

BEST AVAILABLE COPY

**IEC ORIENTATION AND
FORMATIVE RESEARCH COURSE
ASMARA, ERITREA
MARCH 24-29, 1997**

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BASICS Technical Directive 017 ER 01 052
USAID Contract Number HRN-Q-17-92-00031-00

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BASICS consultant Nicholas Dondi traveled to Asmara, Eritrea, during March 1997 to facilitate an IEC Orientation and Formative Research course. This was the first in a series of 3 planned communication capacity building courses and was attended by 26 participants.

The appendix contains a detailed report by Dondi regarding his work and the course content, activities, and results.

APPENDIX

The following pages contain the highlights of the consultant's activities during the trip. It contains a summary of key information needed for decision making and action, and forms an adequate basis for action by concerned parties. In addition, a pictorial report of the proceedings of the course is under preparation at BASICS, with the help of Kerry Ann, who helped facilitate the course, and should be available in a couple of days. The latter volume will be distributed to all participants, for reference, and to concerned organisations for information. The full report, with a more detailed description of trip activities and course content, is under preparation and should be available soon.

1 COURSE OBJECTIVES

By the end of the course, participants will be able

- 1 To identify the key components of health communication
- 2 To describe the basic processes of health communication
- 3 To List and describe key skills areas in health communication
- 4 To identify MOH priority content areas for health communication
- 5 To identify key caretaker behaviours which have the greatest impact on child morbidity and mortality
- 6 To name describe and apply at least three behavioural research methods
- 7 To develop zonal formative research plans based on identified MOH priorities and selected research methods
- 8 To identify designated communication trainers in their zones

2 PARTICIPANT BACKGROUND

- The course was opened by the Director General of the Ministry of Health, Dr Afeworki Abraham, and closed by the Director of Primary Health Care, Dr Mismay Ghebrehiwet. In attendance were the USAID Senior PHC Advisor, Dr Steve Wiersma, and the BASICS Chief of Party, Dr Nosa Orabaton.
- This was the first course in a series of three planned communication capacity building courses. It was attended by 26 participants: 2 Zonal Medical Officers, 20 members of the Zonal Management Team, three headquarter staff (from the IEC Unit, the National AIDS Control Programme and Research and Human Resources) and a Health Programme Producer in the Ministry of Information.
- Except for the head of the IEC Unit and the producer from the MOI, all the others had not worked in IEC.

- Nearly all participants were attending a communication course for the first time
- All participants were attending a formative research course for the first time
- All participants were attending a workshop facilitated using Visualization in Participatory Programmes (VIPP) teaching method for the first time

2 PROCESS

- The workshop used the VIPP facilitation method. The method is participant centred and extensively uses the technique of posing pertinent questions to which participants respond by writing contributions on cards. The cards are then clustered on boards with the full participation of participants.

The approach proved most effective in

- Making the course lively and interesting
 - Tapping participant ideas and experiences
 - Maximising participation
- The daily feedback committee reports ensured that the course remained on track, and the mood metre filled by participants at the end of every day monitored participant feelings and moods. The two monitoring mechanisms lead to minor adjustments which kept the participant mood and interest high throughout the course (see mood metre recordings at Annex One).
 - In addition to the two monitoring devices, each participant was issued with a yellow card. Raising a yellow card meant that a participant was, for whatever reason, unhappy with whatever activity or session that was going on and wanted it to stop. The facilitator was obligated to stop a session if three yellow cards went up at the same time. However, throughout the course, yellow cards went up only once when participants debated whether or not the MOI TV crew should be invited to cover the proceedings. The fact that virtually no yellow cards were raised during scheduled sessions is a loose indication that on the whole participants felt that sessions were on track, relevant and engaging.

3 ACHIEVEMENTS

- In the final evaluation, participants gave the course high ratings in all areas. They thought all the objectives had been fully or adequately met (see Annex One). They found that facilitation was good, participation was good, their expectations were met, and the fears they had when they came to the course had also been allayed. All participants felt the course was useful, they felt they were now equipped to carry out the formative research studies planned during the course, and all said they would attend the next course.
- Each of the four zones, together with the MOH/IEC Unit team, developed outlines of

formative research plans to be finalised when they get back to their work places and **implemented before the end of May** The research findings they bring along will form the basis for planning in the next course

- Participants found facilitation methods interesting and the content useful (see mood metre, feed back committee reports and final evaluation)
- The course proved to be a highly motivating introduction to communication In the words of one participant "I was considering communication as a very narrow field, but from this workshop I came to understand it to be a big and wide field In relation to health, it is important and can elevate the level of health "
- On -the-job training in trainer skills and the use of VIIP was successfully given to the MOH trainer, the head of MOH IEC Unit and the MOH/UNICEF IEC officer This team will be play leading roles in facilitating the field work of the zonal teams in between workshops

4 RESEARCH EMPHASIS

The proposed formative research activities will concentrate on the areas of emphasis already identified by MOH during the just concluded USAID/BASICS supported planning process These are malaria, CDD, ARI, TB and STD/HIV In addition, the central MOH/IEC group identified topics on Safe Motherhood During the workshop, each zone selected three areas of the highest priority They were expected to carry out research in two of the areas selected, and were free to research in the third area as well, if they had the time and resources to do so The zonal priorities that emerged were as below Optional areas are marked with stars

GASH BARKA	MAEKEL	DEBUB	ANSEBA	MOH/IEC
Malaria	CDD	Malaria	CDD	FGM
TB	STD/HIV	ARI	Malaria	ANC attendance
STD/HIV*	Malnutrition*	TB*	ARI*	FP*

Together, therefore, the zones will work in at least seven, and possibly more, sectors malaria, TB, CDD, STD/HIV, ARI, FGM, ANC

Emphasis questions in individual areas will be as below

SUBJECT	PRIORITY HEALTH BEHAVIOUR PROBLEMS
Malaria	The community does not participate in draining mosquito breeding places
CDD	People do not wash hands after the toilet, before eating, before preparing food and after cleaning the faeces of a child
ARI	Mothers keep children with ARI diseases at home instead of taking them to a health facility for treatment
TB	TB patients cough and spit indiscriminately TB patients do not take their full course of treatment People delay going to health facilities when they have a long term cough
STD/HIV/AIDS	People do not use condoms
Nutrition	Mothers do not give weaning foods to children before they are one year old
Safe motherhood	Mothers do not attend antenatal clinics Mothers take their daughters for circumcision

5 WORKSHOP RECOMMENDATIONS

In view of the importance of communication in accelerating behaviour change and subsequently improving the health status of the population, participants recommended that the following steps be taken

- 4.1 Strengthen the management of communication activities at the zonal level by
- Establishing zonal communication committees chaired by Zonal Medical Officers
 - Identifying zonal IEC focal persons to serve as secretaries to Zonal Communication Committees and to coordinate IEC activities in zones for the time being
 - Giving additional training to zonal IEC focal persons to enhance their skills
 - And eventually establishing and filling positions of zonal IEC officers who would become secretaries to the Zonal Communication Committees and coordinators of IEC activities

4.2 Institutionalize communication capacity building at the MOH by

- Identifying suitable IEC trainers
- Giving identified trainers adequate IEC training skills
- Developing training packages and materials for the various levels of training, with emphasis on training of zonal and health facility based staff
- Giving trainers at MOH training institutions communication training skills
- Integrating communication skills courses in pre-service courses of all health workers

(Ideal communication trainers in in-service courses and at the zonal level were seen as mature people with field experience, able to cope with the multi-disciplinary nature of IEC and identified with the participation of zonal staff)

4.3 Conduct the Basic IEC Orientation and Formative Research course for the remaining two zones as soon as possible to bring the zones in line with the four zones which have already had it. It was further recommended that the course be facilitated by the same facilitator for quality and uniformity

4.4 Provide further communication training for zonal teams

4.5 Make available a budget to support planned formative research activities as soon as possible

5 CONCLUSION

It is apparent that communication is well received at the MOH. Its potential to accelerate positive behaviour change is widely recognised and at the moment many health staff would like to be associated with it. However, the capacity to plan and implement effective communication activities is still limited at all levels of the Ministry. This makes communication capacity building an urgent priority. To advance on-going capacity building efforts, we recommend that

- MOH continues with the remaining two communication capacity building courses as planned
- Consideration be given to making the next course in the series (strategy development) two rather than one week in length to provide reasonable time for practical skills development sessions
- The Basic IEC Orientation and Formative Research Course for the remaining two zones be conducted during the week of May 19-24, 1997

- Efforts be made to fill the vacant positions at the IEC Unit to make the unit better placed to support on-going capacity building activities
- Workshop recommendations relating to capacity building be reviewed and, if found appropriate, implemented as soon as feasible
- Kerry Anne, Dawit and Azenegash maintain close contact with the zones to ensure that zone complete their plans, cost them and formally present them to MOH for funding The three person team will additionally provide support to zonal teams throughout the research process
- The proposed national IEC materials audit be finalised before the strategy development course in June, as the audit report will be important for decision making during the course

MINISTRY OF HEALTH, ERITREA

IEC ORIENTATION AND FORMATIVE RESEARCH WORKSHOP

ASMARA, MARCH 24 - 29, 1997

Final Evaluation

	Good/achieved		Poor/not achieved		
	5	4	3	2	1
Objective 1	17	5	1	-	-
Objective 2	15	6	2	-	-
Objective 3	12	11	-	-	-
Objective 4	13	8	-	-	-
Objective 5	17	5	-	-	-
Objective 6	18	5	-	-	-
Objective 7	15	8	-	-	-
Objective 8	11	10	1	-	1
Expectations met?	15	7	1	-	-
Fears eliminated?	11	9	2	-	-
Facilitation	17	6	-	-	-
Participation	16	4	2	-	-
VIPP method	12	8	2	-	-
Handouts	6	9	5	-	1
Course duration	13	5	4	1	-
Venue	21	1	-	-	-
Time keeping	18	5	-	-	-
Refreshments (tea)	20	3	-	-	-

All participants found the course useful

All participants felt they were equipped to carry out the planned formative research

All participants indicated that they would be returning for the second course on June 2

**Government of the State of Eritrea
Ministry of Health**

**Basic IEC Orientation and Formative Research
Course for
Zonal Health Management Teams**

**Asmara, Eritrea
March 24-29, 1997**

In Collaboration with United State Agency for International Development /BASICS



Day 1 F.C.M.C

Registration
Welcome & Announcements

Opening
Objectives

Schedule
VIPP
Rules

Introductions
Expectations
and
Fears

Meaning of
Communication
Communication
Terms

Communication
Components
Communication
Processes

M.M

Day 2 F.C.M.C

MOH
Priorities
Sources of
Behaviour
Problems
Behaviour
Rating and
Selection

Health Problem
Behaviours in
Lilrea
Behaviour
Change
Theory

M.M

Time table

Day 3 F.C.M.C

Steps in
Implementing
Communication
Research
Formative
Research

Focus Group
Research
Overview
Planning Focus
Group Research

M.M

Day 4 F.C.

Prepare 15 MIN
FGD Guide
Moderating
Note taking
Video

Conduct
15 minute
FGD
Analysis and
Reporting

M.M

Day 5 F.C.M.C

Issues
in
F.G.D's
In-depth
Interviews
In-depth
interview
role play

Analysis and
Reporting
Observation
Observation
Practical
Analysis and
Reporting

M.M

Day 6 M.C.

Zonal Formative
Research
Planning
Planning
Framework

Zonal
Planning
Presentation
and
Critique

Zonal
management of
Communication
Final
Evaluation

Closure

M.M

Workshop Objectives

At the end of the course, participants will be able to:

1. Identify Key components of health communication
2. Describe the basic process of health communication
3. List and describe key areas in health communication.
4. Identify MOH priority content areas for health communication
5. Identify Key Caretaker behaviours which have the greatest impact on child morbidity and mortality
6. Name, describe and apply at least three behavioural research methods
7. Develop zonal formative research plans based on identified MOH priorities and selected behavioural research methods
8. Identify designated communication trainers in their zones

Days
#1

Overall Objectives for
the proposed series of
Communication courses,

- 1 To meet identified health communication needs
- 2 To operationalize the IEC policy of the MoH
- 3 To undertake research based participatory methods & processes, designed to improve health comm & build capacity



Implementation of

Knowledge and Skills

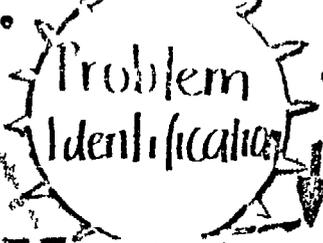
Expectations

Implementing Communication Activities

Materials Development

To Have Skills And Knowledge In Communication	Able to Communicate With Society
To Gain Knowledge on IEC	Develop their own application on IEC
Get enough Skills	To Gain some Knowledge from Workshop on IEC
Have the Skill of IEC	Have enough knowledge on Communication
Improve knowledge on Communication	Know theories & methodologies of IEC
Gain methods of Health Education	Communication Skills
Gain tangible knowledge of IEC	Increase Communication Skill

Improve Interpersonal communication To Improve Interpersonal Relations.
 Knowledge of Behaviour Change



Identification of Sources of Behavioral Problems

Day 1 #3



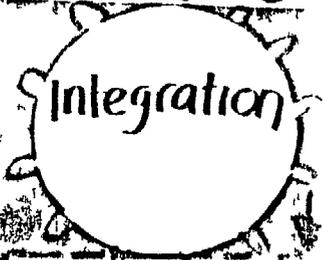
Good skills to work with Communities
 Good Communication with Community
 Improve IEC Implementation Skills



Having Functional Programmes



Be able to develop IEC Materials
 Message Development
 Be able to develop simple IEC tools



To Promote Good Relation b/w LI & PIC

Fears

Handouts

We May Easily forget the discussion on IEC

Lack of Teaching Aids

If no working manuals of the workshop, may forget

May Go Home Without Materials

Lack of IEC Material

Culture

Cultural Communication Skills May Be Ignored

Centralisation

Mot may continue to develop IEC materials

Absenteeism

Absenteeism of some participants

Time

Time Will Not Be Enough To Cover Important Points

Relevance

Skills might be irrelevant to materials we have

Programmes that do not function

Irrelevance

Application

The Training may not be applied (Theoretical)

Participation

Poor group Participation

VIPP Rules

Breaking the VIPP

Implementation

Problem of many Languages

Difficult to implement Zone E-R

Day 1 #4

The Meaning of Communication

Problem Behaviour

Information

Listening

Ability to Listen

Interaction

To Understand (with) People

COMMUNICATION - IS COMMON UNDERSTANDING B/W SENDER AND RECEIVER

Understanding

Understanding One Another

Getting Common Understanding

Message is clearly understood.

Means

Means Which Help People Understand

Roads, Language or Posters

Receiving Information

Passing ideas

When Message Pass From Messenger to Receiver

To Pass Messages

Skill of Conveying Ideas to Others

A Two way flow of ideas

Exchange of ideas

Will Help Exchanging Knowledge

Way People Understand Each other

Interpersonal Interaction

Inteaction Between Two Groups

Exchange of Informations, Ideas & Feeling

Process

Process of Transmittina Message

Behaviour Change

Day 1 #5

Development Communication Model

Advocacy

Political Support

Social Mobilisation

Partnership building

Program Communication
Behaviour Change

Village elders

Community Leaders

Religious Leaders

Village Council (Baroto)

Zonal Health Manager

Regional Administrative

Influential people

Ministry of Health

Epidemiologist
Zonal Health manager
Malaria Health Agents
Donors

Microbiologist
Entomologist
Teachers Association
Health Education

Community Health Agents
Youth ass
Influential people
Parasitologist

Zonal Malaria Control office
NGOs
Labour association
Religious Health Committees

Community

Mothers

Mobile people

Don #6

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Qualities of a good...

Sender



Message

Channel

Receiver

Knows Message Well

understands processes of communication

Good Listener

understands principles of communication

Knows Background of Receiver

Good Role Model

Has Feed Back Mechanisms

Open to Correction

Select & use appropriate channel

works effectively in language of receiver

Relevant

Timely

Appropriate

Appropriate

Reach the right target audience

Accessible & Available

GOOD RECEPTION

Acceptable: Credible, Reliable

Reach More People

Message is Beneficial

Has the Capacity to Act on Message

Message is Comprehensible

When Message is Interesting

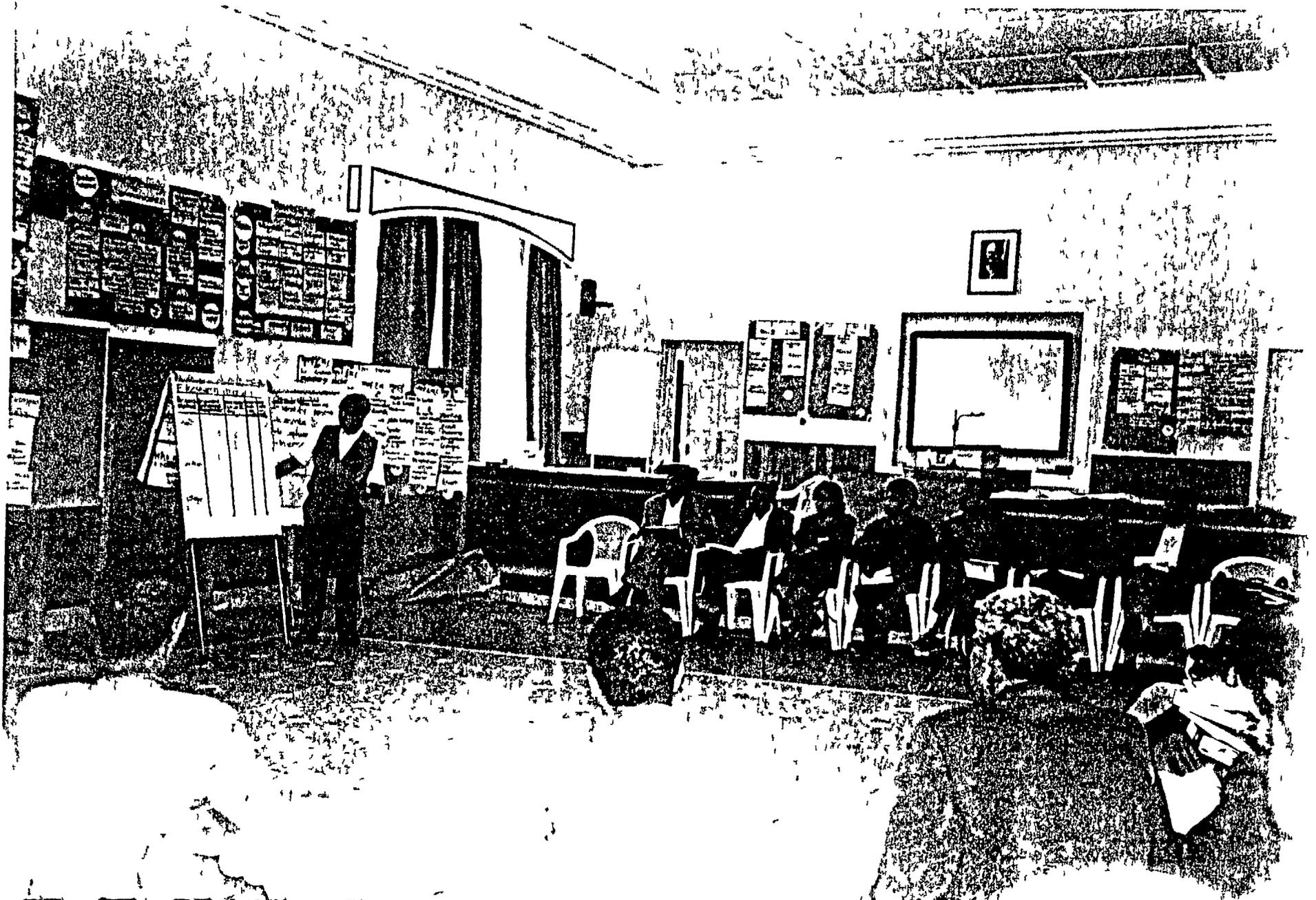
Message is Clear

When the Venue is Pleasant

When s/he is Involved in Message Development

Day 1 #7





F.C.

DAY 1
Evaluation

Positive
15

Manuals

Afternoon
session
Start at 2³⁰

Tea Break
is too short

In the After-
noon session
Teabreak ^{TWICE}

Good
Participat-
ion

Day 2
#1

COMMUNICATION

Improves
When...

Is hindered
When...

When
Communication
goes wrong
people



More than
one sense is
involved

There is no
common
ground

There are
language
problems

There is no
common
language
It is not
systematic

It is not
recognisable

Misunderstand

Are far apart

Complaint

Blame
each other

Are unable
to
concentrate

Miss out on
information

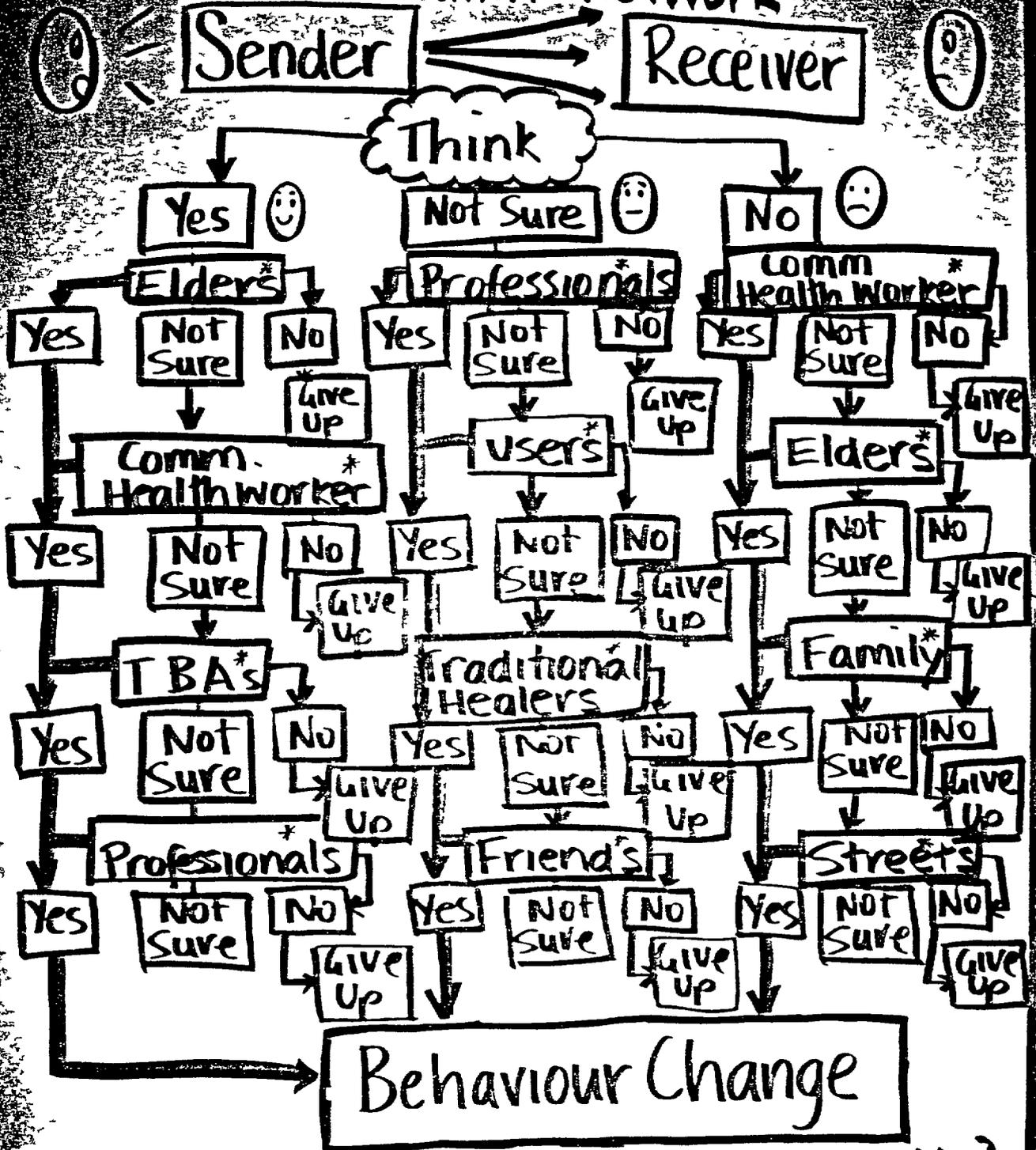
Confused

Spod Work

Give up

Day 2
#2

The Communication Network



Who talks to whom about health?

Subject	Priority Health Behaviour Problem
---------	-----------------------------------

Nutrition	Mothers don't give weaning food before 1 year.
-----------	--

Safe Motherhood	<ul style="list-style-type: none"> • Mothers do not attend antenatal clinics. • Mothers take their daughters to be circumcised
-----------------	--

Malaria	Community does not participate in draining mosquito breeding sites.
---------	---

HIV/STD's	People fail to use condoms
-----------	----------------------------

A.R.I.	Mothers keep sick children at home.
--------	-------------------------------------

C. D. D.	<ul style="list-style-type: none"> • People do not wash hands after defaecating. • People defaecate indiscriminately
----------	--

T. B Day 2 #6	<ul style="list-style-type: none"> • TB Pt's spit & cough everywhere • TB Pt's discontinue their Rx • People delay going to health facilities when had long-term cough.
---------------------	--

F C

Day 2 Evaluation

Positive
17

Good
Participation

Knows the
audience

Presentation
Excellent

Gaining
Knowledge

Good
Teaching Method

Suggestions

No Materials

Instruction
to Be Clear

Day 3
#1

Behaviour Theory

Day 3
#2

People
Learn best...

When learner
is willing

When materials
mean something
to them

When materials
are familiar

When materials
are interesting

When material
addresses their
needs

When
interacting with
others

When it is
pleasant to
learn

When more
senses are
involved

When resources
support action

When it
benefits
them

When cost
is manageable
or justifiable

People will
adopt new
behaviour...

When convinced
of need to
act

When skills
enable action

When encouraged
by seeing progress

Day 3
#3

Steps in
Implementing
Comm Activities

State problem

Implement

Define target
audience

Monitor

Define feasible
behaviours for
each audience

Adjust

Conduct research
to learn more
about behaviours

Evaluate

Develop
Strategies

Replan

Skills
areas in
Communication

Generic
Communication
Planning

Formative
Research

Strategy
Development

Material Dev's
Pretesting

Implementation

Evaluation

Day
3
#4

Research

Days 3 & 4

Some Qualitative Methods

Quantitative

Qualitative

Descriptive

Interpretive

Statistical

Motive

Feelings

Deals with numbers

Causes

Beliefs

Definite

Values

Social Costs

Precise Measurement

Emotions

Mood

Focus Group Discussions

In-depth interviews

Observation

Intercept interviews

VOX POP

Fish Bowl

Welcome & Announcements
Opening
Objectives

MOH
Priorities
Sources of Behaviour Problems
Behaviour Rating and Selection

Day F.C.M.C
3 Steps in Implementing Community

Day F.C. 4
Prepare ISMWS
F.C.D. Guide

Day 5
16

Health
Behaviour
Eritrea
Behaviour Change

Generating
In-
In-
In-
Inte-
col-
Anal-
Rej-

F-
In-
In-
Inte-
col-
Anal-
Rej-



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Day 3
evaluation

positive
#25

Mood
Meter

Suggestions

EXcellent
mood

Invite the
T.V. service

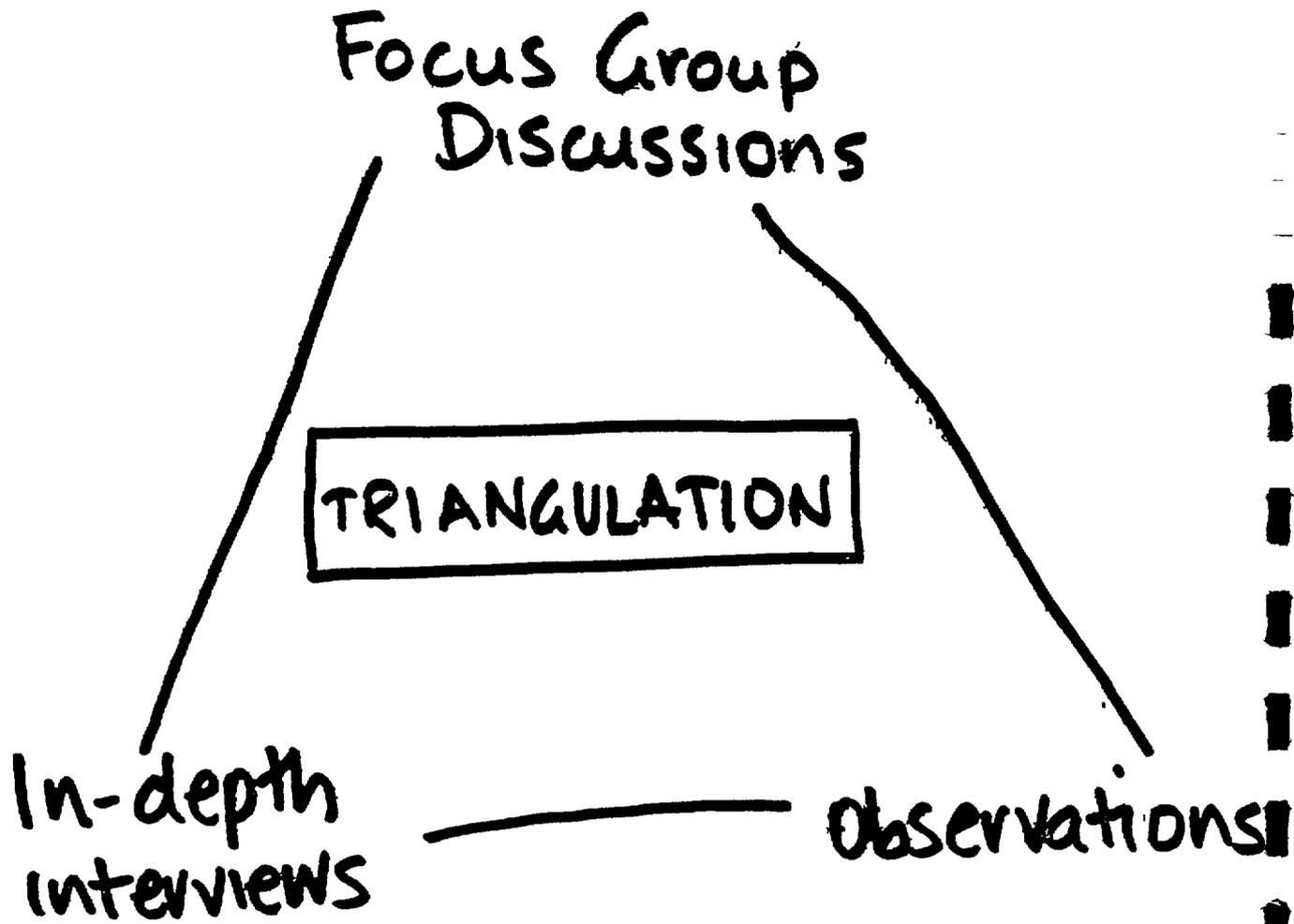
Negative

Hate Over-
head projector

Day 4
#1

FORMATIVE RESEARCH

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Three qualitative research
Methods should be used to
Counter-check data.

WLUU2. GROUP DISCUSSIONS

When?

- When there is a need for a deeper level of response
- When the research subject/area is not very clear
- When different people are likely to have a different understanding of a subject
- When it is necessary to look at a problem from different angles
- When mutual counter-checking is necessary

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Key Question: Why don't people wash their hands?

Who is concerned with this question?

- Mothers • Fathers • Children •
- School teachers • women's assoc. •
- religious leaders • community health agents • community leaders •
- health workers •

Who has the answer(s) to the Key Question?

- Mothers • Fathers • Children

Who must support the change?

- Health workers • Religious Leaders •
- Community health agents • School teachers • women's association •
- community leaders •

Characteristics to look for in participant

- Age
- Sex
- Social Status
- Educational Level
- Religion
- Language
- Level of exposure to material
- cultural background
- Hierarchy

* Should have similar characteristics

Preferably:

- people who do not know each other well
- people who do not know the facilitator + note taker.

Length of Session: a guide

- Introduction } 10min
- Peripheral/Mood setting questions } 10min
- General questions
- Details | Probing } 1 hr
- Closing questions
- Summary | checking consensus } 10min
- Thankyou

* AV. TIME OF 1 1/2 HRS *

FOCUS GROUP DISCUSSIONS

How many FGD's?

- Minimum of 3 FGD's per category
- Consider zonal diversity
- have 3 FGD's per sub-category

STOP when no new information is being generated.

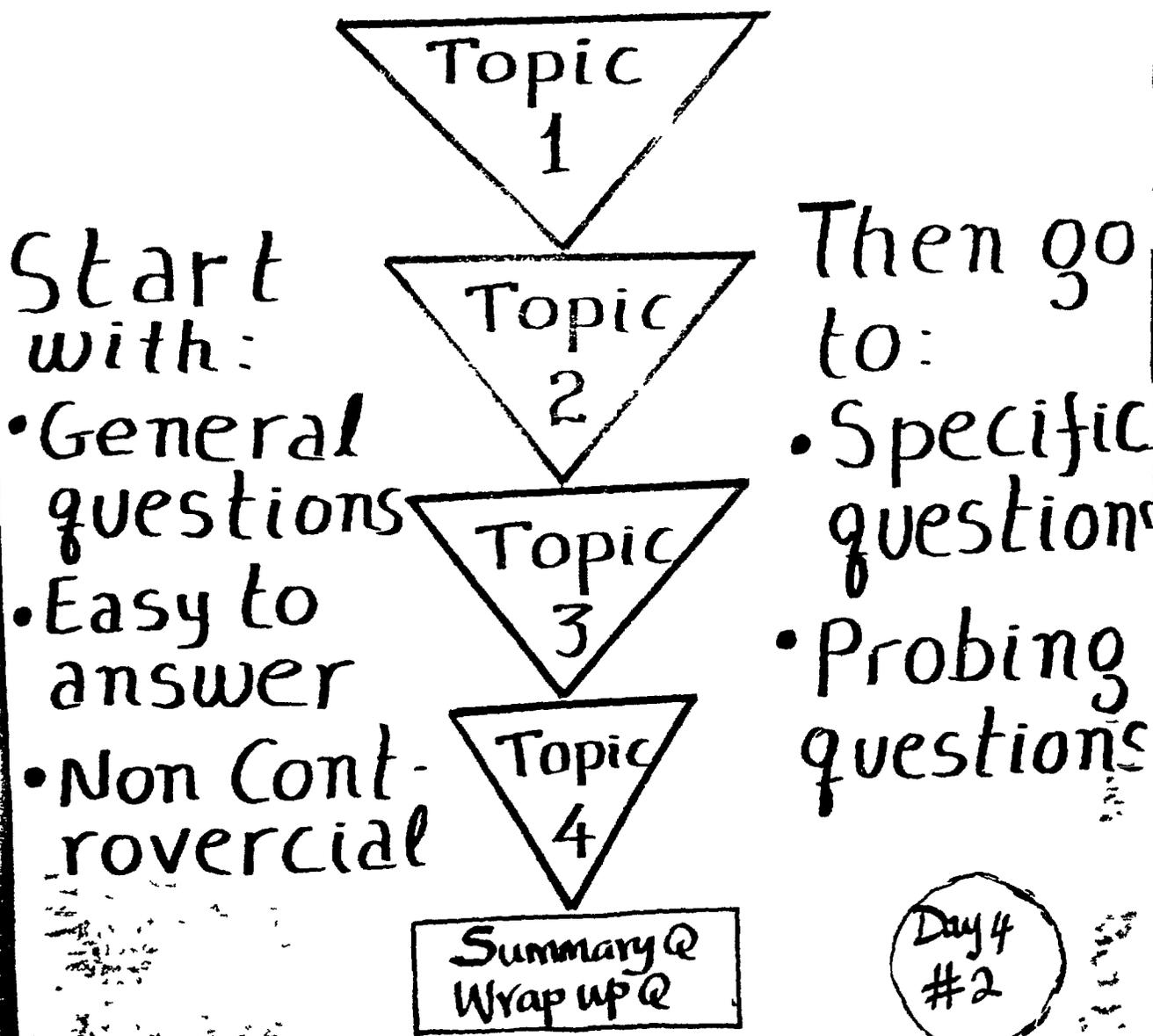
Venue

- under a tree
- where meetings are held
- School

⇒ MUST BE: *

- * Non-threatening
- * Non-intimidating
- * Neutral

Structure Of FGD Guide



FGD Guide

Content

Has identification details on top	Avoids Yes/No Questions
Proceeds from general to specific Qs	Avoids leading Questions
Proceeds from easy-to-answer Questions to difficult	Avoids forced Questions
Starts with Non-controversial Questions	Provides for summarising and confirming

Provides for a free wrap up Question

Everything said in a FGD is OK!

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Basic Research Skills

Recording

Analyzing

Asking

Listening

ASK in a Neutral Way

Listen Actively

ASK one question at a time

Listen with Empathy

Respond to Verbal and non-verbal Comm

Hear what is Said & what is Meant

Follow up on themes raised

Listen without Judging

ASK follow up Questions

Practice listening that inspires Confidence

Probe without pushing people too far.

Practice listening that encourages More Contributions

Day 4 #5

Qualities
of a Good
Facilitator

IS
Confident

IS
Fluent

Probes

Keeps to the
TOPIC

IS Relaxed

Includes all
participants in
Discussion

Uses
Participants'
Names

IS sensitive to
the needs of
Notetaker

Friendly

Maintains eye
Contact

Does not
Probe too hard

Day 4
#6

IS an active
listener

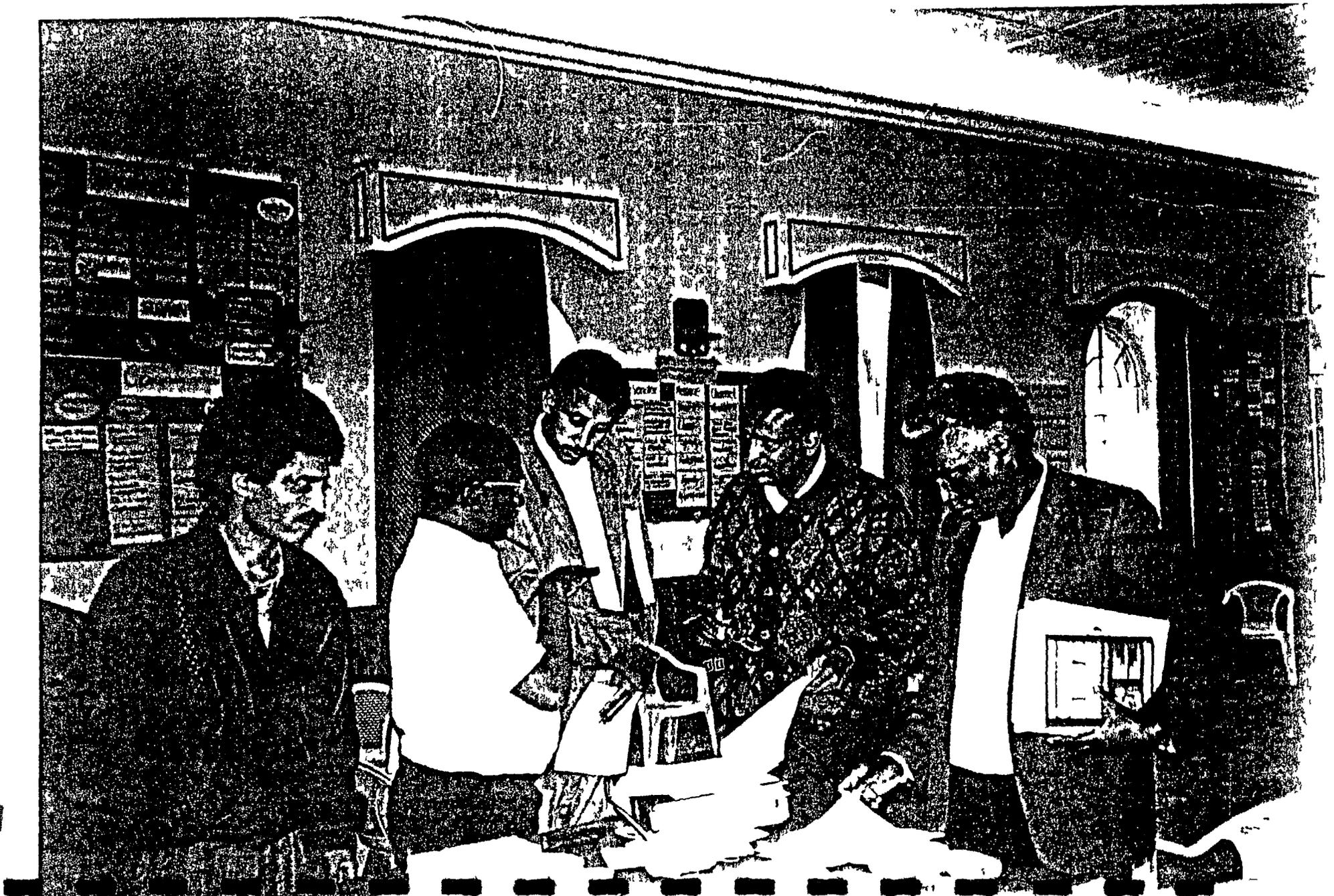
Links Ideas

Addresses
the whole
Group

Lively

Summarises &
Seeks
Consensus

Encourages
Participation



41

FC Day 4

Positive

Negative

 #18

Video was not clear.

Suggestion

Mood Meter

Repeat The Passed Idea

 Excellent #24

Days #1

This work shop should be kept in Video Cassette For Document

Note taking

Before the Session

Review guide with facilitator

Words meaning recording

Clarify expectations with facilitator

Know what is in question guide

Decide on note taking style

Taking notes

Sit where you can... hear see

Communicate with facilitator without interrupting discussion

Make sure YOU facilitator introduces... your role

If you do not hear something speak up!

What to note down

All relevant points

Participant's own words

Debrief with facilitator soon after FGD

Indicate: few some only one most

Organise notes soon after F.G.D.

Note Taking Style

Different pages for Different questions

Two columns:

Statements Non-verbal messages

Take notes continuously and reorganise later

Day 5 #2

Developing an FGD Guide

Mothers keep sick children at home....

Objectives

Why do mothers keep sick children at home?

What do mothers do when their children get sick?

What understanding do mothers have of their children's sickness?

Sample guide Questions

Subject

Date

Identification Information

How are you? ①

What happens when the child has diarrhoea? ②

How does it help? ④

Place

Facilitator



How is the family? ②

What are your worries when the child has diarrhoea? ⑥

Why do you think children get diarrhoea? ⑥

Target

Note-taker

How are the children? ③

What do you do when child has diarrhoea? ⑦

Introduction

Introduction

How about diarrhoea?

How ~~serious~~ common are these problems? ④

How do you do it? ⑧

Process

Purpose

Days #2

Analysis & Reporting

- * Not all questions need to be reported on
- * Level of analysis depends on purpose of research
- * Analysis must be practical
- * When analysis is delayed, it erodes quality
- * Draft analysis is improved when it is commented upon

Days
#4

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Options for analysis

Memory - Note Taking - Tape based - transcript based

Summary Findings

Finding	Level of consensus	Factors/Reasons for the finding	Reasons/statements given against the finding
Days #5			

Self-Evaluation

1. Did I establish good rapport?

1 2 3 4 5 6 7 8 9 10

2. Did I include everyone in the discussion?

1 2 3 4 5 6 7 8 9 10

3. Did I stay on purpose?

1 2 3 4 5 6 7 8 9 10

4. Did I ask questions that opened up respondents?

1 2 3 4 5 6 7 8 9 10

5. Did I use active listening skills?

1 2 3 4 5 6 7 8 9 10

26th - EVALUATION

6. Did I probe for clarity?

1 2 3 4 5 6 7 8 9 10

7. Did I keep my ego out of the discussion?

Days #7

1 2 3 4 5 6 7 8 9 10

8. Did I refrain from putting words in participant's mouths?

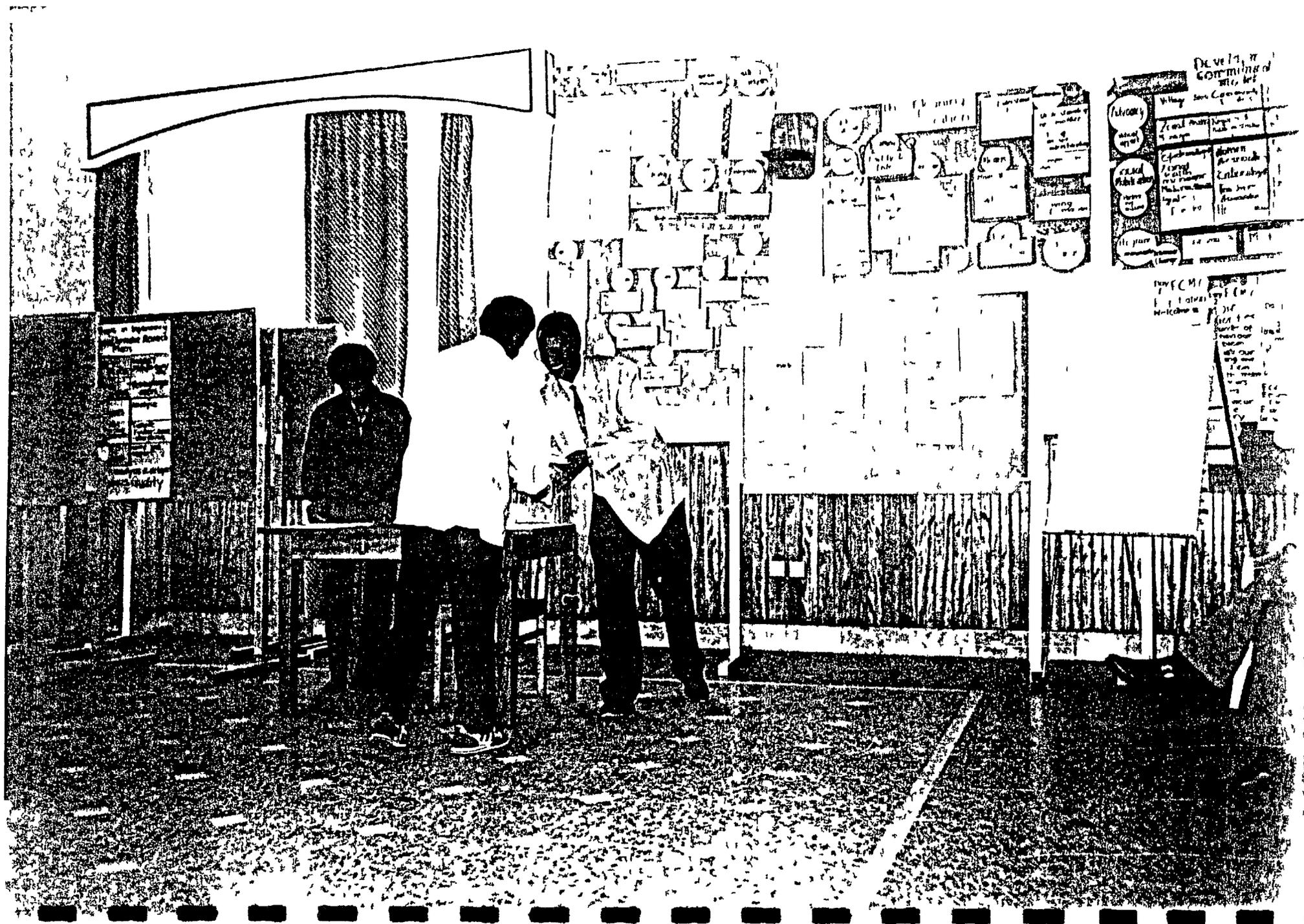
1 2 3 4 5 6 7 8 9 10

9. Did I know my guide well?

1 2 3 4 5 6 7 8 9 10

10. Did I focus on participants rather than my papers?

1 2 3 4 5 6 7 8 9 10



Day 5 Feedback

mood
meter

Excellent

Positive
#20

Suggestion
#

pushed too hard
to prepare
objectives

Plan development
should be more
clear

Too much time
for observation
practical

Period of
course too
Short

ZONAL FORMATIVE RESEARCH PLANNING FORMATS

A Problem Behaviours

B Study Objectives

C Target Identification

Problem behaviour(s)	Who suffers the problem & should change?	Who will support the change?

D Key Questions, Methods and Informants

What do we need to know? What key questions?	What study method can best provide the information?	Most suitable informant(s) in this area

E **Research Instruments**

F Research Programme

Research method	Respondent characteristics	How many? (FGDs, In-Des, Obs)	Research team(n/takerFac il)	Time frame/ dates When?

G Resource Identification

Resources needed	Available in the zone	Proposal for meeting shortfall

Analysis

Guidelines

Analysis Steps

Not all questions need to be analysed and reported upon

Level of analysis depends on purpose for research

Analysis must be practical

When analysis is delayed quality is lost

Analysis is improved when it is commented upon & revised

Take notes in a way that will be easy to analyse

Research team debriefs in order after work

Assemble related information in one section

Isolate themes

Against each theme write supporting statements

Identify individual findings

Answer is it few or many, some who are involved?

Identify factors to support the existence of the situation in finding

Identify factors and arguments against existence of situation

Write the main Report.

Steps in Implementing Zonal Formative Research Plans

Revise Plans

Conduct FGDs/In-Depth/Obs.

Identify Researchers

Review/compile notes

Train Researchers

Analyse

Researchers & health staff identify participants

Compile Findings, causes & other factors

Invite Participants

write full report

When analysis is delayed it reduces Quality

Recommendations Management of IEC

Form an
Committee

IO as
Secretary

Health workers
could be given
comm. skills

Focal
person in each
zone

Area training
identified IEC
person(s)

Conduct TAT
on IEC

Those from
Schools to train
in zones

Is communication
in the HW etc
curriculum?

Who to
train?

Those already
experienced in
the field

Those with
naturally good
comm skills

Those who are
mature

Those that can cope
with the multidisciplinary
aspect of IEC

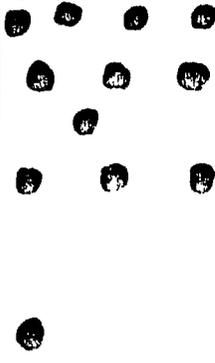
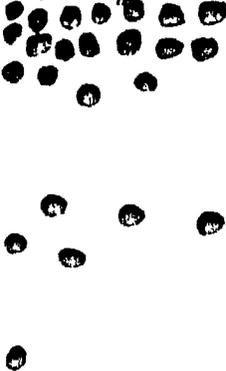
Identified by
zones

School of
nursing

School of
health workers

School of
midwives

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	M O O D	M E T E R				
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
High 						<i>Was not filled</i>
						
Low 						

IEC ORIENTATION AND FORMATIVE RESEARCH WORKSHOP

ASMARA, MARCH 24 - 29, 1997

Final Evaluation

	Good/achieved		Poor/not achieved		
	5	4	3	2	1
Objective 1	17	5	1	-	-
Objective 2	15	6	2	-	-
Objective 3	12	11	-	-	-
Objective 4	13	8	-	-	-
Objective 5	17	5	-	-	-
Objective 6	18	5	-	-	-
Objective 7	15	8	-	-	-
Objective 8	11	10	1	-	1
Expectations met?	15	7	1	-	-
Fears eliminated?	11	9	2	-	-
Facilitation	17	6	-	-	-
Participation	16	4	2	-	-
VIPP method	12	8	2	-	-
Handouts	6	9	5	-	1
Course duration	13	5	4	1	-
Venue	21	1	-	-	-
Time keeping	18	5	-	-	-
Refreshments (tea)	20	3	-	-	-

All participants found the course useful

All participants felt they were equipped to carry out the planned formative research

All participants indicated that they would be returning for ne second course on June 2

FOCUS GROUP GUIDE

TOPIC Mothers keep their children home
FGD PARTICIPANTS Mothers 20-23 years house wives illiterate
HOW MANY IN FGD 8
PLACE Dengo Village
START TIME **END TIME**

Introduction

Purpose of the visit/discussion

Process of discussion

1 How are you?

- How is the family?
- How are the children?
- Are they all OK?
- (If mentioned) Can you tell me something more about these diseases?
- How serious are they?
- What do you do when children get these diseases?

2 (If not mentioned) do children diarrhoea in this area?

- (If yes) Is diarrhoea common?

3 What happens when a child has diarrhoea?

- What else happens?

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4 What worries you most when your child has diarrhoea?

- What else worries you?

5 What do you do to help when your child has diarrhoea

- What else do you do?
- How do you do it?
- Why do you do it?
- Does this help the child to become better?

6 What makes children get diarrhoea?

- Please explain some more
- Anything else that can make a child get diarrhoea?

7 What can we do to stop children getting diarrhoea

- When should that action be taken?
- When else?
- How should the action be carried out Please describe a little more
- Who should be involved in carrying out that action?
- How can mothers help?
- What about fathers?
- Who else should help?

8 (If hand washing has not come up ask) Some people say dirty hands can cause a child to have diarrhoea, have you heard of this also?

- If yes, where did you hear this?
- What did you hear about hand washing?
- Whose hands should be washed?
- Do you agree that this can help?
- Who should wash hands?

- When should hands be washed?
- How should they be washed?

(Then continue with questions as at 7 above)

