to examine the concepts of do-able actions for the health behaviors Clarify technical questions for each health behavior.
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Morning

- Recap of yesterday
- Overview of today's agenda
- Warm-up - Sculptor and Clay
In pairs, one person is the sculptor and one person is the clay. The sculptor makes the clay into something and then asks "how do you feel?" In the same pairs, each person answers "How do you feel today?"
- Personal Behavior - Improve Your English
In 3 small groups, discuss:

From your experience, what can people do to improve their English? Who has done that action? What/who assisted you to do the action? Who has not done that action? What/Who could assist you to do the action? Examples

Do-able Action	Support and Information
Try speaking	encouragement to get over fear, contact with native speakers, family support, peer groups
Listen to English	radio at home, space to sit alone and listen, dictionary, friends who speak English
Read fiction	personal motivation, books from school, dictionary, library

- Interactive Health Materials: An example - A part of Awa - Burkina Faso Material is presented in Amharic and visuals posted on the wall. Then in 2 groups, discuss the material with following questions:

What would you say happened in that story?

How would you describe [names of the characters] in the story?

Think of someone you know in the community - how could this story be more real? Who else should be in it? What else would happen?

In large group:

Filled out the table with do-able actions and support and information.

Do-able Action	Support and information
Mother takes baby to clinic	neighbor gives information, clinic near by, money (?)
Mother fed child (mashed vegetables in sauce)	HW gives advice presence of vegetables
Mother accepts HW advice	HW behavior is good specific and relevant messages
Produced a vegetable garden	land, seeds, water, time, tools, husband's permission, knowledge

"Materials are built around the do-able actions and the support and information"

- A Knotty Problem

Group holds hands and tangles into a big knot. One "health educator" stays out of group and gives instructions for them to untangle without letting go of their hands. Discuss strategies for solving the knotty problem and invite analogies to health education approaches.

Afternoon

- Health Behaviors

Activity. Split into 3 groups (balancing regional and community perspectives). Group pictures to represent each behavior. Groups present and describe all elements of their pictures (name some do-able actions).

- "Do-able Actions"

Presented International definitions of each behavior and international list of component actions (in Amharic). Posted Artist's Picture cards with do-able actions for each behavior.

Small groups:

How do these actions compare to yours?

What would you add or change?

Presented revised do-able actions using pictures posted on wall in sequence that seemed logical to them. Large group commented.

- Go Fish

Set six pairs of do-able action pictures face down on ground. In pairs, find two cards that match. Name the action presented by the picture.

Ask one "technical question" you have about the action. (Medical staff field questions from pair and from rest of group).

- Recap And Feedback on Day".

What did you like? (response: pictures, comparison of do-able actions)

What suggestions do you have?

Day 3 (October 2)	Make do-able actions realistic and feasible. Analyze an international example of a health education material. Begin to create and tell stories using a step-by-step visual process.
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Morning

- Warm-up - Folding paper to look at two-way communication

3 volunteers are given 3 sheets of paper and told that the objective is for them to fold their piece the same way. The 2 rules are that they are not allowed to ask questions and have to keep their eyes closed. The volunteers are asked to fold and tear the paper in various ways. When the sheets are opened, they all look different and there was a brief discussion of the importance of two-way communication.

- Example: Madagascar Breastfeeding cards
In large group, listen to the story in Amharic and pay attention to the do-able actions in the story.

Discuss in 2 small groups

What would you say happened?

How would you describe Lala?

In the story, Lala does .. , do you know anyone like Lala?

What would you do to make Lala's character more realistic?

In large group:

This activity had two objectives - see another material and think about making the actions more realistic. Then we took each card and asked do you know women who do this? What really happens? [Discussion about what happens immediately after birth. The mother is fed something and the baby is washed. One possible do-able action is to breastfeed the baby as soon as the baby is washed which is much more specific than "breastfeed immediately after birth".]

Introduced concept that each card represents a do-able action.

- Support And Information

Work in the original 3 small groups on each behavior to complete a table showing the support and information needed for each do-able action. Based on the support and information needed, each group revised their do-able actions.

Groups report out their tables and the revised do-able actions. Discussion of 2 questions

- 1) Do some women do these actions?
- 2) Can most women do these actions?

The do-able actions must come from the perspective of a community member. They must include a character or actor and be as specific as possible. The do-able actions must also be easy. Do-able actions that are realistic may be a compromise between the ideal behavior (e.g. 5 TT shots). It might be enough to start with the action to seek one TT.

Afternoon

- Character Walk

Group walks freely around open space. Facilitator talks them through a progression: walking at different paces, walking in a way that's unfamiliar to them, thinking about someone who walks that way and becoming that person. Purpose of activity: to put ourselves in the shoes of others, how do they feel and what do they do. When creating characters in stories, try to assume their perspective - how would I feel, what would I do?

- Creating Stories

Guidelines: Present participants with graphic that walks them through a process to create stories working off of their charts. Insert a real situation to start story. Then progress through some support or information that would allow the character to "achieve" action #1. Continue through

your actions (Notes: each block of story would be represented by a picture; don't need pictures for all support/ information scenes but do need a picture to represent each do-able action. Set maximum of 7 pictures total to 1) limit # of do-able actions included in story, 2) limit total length of story.)

Real Situation and Character (detail)

Support and Information

Do-able Action #1

Support and Information

Do-able Action #2, etc.

Go through one example as large group (using pictures of do-able actions posted in left hand column).

Behavior: Antenatal Care

Character: Genet, age..., lives in....etc.

Support: her neighbor tells her to go to clinic.

Action #1: Genet goes to clinic, etc.

Note: to make stories interesting, need to include some realistic barriers, problems or conflicts encountered by the character. For example, imagine that a mother wants to feed only breastmilk but her mother-in-law insists on giving the child some butter. Mother resists the butter, with advice from the TBA and succeeds in feeding only breastmilk

- Present Stories

Small groups present their stories (just talking them through using the very draft pictures as a guide on the wall -- posted in above format.)

Feedback on stories.

to small group: what do you like about the story? what would you change (now having said/ heard story aloud)?

to large group: what do you like about this story? what suggestions do you have for the small group before they revise the story?

Note: Need to balance the realistic with the educational. for example: good to present a woman who goes to the health clinic for antenatal care just because she feels sick during her pregnancy (this is realistic). But, later in story need to make the point that all pregnant women should go for antenatal visits because... Otherwise, we could reinforce belief that you go only if you feel sick

Note: Need to find common barriers/ problems that women encounter and include these in the story. Then, use story to present a possible solution to the problem; suggest a "compromise" do-able action. For example:

ideal action= only breastmilk for 6 months

common problem= mom can't be with baby all day and night for total 6 months (other work, etc)

do-able (compromise)action= only breastmilk for at least 3 months then healthy weaning.

Example

ideal action= vaccinate child immediately after birth

common barrier=belief that this can make small child sick

support / information needed= examples from moms whose newborns did get vaccinations and maybe experienced some fever or some swelling but were fine and healthy afterward

- Interactive Ways to Tell Stories in the Community.

Present the following, using a graphic/ picture of small group in a circle with one person telling a story and everyone discussing. And, participants share questions as well as their own stories which we called "true happenings."

Purpose: tell a story, promote discussion, to elicit true happenings.

Outcomes desired at end of community work:

revised realistic do-able actions;

true happenings (to strengthen these stories and create others)

The Role of the Storyteller... .

*to awaken stories in others

*to listen

*to provoke action - *the Utne Reader, September, 1997*

Day 4 (October 3)	Practice interactive ways to tell stories Revise the stories. Analyze an international example of a health education material. Analyze the potential of health education in small groups. Prepare for fieldwork
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Morning

- Songs!

Fruit salad (to create 3 groups of equal size). Assign one behavior per group. You have 5 minutes to create a song. Each group sang (taped) song to others

- Revised Stories

Original small groups revise their stories (based on yesterday's comments and review of guidelines from yesterday) On each picture:

1) sketch what you want artist to render;

2) add essential storyteller notes (i.e. age and name of characters, information shared...etc)

3) number each picture.

Objective. that the storyteller can use the set of pictures as their complete "script" for telling the story.

Each group meets briefly with the artist to explain what pictures are needed.

- Our Educational Approach:

Small groups

Get people talking (sharing stories, support/ information)
Variety of Settings (i.e. church, mosque, school, coffee ceremony . . .)

- **Interactive Ways to Tell Stories in the Community.**

There are MANY ways We will experiment with many ways when we come back together after community work However, our main goal now is to use stories to come up with do-able actions and to elicit "true happenings" We don't want to be too complicated. So. suggest three options for storytelling next week:

- 1) storyteller tells whole story and discussion
- 2) storyteller tells part of story, discusses, tell part of story, discusses
- 3) storyteller tells story while team members are "silent actors" . Then discuss.

NOTE story always includes discussion This is the most important thing -- the discussion questions all are designed to help us achieve our objectives (see above)

- **Good Interactive educational materials : Another Example**

Nigeria toolkit story "Amina gets her child vaccinated "

Told story without any pictures Group discusses after first half, and then at end of story, following discussion guide"

What would you say happened in this story so far? Lead people through (this happened... then what happened. ..) Clarify any confusion about story line and characters.

Describe the mother Amina (what did she do? Why did she do that...etc)

Restate action #1. Ask

What do you think of that? have you (or any one you know) ever done that?
many women don't do that . Why not?

What questions do you have about.. the action?

Repeat as needed for other actions

Afternoon

- **Practice telling Stories in the community**

In small groups, select (or create) one way to tell your story in the community. Modify the translated discussion guide to lead a discussion half way through, or at the end of, the story.

Small groups present to large group who imagines they are community members listening to the story and participating in discussion

After each practice, analyze the approach used. What did you like about it? What suggestions do you have?

Antenatal Care group presented story with silent actors with discussion break half way through.

Breastfeeding group. presented story as dialogue between community worker and the husband character of the story Good idea: can tell stories from first person perspective of character For example, tell story from husbands perspective when with an all male community group

Vaccination presented story simply with one person acting as both storyteller and discussion leader He chose to break the story in several places for group discussion

- Why Small Groups

Ask: what do you see as advantages/ reason for small groups in this approach?

Response: Intimacy within group; get to know each other and overcome fears of revealing problems or doubts; More discussion/ more people can talk

Present (with visual): members of group who have DONE an action can provide support and information to members of group who have not.

What would you say is the ideal size for a small group discussion?

Responses varied from 6 - 20. Suggest no more than 10.

- Activity: Divide into two small groups.

Give each group two eggs: one egg = support, other egg = information.

Goal: Everyone in group must touch both eggs. Keep tossing until one egg breaks (rule: can not hand or throw the egg to anyone immediately next to you --just to make the game harder).

- Plan process for working together in the field (2 communities)

Present the list of people in the two community teams - organized to balance language ability and regional representation. Also tried to ensure that each group had someone from each of the three behavior groups

Went over schedule for the week. Suggested that the teams work on ANC for the first 2 days, breastfeeding for the second 2 days and measles vaccination for the third 2 days.

Groups met to complete the first community planning form and finalize plans for the work in the community

Second Week - Field work in two communities

During the second week, the large group split into two teams. One team traveled to Wicho Kebele in Dale woreda and the other team went to Ashoka Kebele in Alaba woreda. Both teams spent six days working with community groups. Two days were spent on each of the behaviors - care during pregnancy, immunization, breastfeeding. While in Awassa, each team had planned what types of groups they would like to work with and these were organized by the CHA and other health committee members. Sometimes the team was further split into two teams so that two health education sessions could be conducted simultaneously in the community

Each day, we met with various community groups depending on the behavior. For example, we met with pregnant women and women who had recently delivered when talking about care

during pregnancy. With each group, there was an initial round of introductions and then one person presented the story. Sometimes the story was presented in parts with discussion occurring after each part was presented. Other times, the whole story was presented and then followed by discussion. During the discussion, participants were asked what they understood from the story and which characters they liked and why. Then they were asked to think about whether there were people like that in their community. The discussions focused on each do-able action that was presented in the story to understand why some people were doing it and why others were not doing it. Every attempt was made to elicit the "true happenings" - true stories of people who had tried or done some of the do-able actions. Some of the discussions ended with commitments to carry out specific actions.

Two days were spent on each behavior. At the end of the two days, the team met to review what they had learned. Using the summary form (in the annex) the team came up with revised do-able actions and the support and information needed based on what was possible given the existing situation of the community. By the end of the fieldwork, each team had revised do-able actions for the three behaviors and the needed support and information. They also had numerous stories of people who had done the do-able actions.

Third Week - Workshop and Work With BASICS Staff

On Monday, October 13, we worked with the team leaders to revise the do-able actions and the stories based on the experiences in the two communities. We reached consensus on the revised do-able actions for each behavior. Then stories were developed around these new do-able actions. We also reviewed the proposed agenda for the workshop and allocated responsibility for each session with the hope that as much as possible, it could be run completely in Amharic.

<p>Day 15 (October 14)</p>	<p>Further refine the do-able actions to make them more realistic in the focus communities. Explore different ways to tell stories. Analyze an international example of telling stories. Review the adult learning cycle as a basis for discussing health education materials</p>
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Morning

- Warm-up - Voices
 Purpose is to get people to use their voices in different ways to convey different characters and emotions. First, everyone is in a market place selling different items and screaming the names as loudly as they can. Then everyone says "No food, thank you, I'm not hungry" with different emotions (angry, sad, sick, shy) and as different people (old man, young girl, etc).
- Review agenda for next two days
 Review the agenda for the next two days. In pairs, state what most interests you and what you would like to add to the agenda. Each person then states their interests and what they would like to add.

- Share Findings and Name the Goals of our work over the next 6 months
 Break into 3 groups (using the lost at sea - saved by rafts dynamic)
 3 groups: Pregnancy Care; Breastfeeding, Vaccinations.
 Give each group flipchart and markers to "draw the main reasons why you found that community members do not do the healthy actions for this behavior." (10 min)

Invite first small group to present composite drawing and describe each "barrier"= reason why not Then, present graphic Explain that through our small groups we may be able to affect some of these barriers. But, others can only be affected through changes in the current reality (health systems, money, transport, time, resources....)

Health Systems /Current Reality.-----	ACTION
Small Groups (Support and Information)-----	

Invite group to look at the barriers for pregnancy: "Which of these do you feel we could affect through the small groups? Which of these require changes in the health system/ current reality?"

Conclude: What do you think we could accomplish over the next 6 months toward healthy actions in pregnancy care?

Example: Pregnancy

health systems/ reality	small groups - support/ information
health institutions are far. costs birr to get to health institutions women have much work	alternatives for some pregnancy care services (such as TBA) but still need to go to health institution for some of the services could push for outreach posts for pregnancy care / add to vaccine outreach raise awareness about why women should go for care/ about tetanus/ about nutrition. encourage women to talk with their husbands about being pregnancy/ needing care

Repeat discussion for each of the 3 behaviors. Good to have visuals (composite drawings of reasons why) juxtaposed with graphic of internal/ external barriers to ACTION. Good to use colored markers to invite group to indicate which of the barriers in their pictures they feel can be addressed through the small group work.

Close session by briefly explaining that the bottom part of graphic represents internal or individual barriers to change. The top part represents external or collective barriers to change. Small groups should help people overcome some of the individual internal barriers. Over time, they may also affect external/ collective change.

- Revised Actions and Stories

Begin with behavior Pregnancy Care

Explain that, based on week of community work, we revised actions -- four actions that seem do-able for healthy pregnancy. Over time, as we learn more and more about communities, and as community reality changes, we will further revise these actions.

Read each of the 4 actions, inviting volunteers to represent each action in "live photos "

Explain that, based on these revised actions, we drafted a revised story. Invite volunteers to be each of the characters in the revised story. One narrator reads story while others are "silent actors."

Ask. overall, what do you think of that revised story (based on what you have learned about pregnancy care during your community work)?

Explain. The story is meant to serve as a model. It needs to be modified each time you go into a community group.

Review material: Ways to make the Stories Fit each community. Ask (after reviewing each way): What is one example of how you might make this pregnancy story better fit the communities in which you work?

Split into 2 groups- Breastfeeding, Vaccinations. Each group drafts a revised story, based on revised list of do-able actions (note we revised the do-able actions yesterday among the training team and each group has a trainer to outline these actions).

Challenge. Create stories with 1) realistic characters; 2) do-able actions; 3) problems -- overcome by needed support and information.

Groups present stories after lunch in whatever way they want (narrator, silent actors....).

"Audience" comments.

What do think about this as a "sample story" about breastfeeding?

In what ways might you modify this story to best fit the communities in which you work? (realistic characters, do-able actions, info/support)

comments

- might focus on just one or two do-able actions in each story/ small group discussion based on which actions are most needed in that community now (example: story does not address action of giving breast immediately after birth because most women do this but instead focuses on giving only milk - not tea or milk or water -- until baby is at least 4 months.

-might include most common forms of "resistance/ barriers" to change and needed support/ information

For example, realistic character in story does NOT bring her sick child for vaccine because she is scared. eventually, she goes because neighbor tells her personal experience of having gone with sick child and child was fine afterward

Afternoon

- Pin the tail on the behavior:

Pregnancy -- a pregnant woman and a small picture of a fetus.

Breastfeeding – a woman’s breasts and a small picture of a feeding child’s head

Vaccination-- an arm and a small picture of a syringe.

Discuss: what do you see that this "game" has to teach us about our work?

Some comments from group This reminds us of the importance of targeting our stories to the specific do-able actions.

- Discussion guide

Proposed structure for discussion guides based on much research into how adults learn / change their behaviors.

Proposed structure includes 3 parts. Short lecture on these 3 parts, using cyclical graphic. Give examples of types of question that might be asked under each part. Stress importance of repeating cycle overtime so you and group learns more and more each time.

Stress importance of reaching the 3rd part in each discussion.

Describe---Analyze and share experiences -- Agree on actions.

note: story feeds in to "trigger" the cycle.

Questions and information feed before third part. agree on actions. But, of course, group is invited to ask questions and is provided with key information throughout the whole discussion

What questions or comments do you have about the proposed structure for discussion?

As a way to get familiar with the proposed structure, we will reread pregnancy story and one person leads discussion following guide. rest of group participates and notices the way in which the discussion follows the proposed structure.

Note: we did not have enough time for this. the group heard the discussion questions but did not really participate. need to emphasize facilitation skills. practice leading discussion so all participate Takes time

- Our Approach: An example from West Africa.

Show excerpt of video: "Fatou’s story" may 1994. show

notice:

the way in which she presents the story

- Introduces the story

- is animated - shows emotions and uses many hand gestures

- Uses actual dialogue - takes on the roles of different characters

- tells the story standing up

- some parts of the story are told in detail and others are summarized

the way in which she follows a structure for discussion of story

- sits to do the discussion with people
- follows a similar structure as ours for the discussion questions
- Repeats part of the story as she asks questions
- Asks for opinions
- asks for personal experiences
- discusses action and encourages members to give each other advice

Day 16 (October 15)	Create discussion guides for each health behavior Practice using the discussion guides with each story. Build small group facilitation skills. Practice a process for creating and adapting stories in the community. Agree upon activities for the future.
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Morning

- Warm- Up - Emotional Voices

We started by breathing slowly and deeply from our diaphragms. Each person was then given a card with an emotion written on it (e.g. happy, sad, angry, nervous, shy etc.). The person had to make sounds to convey that emotion using no words. After everyone had practiced their sound, the "conductor" pointed to different people to create a "symphony" of the different sounds. Then the same thing was done again but this time people could use a few words to convey their emotions.

The point was made that even if only one person is telling a story, they can use their voices to express different emotions and roles

- Overview of the agenda

Brief overview of the day's agenda with an opportunity for people to comment and suggest changes.

- Review and practice of the discussion guide

As a large group, people are invited to explain the structure of the discussion guide using the visual that was presented and discussed yesterday. (Showing describe, Analyze and Share, Agreements for Action). After this review of the structure, questions are read from a discussion guide and people decide which phase of the discussion that question fits

Then break into two groups - one on ANC and the other on breastfeeding

For each group, the story is told. Then in a round robin, each person practices asking one section of the discussion guide. The others pretend to be community members and respond to the questions

Back as a large group, we discuss

What was your experience using the discussion guide? What did you find difficult in using the discussion guide?

- Facilitating a discussion

The purpose of this activity was to recognize the importance of getting everyone to participate without anyone dominating a group discussion. As a large group, one person leads a discussion on the topic of using small groups. Each person is given a box of match-sticks. Every time a person speaks, they have to put one match down in front of them, including the facilitator. The goal for the facilitator is to make sure everyone uses some sticks but no one uses too many sticks.

The contributions were very even. The activity is meant to serve as a visual reminder to people to remember to try to assure equal participation when they are facilitating their own groups.

Afternoon

- Creating Realistic Stories with the Community

As a large group, we introduce the idea of creating realistic stories with the community instead of presenting a story that is already prepared. One person facilitates the process of creating a story with the large group.

Then the story is discussed. "What did you notice about the process?" The participants said:

- everyone gave comments
- tried to make the story real
- Talked about their own community
- Community names the actions in the story
- Starts with the time of the first action
- The facilitator sets the times or moments for the rest of the story

Then in round robin, different people practice creating a story about breastfeeding. Then, create one about vaccination. Both of these used a time line (a part of the packets) to help structure the story.

- Workshop Assessment

The following table was written in Amharic on flipchart paper. As a large group, participants marked on the sheet which sessions were most interesting and most useful. We discussed why

Workshop Topic/ Activity	Most Interesting to Me. Why?	Will Use Most in My Work. Why?
Identifying the do-able actions of the behaviors (e g all the do-able actions for ANC)	5	4
Creating realistic stories from the do-able actions	7	8
Adapting the do-able actions and the stories to a specific community	5	4
Identifying the support and information needed for each action		1
Using small groups	5	4
Presenting existing stories		
Using the discussion guide	1	1
Facilitating the discussion		1
Creating stories from the group of participants		

A few comments from the group

"Using the do-able actions can protect the educators from promoting something unrealistic"

"Stories will show real situations"

"It was difficult to prioritize all these because all were very useful and interesting"

- Plan for the Future

We then had a discussion about the plans for the future. This was a general discussion and the specific details will be worked out through follow-up visits by BASICS staff. The participants from the RHB said that they will use this in the future for training at the woreda level. And they will plan to include other behaviors. The CHAs said that they would orient others in the community, especially the health committees. Several participants said that this was extremely useful in moving health education out of the facility and into the community. Communicable Disease Committees (which include the school teachers, youth association and others) exist up to the kebele level and could be a valuable resource to be trained in this approach. This committee reports monthly to the woreda council.

- Close of Workshop and Presentation of Certificates

We closed the workshop with Caribbean music and presentation of the certificates.

APPENDIX D

**Documents Reviewed and People Contacted
For Ethiopia Work**

Documents Reviewed and People Contacted for Ethiopia Work

International Health Education Specialists Interviewed

- Judi Aubel, Independent Consultant
- Claudia Fishman, Emory University
- Marcia Griffiths, Manoff International
- Ellen vor der Bruegge, Freedom from Hunger
- Peter Gottert, BASICS Madagascar
- Benedict Tisa, AED
- Bill Smith, AED

Key References Collected and Reviewed

Bridging the Gap. A Participatory Approach to Health and Nutrition Education, Save the Children, 1982

Communication Strategies to Support Infant and Young Child Nutrition, Proceedings of an International Conference, July 13-14, 1992, edited by Peggy Koniz-Booher, Cornell International Nutrition Monograph Series 24 and 25, 1993

Learning Through Dialogue. Using Stories in Adult Education, Judi Aubel, no date and accompanying video, Fatou's Story

Communicating Health: An action guide to health education and promotion, John Hubley, Macmillan 1993

Pictures, People and Power, Bob Linney, Macmillan 1995.

Developing Health and Family Planning Print Materials for Low-Literate Audiences: A Guide, Margot Zimmerman, Nancy Newton, Lena Frumin, Scott Wittet; PATH, 1989

From the Field Tested Participatory Activities for Trainers, compiled by Catherine D. Crone and Carman St John Hunter; World Education, 1980

Helping Health Workers Learn, D. Werner and B Bower, Hesperian Foundation; Palo Alto, Ca 1991.

International Health Education Materials used as Examples during Training

Burkina Faso Counseling Cards on complementary feeding and feeding during pregnancy, Nutrition Communication Project, AED, Washington, D.C.

Awa Flipchart Series, Burkina Faso, Nutrition Communication Project, AED, Washington, D.C

Counseling Cards for Madagascar, developed by BASICS

Community Health Education Skills Toolkit (CHEST), AED, Washington, D C. with PCS/JHU, Baltimore, Md

APPENDIX E

**Review of Existing Health Education
Materials in Ethiopia**

Review of Existing Health Education Materials in Ethiopia

Review of Health Education Material							
Name	Emphasis behavior covered	Main messages	Is material technically sound	Type of material	Material to be used by whom	Target audience	Other comment
1	HIV AIDS transmission	Transmission of AIDS and prevention	Yes	Leaflet in Amharic	Health worker, CHA, other educators	Adult	For literates it can be given for reading
2	Immunization practice	Effects of immunization	No	Poster in Tigregna	By different categories	Any care taker	Needs reading of the text, plus the picture in the poster does not relate with the text
3	Malaria related health practice	Prevention and proper treatment of malaria	yes	Poster in Amharic	By health worker, teacher CHA's etc..	Literates	The text and pictures are not that much related
4	HIV AIDS transmission	Transmission of HIV AIDS	No	Poster in Wolaytegn	By different categories	Literates	
5	- Prevention - cause of malaria	- prevention is better than cure - mosquito causes malaria	No	Poster in Wolaytegn	Health workers	Literate	Two different messages in one poster and text and pictures are not related
6	Prevention of malaria	Drainage of stagnant water	No	Poster in Wolaytegn	Health worker	Literate	Too much text, picture lacks an artistic design
7	Environmental sanitation	Reasons of poor environmental sanitation	No	Poster in Wolaytegn	Health workers and teachers	Literate	Too many messages, pictures are well designed
8	Prevention of AIDS	how to prevent AIDS	No	Poster in Wolaytegn	By health worker, teacher	Literate	Text and pictures does not relate
9	Environmental sanitation	Ways of keeping environment clean	Yes	Poster in Wolaytegn	Health worker, teacher, CHA	Adults	Picture needs more artistic design
10	Family planning	Child spacing	No	Poster in Wolaytegn	By different categories	Adults	Picture does not represent the message
11	Personal hygiene	Disease caused by poor personal hygiene	No	Poster in Wolaytegn	By different categories	Literate	Picture does not represent the text

Review of Health Education Material

Name	Emphasis behavior covered	Main messages	Is material technically sound	Type of material	Material to be used by whom	Target audience	Other comment
12	Personal hygiene	Types of personal hygiene	Yes	Poster in Wolayteгна	By different categories	Adults	Picture needs to be improved
13	Family planning	Effect of un planned family	Yes	Poster in Wolayteгна	By different categories	Adults	Pictures needs to be well designed
14	Diarrhoeal disease	Use of unsafe water causes diarrhoea	Yes	Poster in Wolayteгна	By different categories	Adults	Picture needs more artistic design
15	Use of safe water	Safe water prevents diseases	Yes	Poster in Wolayteгна	By different categories	Adults and school children	Text need to be minimized, picture should be improved
16	Nutrition	Identification of food spoilage	Yes	Leaflet in Amharic	By different categories	Literate	Too much text
17	Home health practice of diarrhoea	Give fluids for a child with diarrhoea	Yes	Poster in Amharic	By different category	Literate	Used photograph
18	Use of Vitamin "A"	Feeding foods rich in vitamin A is necessary and will prevent cancer	Yes	Sticker in Amharic	By different category	Literate	The sign of the institute should be out of the main picture
19	Use of iodine	Feeding foods rich in iodine will prevent goiter	Yes	Sticker in Amharic	By different categories	Literate (adult, school children)	The photograph really represent typical local woman
20	Breast feeding	Mothers breast milk for infants is best	Yes	Sticker in Amharic	By different categories	Adults and school children	
21	Immunization	Child life will be protected by immunization	Yes	Sticker in Amharic	By different categories	Adults and school children	The message seems a little bit exaggerated and too many colors used to decorate the picture

Review of Health Education Material

Na me	Emphasis behavior covered	Main messages	Is material technically sound	Type of material	Material to be used by whom	Target audience	Other comment
22	Diarrhoea	Sign and symptom of diarrhoea and when to take child to health unit giving home fluid and ORS	Yes	Leaflet in Amharic	By different categories	Adults literate	
23	Diarrhoeal disease control	Diarrhoeal diseases treatment chart	Yes	Leaflet in Amharic	Literate	Adults	Too many messages to understand

APPENDIX F

Forms for Community Work

Community Work Form

Roles	Team members
Story tellers	
'Silent' actors	
Discussion leaders	
Notetakers	

Settings (examples. churches, schools)	Types of community members (example: pregnant women, mothers

Other community educators:

Daily summary form

Story _____

Realistic actions	Support and information needed
Other story ideas:	

NOTE TAKERS

DATE _____
COMMUNITY _____

PLACE _____
GROUP _____

OTHER COMMUNITY
TEACHERS _____

DISCUSSION LEADERS (QUESTION, INFORMATION)	COMMUNITY MEMBERS (COMMENTS, ACTIONS, QUESTIONS . .)

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APPENDIX G

Health Action Materials Packet

HEALTH ACTION PACKET
for Community Educators
developed by the BASICS Project, SNNPR, Ethiopia.
October 1997

MATERIALS TO HELP COMMUNITY EDUCATORS PREPARE FOR HEALTH ACTION SESSIONS

The Small Group Approach
Exemplary Participants and Sites for Small Groups
Guidelines for Planning and Facilitating Small Groups
Guidelines to Make Health Stories Fit Each Community Group

MATERIALS FOR COMMUNITY EDUCATORS TO USE DURING HEALTH ACTION SESSIONS

Care During Pregnancy

Important Reference Information for Educators
A Sample Story to Tell and Discuss (includes pictures and story notes for educator)
Sample Discussion Questions
Guidelines to Create a Story with the Community Group

Breastfeeding

Important Reference Information for Educators
A Sample Story to Tell and Discuss (includes pictures and story notes for educator)
Sample Discussion Questions
Guidelines to Create a Story with the Community Group

Vaccination for Children

Important Reference Information for Educators
A Sample Story to Tell and Discuss (includes pictures and story notes for educator)
Sample Discussion Questions
Guidelines to Create a Story with the Community Group

MATERIALS TO DOCUMENT AND MONITOR GROUP SESSIONS

Recording Form for Small Groups
Summary of Small Groups in Each Focus Community

MATERIALS TO HELP PREPARE FOR HEALTH ACTION SESSIONS

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The Small Group Approach
Exemplary Participants and Sites for Small Groups
Guidelines for Planning and Facilitating Small Groups
Guidelines to Make Health Stories Fit Each Community Group

The Small Group Approach

PICTURE SMALL GROUP Community Educator SITS IN THE CIRCLE WITH THE GROUP EVERYONE TALKS WITH EACH OTHER

*Groups are small (maximum 20 community members) so that all can share their experiences, problems, and questions

*Group members give each other support and information

*Groups meet regularly At the close of group discussion, individuals make agreements to take action. Overtime they encourage and reinforce personal commitments

*Stories are used to get people talking about healthy actions that they can do in the current reality of their community

*Educator uses pictures to help tell the story but does not show any pictures to the group. After the story, the educator guides a group discussion and listens carefully to all

Exemplary Participants and Sites for Small Groups

*Select groups of people who matter most for the do-able actions of each behavior

*Find settings and other educators in each community who can help us reach the groups of people

For example

Topic	Types of Groups	Settings/Sites
Pregnancy Care	Pregnant or young married women Young fathers TBAs	Coffee ceremonies Schools Churches/ mosques Outreach sites
Breastfeeding	Women and Men with newborns TBAs Older women	Coffee ceremonies Schools Churches/mosques
Vaccinations	Women and Men with newborns Women and men with children under 1 year School age children	Coffee ceremonies Schools Churches/ mosques Outreach sites

Guidelines for Planning and Facilitating Groups

Planning the Group

*Read through the important reference info for the health behavior which you will discuss with the group.

* Use the guidelines in this packet to make the sample story fit the community where you are working.

*Review and revise, as you see fit, the sample discussion questions.

* Practice creative ways to present the story, such as animated storytelling, silent actors, or minidramas (included in training)

*Try to meet with the same group of community members once or twice a month. Continue to focus on a behavior until members of the group feel that they have learned what they need and made the commitments they want to make. At each group, you should vary the story line and the way you present the story. Experiment involving the group in acting out the stories and creating some of their own, using the guidelines in this packet.

Facilitating the Group

***Before you discuss the story, explain the purpose of the small group and help people feel comfortable.**

For example: "We are going to discuss the story with you. The purpose is to help us understand what kind of support and information women in this community need for healthy pregnancies.

"We are going to ask you many questions. There are no right or wrong answers to the questions I ask. We want to hear your ideas, your experiences and your problems."

***Follow the proposed structure for discussion.** Sample discussion questions are included in this packet but be flexible with them to fit the flow of each group's responses.

***Throughout the discussion, and especially at the end, invite questions.**

For example, ask: "What questions do you have about getting vaccines?"

Whenever possible, "throw" the question back to other members of the group. For example, if someone asks if a newborn could get sick from a vaccine, you might ask others in the group "who has brought their newborns to get a vaccine? what happened?..."

When there is a need for correct information, consult your reference sheet and give the group correct information. For example, if someone asks if her one year old is too old for the measles vaccine, explain immediately that "it is best to get the measles vaccine at 9 months of age but an older child should still get the vaccine . . ."

***Make sure to hear from everyone.**

Imagine a pile of sticks in the hands of each member. Try to make sure everyone talks (uses their sticks) but that no one talks too much (runs out of sticks)!

***Listen to everyone and talk only briefly.**

You don't need to write down notes. It is most important to just listen. Listen especially for:

reasons why some group members do the actions

reasons why some group members do not do the actions.

***Close the session by asking for individual agreements to take action. For example:** A few of the women in the group agree to try to stop giving anything other than breastmilk to their 2 month old babies. The rest of the women do not feel that they can stop giving cow's milk but do agree to stop giving tea to their babies under 6 months

Guidelines to Make Health Stories Fit Each Community Group

Our do-able actions and stories are general -- they need to be made specific to each community group. There are three main ways you might adapt each of the stories. Think about each of these possible ways before you do each group so that the story best fits that group of community members. Include as much detail as possible.

- **Realistic Characters**

Make a typical name and description of the main character (for example: how she feels being pregnant, what she thinks .)

Add and subtract other characters (for example, would a typical pregnant woman in this community tell her husband? when would she tell him?..)

- **Do-able Actions**

Adapt the actions so they are most do-able (easy?) given the current situation of this community. For example, . "On Thursday morning Khadija goes to the market in Alaba. Afterward, she visits the health center."

Describe the action with specific detail . For example: " While the other children eat, Beyene (the father) feeds his pregnant wife a little bit of the He says 'this is for you and our growing baby. ' "

- **Support and Information**

Include the most common reasons why people in this community would not do an action. For example, "Khadija feels some abdominal pain but she can not get to the health center at least until next week because she has no money for transport (or doesn't want to tell her husband). She is worried.."

Include information that this community seems to need most. For example: Yemi does not bring her child to the vaccine outreach because she thinks he is too old. Then, her neighbor tells her "Your son never got the vaccines he should have gotten before one year of age. Although he is two years old now he still needs the vaccine. They will give it to him."

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MATERIALS TO USE DURING HEALTH ACTION SESSIONS

Care During Pregnancy

Important Reference Information for Educators

A Sample Story to Tell and Discuss (includes pictures and story notes for educator)

Sample Discussion Questions

Guidelines to Create a Story with the Community Group

Behavior: Care During Pregnancy
Important Reference Information for Educators

ACTION		INFORMATION(draft)
All Pregnant Women should .	Go to TBA or Health Institution that gives care during pregnancy as soon as you realize they are pregnant	Why? to get advice as early as possible and to plan for the delivery Where and When? if there is no trained TBA nearby. The health center is open ..
All Pregnant Women should .	Get Tetanus Vaccine as soon as you realize they are pregnant.	What? The tetanus vaccine protects mother and baby against. Where and When? at outreach sites each month should get twice during pregnancy...
All Pregnant Women should ...	Keep vaccine card and take it with you every time you go to a health institution	Why? The card says how many vaccines you still need to protect
All Pregnant Women should ..	Try to eat more of the food in the house each day	Why? Need to feed the mother and growing baby.. How much more food? What foods?
Pregnant women with problems need to .	Go to the health institution immediately if there is any problem during the pregnancy.	Problem signs are: headache, dizziness, fever abdomen pain, cramps, poor appetite swelling, changes in vision If you can not get to health institution immediately, go to TBA or CHA and they will advise you.

Behavior: Care During Pregnancy

A Sample Story (includes pictures and story notes for educator)

Main Character young pregnant woman (first pregnancy)

Other characters: TBA; pregnant girlfriend, pregnant girlfriend's husband, health center worker

Pictures	Story notes (summarized from the Amharic)
1	A woman named . who lives in . just found out that she is pregnant She has heard from her neighbors that it is important to visit a health provider as soon as she knows she is pregnant. Since the health clinic is too far, she decides to visit the TBA.
2	The TBA tells her that she should attend the vaccination outreach session. She also tells her that she should try to eat a little bit more. She didn't think that she would be able to eat a bit more because as a woman she eats whatever is left after her husband and other children eat The TBA also describes certain problems that may happen which would require her to go immediately to a health institution.
3	She goes to the outreach session and gets vaccinated against tetanus. At the session, they give her a card and tell her to keep it carefully.
4	One day, a friend of hers stops by The friend is also pregnant and has been having problems with dizziness for the past week. The main character remembers what the TBA told her and advises her friend to go immediately to a the health facility.
5	The friend go to the facility with her husband and they leave happy. Both women will give birth to healthy babies!

Care During Pregnancy

Sample Discussion Questions

These are Sample Discussion Questions You should adapt the questions as needed to the story and to the groups responses Make sure to ask questions under each of the four parts Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

1. DESCRIBE THE STORY

(If you want, invite the group to be the characters and act it out as way to describe the story they heard Or, they can just answer these questions)

What do you think happened in the story?

Invite different people in the group to add pieces of the story until the important actions and parts of the story are described.

What problems does (the main character) face in the story? How did she overcome them?

What problems does her friend face? How does she overcome them?

Who did you admire in the story? why?

2. ANALYZE THE STORY AND SHARE PERSONAL EXPERIENCES

ACTION In this story, (the main character) decides to **go for care as soon as she realizes she is pregnant.**

Do pregnant women in this community get care as soon as they realize they are pregnant?

When you had your last baby, did you (or your wife) go for care as soon as you (she) realized she was pregnant? What happened? Why did you go?

Some people do not go for care as soon as they realize they are pregnant. Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION: In this story, (the main character) **goes to the outreach for her vaccine and keeps her card.**

Do pregnant women in this community go to outreach for their vaccine and keep their card?

When you (or your wife) were pregnant last, did you (she) go for the vaccine? What happened? Why did you go?

Some people do not get their vaccine as soon as they realize they are pregnant Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION: In this story, the main character **tries to eat a bit more during her pregnancy.**

Do pregnant women in this community try to eat a bit more during their pregnancy?

When you had your last baby, did you (or your wife) try to eat a bit more during your (her) pregnancy? What happened? Why did you eat more?

Some people do not go for care as soon as they realize they are pregnant. Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION In this story, the friend **goes to the health institution immediately when she has a problem.**

Do pregnant women in this community go to the health institution as soon as they have a problem?

When you had your last baby, did you (or your wife) go to the health institution as soon as you (she) had a problem? What happened? Why did you go?

Some people do not go for care as soon as they realize they have a problem. Why do you think this is so? What problems do they face? How could they overcome these problems?

3. ASK QUESTIONS and GET NEW INFORMATION

What questions do you have about care during pregnancy?
(See important reference information)

4. MAKE AGREEMENTS TO TAKE ACTION

There are many reasons why some women in this community do not get adequate care during pregnancy. What solutions do you (the group) have to overcome these problems?

What do you think this community could do to help women get care and be healthy during pregnancy? Get details on specific ideas to support and encourage the actions.

What do you think you (personally) could do?

Behavior: Care During Pregnancy
Guidelines to Create a Story with the Community Group

These are general guidelines Have fun with this and go with the flow The group (even women) will get involved The important thing is to keep the story on track Try to understand, through the story, why the group does or does not do certain actions Get, from them, specific ideas for revising our do-able actions

1. Explain to the group:

"We want to create a story together about care during pregnancy. We would like the story to be realistic for this community I will facilitate but you all will create the story from your own experiences and ideas "

TIME LINE (Key Opportunities for Care during Pregnancy)	Main Character	Other characters (mentioned by the group or by the facilitator)
<p>2 <u>Invite the group to describe a realistic character to start the story.</u></p>	<p>Explain that the young woman just realized she is pregnant. Explore this character. <i>What is her name? age? where does she live? does she have other children? how many?</i></p> <p>. <i>How does she feel? What does she do? Who does she talk with?</i></p>	<p>Explore other characters who the main character talks with or goes to see.</p> <p><i>For example Okay, she talks with her sister What is her sister's name? What does her sister think about the pregnancy? What does she say to (main character)?</i></p> <p><i>Who else does (main character) talk with about her pregnancy? What do they think? What do they say?</i></p>

<p>3 <u>Now imagine that (the main character) is 3 months pregnant</u></p>	<p><i>How does she feel? What does she do? Why?</i></p> <p><i>Who does she talk with?</i></p>	<p><u>Always remember to explore new characters and situations</u></p> <p><i>For example Okay, she talks to her husband What does he decide? Why do they go to the health center? When and How do they get there? What happens there? How do they feel?</i></p>
<p>4 <u>Now imagine that (the main character) has a problem in her pregnancy</u> For example, she has had some very bad headaches and is worried that it may be a problem with her pregnancy.</p>	<p><i>What does she do? Who does she talk with?</i></p>	<p><u>You may Introduce new characters that you think are important to explore</u></p> <p><i>For example No one mentioned that she goes to the TBA Why not?</i></p>
<p>5 <u>Invite the group to end the story however they want.</u></p>	<p><i>For example</i> <i>Okay So . now how does the story end? Why does it end that way?</i></p> <p><i>Is the baby healthy in the end of this story? why? why not?</i></p>	

DISCUSSION

Once the story has been created, discuss it with the group Below are sample questions which follow the same four part structure used in the sample story discussion Make sure to ask questions under each of the four parts Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

1) Describe

Who would like to summarize the story we just created? What would others add to that description?

2) Analyze the story and share personal experiences

Action #1 It is recommended that all women go to a TBA or the Health Institution as soon as they know they are pregnant to check if everything is okay and prepare for the birth.

Ask, for example. *In your story, (main character) does not go to seek any care for her pregnancy until she has a problem Why don't women in this community go for care? What could the community do so that more healthy women went to care as soon as they realize they are pregnant?*

Action #2 It is recommended that all women go to the outreach program to get vaccine as soon as they know they are pregnant.

In your story, (main character) does not go to get vaccinated.

For example Why do you think more pregnant women in this community don't get their vaccine? What could the community do so that more healthy women got their vaccines as soon as they realize they are pregnant?

Continue to explore other actions:

It is recommended.

Eat more of the food available in the home; seek care immediately when there is a problem

3) Exchange important health information

Ask the group, for example:

What questions do you have about getting vaccinated during pregnancy?

What questions do you have about problems that require immediate attention during pregnancy?

Use the "Important Information" reference to help you answer some questions that come from the group. Invite health specialists to join the discussion if you think that is important. Also, invite knowledgeable members of the group to share their knowledge/ experiences.

4) Agree on actions!

Review each do-able action and invite the group to make individual or group "agreements" to try to move toward one of the actions. For example, a group member might say that she will accompany her pregnant neighbor to the vaccine outreach next week.



MATERIALS TO USE DURING HEALTH ACTION SESSIONS

Breastfeeding

Important Reference Information for Educators

A Sample Story to Tell and Discuss (includes pictures and story notes for educator)

Sample Discussion Questions

Guidelines to Create a Story with the Community Group

Behavior: Breastfeeding

Important Reference Information for Educators

ACTION	INFORMATION
Start breastfeeding child immediately after delivery (after expulsion of placenta and baby is washed)	Why? When? How?
Give only breastmilk until 3-4 months	What? what do we mean by only breastmilk? no water or tea or milk? why? When? How?
Take sufficient fluid and food while breastfeeding	Why? Need to... Will breastmilk be good enough anyway? How much more food? What foods?

Behavior: Breastfeeding

A Sample Story (includes pictures and story notes for educator)

Main Character. Village Woman with firstborn baby She is not confident about feeding/ caring for child
Other characters: Husband - supportive of wife He is away when story begins
Neighbor (also a mother who gives advise to main character) and her husband who also visits at end of story.
Health worker at health facility.

Pictures	Story notes (summarized from the Amharic)
1	A woman named... who lives in. .sits with her 1 mo old baby. She has been breastfeeding the baby until today, when she offers the baby a bit of tea and sugar in a cup because she had heard that she should
2	Her neighbor (also a mom) visits her in her home and encourages her to give the tea and maybe milk some days. She claims this will help the baby to grow. The new mother is doubtful-- not sure what to do.
3	A few days later the new mother sits alone with baby -- worried because the baby is sick with diarrhea and crying etc. At this point the husband returns from his days away in the nearby city The mother tells him of the situation and her concerns about the baby's health Maybe she has not been feeding him correctly?
4	The husband decides they will take baby to health facility. There, the health worker asks briefly about what baby has been fed and gives strong advice that the baby should get only breastmilk for a few months more. No tea or water needed -- in fact this can make the baby sick Parents thank worker and leave
5	At home, the parents are visited by the neighbor and her husband The parents explain to their neighbors that they decided to feed only breastmilk for awhile longer. They are not sure how long the mom will have the time to do this but they will try for at least 4 months because they are convinced that breastmilk only is the best way to make sure the baby stays healthy.

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Behavior: Breastfeeding

Sample Discussion Questions

Adapt the questions as needed to the story! Make sure to ask questions under each of the four categories
Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

- **DESCRIBE THE STORY**

What do you think happened in the story?

Invite different people in the group to add pieces of the story until the important actions and parts of the story are described.

What problems does (the main character) face in the story? How did she overcome them?

Who did you admire in the story? why?

- **ANALYZE THE STORY AND SHARE PERSONAL EXPERIENCES**

ACTION: In this story, (the main character) decides to **breastfeed her baby as soon as the baby is washed and the placenta expelled.**

Do women in this community breastfeed their babies as soon as the baby is washed and the placenta expelled?

When you had your last baby, did you (or your wife) breastfeed your baby as soon as the baby was washed and the placenta expelled? What happened? Why did you (she) breastfeed?

Some people do not breastfeed their babies as soon as the baby is washed and the placenta expelled. Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION: In this story, (the main character) **decides to give only breastmilk until the baby is 3-4 months old.**

Do women in this community give only breastmilk until the baby is 3-4 months old ?

When you (or your wife) had your last baby, did you (she) give only breastmilk until the baby was 3-4 months old? What happened? Why did you give only breastmilk?

Some people do not give only breastmilk until the baby is 3-4 months old? Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION In this story, the main character **tries to eat and drink a bit more while she is breastfeeding**

Do women in this community try to eat and drink a bit more while they are breastfeeding?

When you (or your wife) had your last baby, did you (she) try to eat and drink a bit more while they are breastfeeding? What happened? Why did you (she) try to eat and drink more?

Some people do not try to eat and drink a bit more while they are breastfeeding?

Why do you think this is so? What problems do they face? How could they overcome these problems?

- **ASK QUESTIONS and GET NEW INFORMATION**

What questions do you have about breastfeeding?

(Use important reference information for educators to help you answer questions asked by the community.)

- MAKE AGREEMENTS TO TAKE ACTION

There are many reasons why some women in this community do not give only breastmilk for 3-4 months

What solutions do you (the group) have to overcome these problems?

What do you think this community could do to help women to give only breastmilk until their babies are 3-4 months old?

-get details on specific ideas to support and encourage the actions

What do you think you (personally) could do?

Behavior: Breastfeeding

Guidelines to Create a Story with the Community Group

Follow the same general guidelines as presented under "Care during Pregnancy", but explain that they will create a story about feeding babies

Then, you may follow the time line suggested below

TIME LINE (Key Opportunities for Care during Pregnancy)	Main Character	Other characters (mentioned by the group or by the facilitator)
<u>Invite the group to describe a realistic character to start the story</u>	Explain that the young woman just gave birth to her first baby and wonders how she should feed him . Explore this character	Explore other characters who the main character talks with or goes to see
<u>Now imagine that the baby is one month old</u>	<i>What does she feed the baby? What does the baby drink? Why?</i>	<u>Always remember to explore new characters and situations</u> <i>For example Who gives the mother advice about feeding the baby now? What do they say?</i> <u>You many Introduce new characters that you think are important to explore</u>
<u>Now imagine that the baby is three months old</u>	<i>What does the baby eat/ drink? Why Who does she talk with?</i>	
<u>Invite the group to end the story however they want.</u>	<i>For example Okay So now how does the story end? Why does it end that way?</i> <i>Is the baby healthy in the end of this story? why? why not?</i>	<i>For example: what would the husband want to give the child? Why?></i>

DISCUSSION

Once the story has been created, discuss it with the group Below are sample questions which follow the same four part structure used in the sample story discussion Make sure to ask questions under each of the four parts Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

1) Describe

Who would like to summarize the story we just created? What would others add to that description?

2) Analyze the story and share personal experiences

Action #1· It is recommended that **breastfeed her baby as soon as the baby is washed and the placenta expelled.**

Ask, for example. *In your story, the baby
Do women in this community ?
Do you*

Action #2 It is recommended that **give only breastmilk until the baby is at least 3-4 months old.**

Ask, for example: *In your story, the baby
Do women in this community ?
Do you*

Continue to explore other actions

3) Exchange important health information

Ask the group, for example:

What questions do you have about giving the baby water or tea or milk...?

Use the "Important Information" reference to help you answer some questions that come from the group. Invite health specialists to join the discussion if you think that is important. Also, invite knowledgeable members of the group to share their knowledge/ experiences.

4) Agree on actions!

Review each do-able action and invite the group to make individual or group

MATERIALS TO USE DURING HEALTH ACTION SESSIONS

Vaccination for Children

Important Reference Information for Educators

A Sample Story to Tell and Discuss (includes pictures and story notes for educator)

Sample Discussion Questions

Guidelines to Create a Story with the Community Group

Behavior: Vaccination

Important Reference Information for Educators

ACTION	INFORMATION
Bring child for vaccination within only a few days after birth	Why? When? How/where?
Go for measles vaccination at 9 months	if a child is older can still get vaccine.
Keep the card and take it with you until child has completed the series of vaccination	Why? Need to... What do we mean by complete series? what ages?
Take child for vaccinations even if the child is sick	What kinds of vaccines? why? When? How many? until what age.....
Discuss vaccination with neighbors	

Behavior: Vaccination for Children

A Sample Story (includes pictures and story notes for educator)

Main Character:

Other characters

Pictures	Story notes (summarized from the Amharic)
1	A CHA (community health agent) educates a group outside his health post. One woman in the group (name of main character) is pregnant with her first child. She listens carefully as CHA explains that all children should go for vaccination within days after being born to protect the baby against many illnesses. She wonders if she should bring her baby for vaccination.. ?
2	The young mother delivers at home. The grandmother is there with her a few days later when she wonders aloud whether they should bring the baby for his vaccinations. She explains the advice of the CHA. But, the grandmother warns against it saying "he is too young -- it could be dangerous for his health." The young mother is not sure...
3	The mother decides that, despite the grandmothers' warnings, she will go to the outreach session and get the newborn vaccinated against illnesses. At the session, they give her a card and tell her to keep it carefully until she must come for follow up.
4	Three-four months later the mother hears that today is outreach vaccination at the health post. She remembers that the child is due for another vaccination but again wonders if she should bring him. He is sick and has been told that this could be bad for him.
5	Again, the mother decides that, despite her concerns, she will go for the vaccination. She goes with her neighbors and their children. At the health post outreach she is congratulated by the CHA. He says that the vaccine is fine to give although the child is sick. And, it is good that the mom came and should continue to come until they baby completes the whole series of vaccines.

Vaccination for Children

Sample Discussion Questions

These are Sample Discussion Questions. Adapt the questions as needed to the story! And, to the groups responses Make sure to ask questions under each of the four categories Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

- DESCRIBE THE STORY

What do you think happened in the story?

Invite different people in the group to add pieces of the story until the important actions and parts of the story are described

What problems does (the main character) face in the story? How did she overcome them?

Who did you admire in the story? why?

- ANALYZE THE STORY AND SHARE PERSONAL EXPERIENCES

ACTION In this story, (the main character) decides to **take the child for vaccination a few days after birth.**

Do women in this community take children for vaccination within a few days after birth?

When you had your last baby, did you (or your wife) take your baby for vaccination within a few days after birth? What happened? Why did you go?

Some people do not take their baby for vaccination within a few days after birth?

Why do you think this is so? What problems do you face? How could you overcome these problems?

ACTION In this story, (the main character) **takes her child to be vaccinated even though the baby is sick.**

Do women in this community take their children to be vaccinated even if they are sick?

With your youngest child, did you (or your wife) take your youngest child to be vaccinated even if they are sick? What happened? Why did you go?

Some people do not take their children to be vaccinated even if they are sick? Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION In this story, the main character **keeps the vaccination card and takes it with her when she goes to a health institution.**

Do women in this community keep the vaccination card and take it with them when they visit a health institution?

With your youngest child, did you (or your wife) keep the vaccination card and take it with you when you visit a health institution? What happened?

Some people do not keep the vaccination card and take it with them when they visit a health institution? Why do you think this is so? What problems do they face? How could they overcome these problems?

ACTION In this story, the main character will **take her baby for a measles vaccination as soon as the baby is 9 months old.**

Do women in this community take their babies for a measles vaccination as soon as they are 9 months old?

With your youngest child, did you (or your wife) take your baby for a measles vaccination as soon as the baby was 9 months old? What happened? Why did you go?

Some people do not take their babies for a measles vaccination as soon as they are 9 months old? Why do you think this is so? What problems do they face? How could they overcome these problems?

- **ASK QUESTIONS and GET NEW INFORMATION**

What questions do you have about vaccinations?

(Use important reference information for educators to help you answer questions asked by the community)

- **MAKE AGREEMENTS TO TAKE ACTION**

There are many reasons why some children in this community do not get completely vaccinated.

What solutions do you (the group) have to overcome these problems?

What do you think this community could do to help children get vaccinated?

-get details on specific ideas to support and encourage the actions

What do you think you (personally) could do?

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Vaccination for Children

Guidelines to Create a Story with the Community Group

Use the same general guidelines under "Care during Pregnancy" but explain the group will create a story about vaccinating children Use the time line suggested below to keep the story on track

TIME LINE (Key Opportunities for Care during Pregnancy)	Main Character	Other characters (mentioned by the group or by the facilitator)
<u>Invite the group to describe a realistic character to start the story</u>	<p>Explain that the young woman just gave birth to a baby <i>What is her name? age? where does she live?</i></p> <p><i>What does she do to the baby? Does she bring him for vaccines? Why, why not?</i></p>	Explore other characters who the main character talks with or goes to see.
<u>Now imagine that the baby is 3 months</u> and is due for vaccine But, he is sick.	<p><i>What does the mother do? Does she bring him for vaccines? Why? Why not?</i></p> <p><i>Who does she talk with?</i></p>	<p><u>Always remember to explore new characters and situations</u></p> <p><u>You may Introduce new characters that you think are important to explore</u></p>
<u>Now imagine that the baby is over one year old</u> He never finished his series of vaccines The mother doesn't know if he is too old to get his vaccines now.	<i>What does she do? Who does she talk with?</i>	
<u>Invite the group to end the story however they want.</u>	<p><i>For example</i> <i>Okay So now how does the story end? Why does it end that way?</i></p> <p><i>Is the baby healthy in the end of this story? why? why not?</i></p>	

DISCUSSION

Once the story has been created, discuss it with the group Below are sample questions which follow the same four part structure used in the sample story discussion Make sure to ask questions under each of the four parts Describe/ Analyze and Share/ Ask and Get Information/ Make Agreements

1) Describe

Who would like to summarize the story we just created? What would others add to that description?

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2) Analyze the story and share personal experiences

Action #1 It is recommended that Bring child for vaccination within only a few days after birth

Action #2 It is recommended that babies go for measles vaccination at 9 months

Ask, for example. *In your story, the baby*

Do women in this community ?

Do you ?

Continue to explore other actions:

It is recommended. ..

.. to keep the card and take it with you until child has completed the series of vaccination

Ask, for example: *In your story, the baby .*

Do women in this community ?

Do you ?

3) Exchange important health information

Ask the group, for example:

What questions do you have about getting vaccinated when a child is just days old? When a child is sick ?

What questions do you have about where or when to give your child vaccines?

Use the "Important Information" reference to help you answer some questions that come from the group. Invite health specialists to join the discussion if you think that is important Also, invite knowledgeable members of the group to share their knowledge/ experiences.

4) Agree on actions!

Review each do-able action and invite the group to make individual or group

MATERIALS TO DOCUMENT AND MONITOR GROUP SESSIONS

Recording Form for Small Groups

Summary of Small Groups in each Focus Community

(This form can be completed ongoing by each educator. Once a month, a "master" version of the form can be used to compile data across educators for each focus community)

Recording Form for Small Groups

Kebele _____

CHA _____

Date	Topic	Type of group	No. times group met	Length of session	Number of people in group	Site/Setting	Educator	Commitments

AP

Summary of Small Groups in each Focus Community

(This form can be completed ongoing by each educator. Once a month, a "master" version of the form can be used to compile data across educators for each focus community)

Period Covered:

Woreda: _____

Kebele: _____

Educator/s:

	PREGNANCY CARE	BREASTFEEDING	VACCINATION
NUMBER OF GROUPS			
TYPES OF GROUPS (ex. pregnant women...)			
SITES OF GROUPS (ex church)			
COMMENTS on the interactions, the discussions.			

APPENDIX H
Monitoring Forms

Form for Monitoring/ Evaluation of Interactive Education

EXAMPLE

Behavior: Pregnancy Care

Woreda: _____

Kebele: _____

Period Covered: _____

Do-able Actions	Commitment Made	Changes
Healthy pregnant women go to pregnancy care	<p><i>4 women who are just pregnant commit to visiting the TBA</i></p> <p><i>7 women commit to ask their husband's permission to go to clinic</i></p>	<i>TBAs report that they are seeing more pregnant women who have no problems</i>
Healthy pregnant women go for TT vaccine	<i>Many women commit to going for TT at the outreach site</i>	<i>CHA reports higher attendance at TT outreach sessions</i>
Pregnant women try to eat more of food in house	<p><i>A few women commit to try to eat a little more of the food that is in the house</i></p> <p><i>Some women commit to think about ways that they could eat more</i></p>	<i>more husbands say they offer food to pregnant wives</i>
Pregnant women go immediately for care when there is a problem	<i>Some women commit to telling their friends and neighbors about the danger signs in pregnancy</i>	<i>TBAs report that women not in the small groups know more about the danger signs in pregnancy</i>

OTHER CHANGES THAT HAVE BEEN NOTED THIS MONTH:

For example:

More educators are discussing the topic of pregnancy care with community members

Women in the community are talking with their husbands about pregnancy

Form for Monitoring/ Evaluation of Interactive Education

Behavior:

Woreda: _____

Kebele: _____

Period Covered

Do-able Actions	Commitment Made	Changes

OTHER CHANGES THAT HAVE BEEN NOTED THIS MONTH

"CHECKLIST" FOR MAKING THE MATERIALS PACKET MOST USEFUL FOR COMMUNITY EDUCATORS.

*Each time you give the packet to an educator for the first time, sit and have them read through it with you. As they review it and read through it, make note on a master copy of what seems confusing them

*Each time you visit an educator to review their work, try to

- 1) observe them doing sessions and afterward give immediate feedback
- 2) walk through parts of the packet with them, noting in what ways the packet could be made more clear/ useful
- 3) ask how they feel about the packet. What specifically do they like? Find useful? What is missing?

*Consider revising any and all these aspects of the packet:

- 1) How the packet is organized

Do the 3 parts make sense or should it be broken up differently?

What form would be most handy for the educators? (idea: one plastic folder with separate folders inside for the different parts of the packet and for the different behaviors)

- 2) The amount of text, the language, the format of each piece

- 3) The need for more pictures to convey key concepts to the educator (for example, a picture depicting an "ideal" small group in which everyone talks with each other)

- 4) others. .

*Here are some examples of things to look for.

Part I.

Are the educators using this section as we would hope to prepare for their sessions? What would be useful?

Do they need more/ different guidelines "Planning and Facilitating the Groups?" What? In what form?

(Consider using these guidelines as a basis for giving direct feedback to educators after observing them facilitate a group).

In what ways are the educators "making the stories fit their communities?" What should we add/ change in the guidelines to make sure they adapt stories appropriately each time they do a group.

Part II.

Are they reviewing the reference information before they do a group? In what form would be most useful for the educators to have this information on hand during a group (Mengistu's idea: index type cards?)

What kind of ongoing training do they want/ need to adapt the stories? To present the stories in creative ways?

How do they use the discussion guide? (Are they following the sequence? Using open questions? Getting folks to share experiences? Ask questions? Make agreements? What would help the educators to more effectively facilitate discussion?)

Part III.

Are the forms completed after each group? What more/ different information do we want to document and monitor the groups? How do the educators feel about using these forms?

